



Change of address or name

Fixed Products

Before you begin

Use this form to make an address and/or name change on your group annuity contract.

Complete section 1, section 2 and/or 3 depending on your change request, then sign section 4.

You can also complete this form entirely online.

- Visit the forms center on johnhancock.com/groupannuities.
- Find the Change of address or name form.
- Click the link to submit online and follow the step-by-step instructions.

Note: It is important that you maintain a current mailing address with John Hancock so that payment checks are received promptly. If your payments are sent directly to your bank, it is still vital that we maintain a current address of residence for general correspondence and tax forms where applicable.

Contact information



Website:

johnhancock.com/groupannuities



Phone: 800-624-5155

TTY: 800-555-1158



Submission:

See return instructions at end of this form.

1. Contract information

Group annuity contract number	Association number	Certificate or customer number	
Payee name (First)	MI	Last	Date of birth (mm/dd/yyyy)
Phone number	Email address		
Address (Street)			
City	State	Zip code	Country (if outside the U.S.)

2. Address change

Name (First)	MI	Last	Effective change date (mm/dd/yyyy)
Phone number	Email address		
New address (Street)			
City	State	Zip code	Country (if outside the U.S.)

3. Name change

Change is due to: (select one)

- ☐ Marital status changed from single to married (attach copy of marriage license)
- ☐ Marital status changed due to a divorce (attach copy of divorce decree)
- ☐ Other (attach copy of any court order): _____

SIGN HERE

Signature of prior name	Date signed (mm/dd/yyyy)	
Print name (First)	MI	Last

SIGN HERE

Signature of new name	Date signed (mm/dd/yyyy)	
Print name (First)	MI	Last

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York). **Issuer in New York:** John Hancock Life Insurance Company of New York, Valhalla, NY.

FPDARS (9/24)

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4. Signature and authorization

By signing below, I request that John Hancock make the above changes to the specified contract, and I agree to submit additional information upon request if such information, in the discretion of John Hancock, is necessary to implement the changes on this form. I also understand that the instructions on this form are subject to the terms and conditions of the contract (and prospectus, if applicable).

SIGN
HERE

Signature of payee

Date signed (mm/dd/yyyy)

Return instructions

Please submit your completed and signed form via one of the following:



Regular mail:

John Hancock Fixed Products Administration
PO Box 55446
Boston, MA 02205-5446

Overnight mail:

Fixed Products Administration
John Hancock Insurance
372 University Avenue, Suite 55446
Westwood, MA 02090

