



Change of beneficiary form

Fixed Products

Before you begin

Use this form to add or change a beneficiary on your group annuity contract.

You can also complete this form entirely online.

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

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.)

☐ Check here if address provided is permanent address change for your annuity contracts.

2. Beneficiary designations (required)

Please list your primary and/or contingent beneficiaries below.

Percentages for all beneficiaries named in each category (primary and contingent) **must total one-hundred percent (100%)**. Designations given in dollar amounts, fractions, or with more than two decimal places (e.g., 33.333%) will not be accepted. If percentages are not provided, beneficiaries in the same category will share equally in any death benefit payable to them. If the beneficiaries are unable to be shared equally (e.g., $\frac{1}{3}$), we will designate the extra rounded percentile to the first listed beneficiary in each class (e.g., 33.34%, 33.33%, 33.33%).

Primary beneficiaries:

1. Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

City State Zip code Country (if outside the U.S.)



2. Beneficiary designations (required) (continued)

2. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

City State Zip code Country (if outside the U.S.)

3. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

City State Zip code Country (if outside the U.S.)

4. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

City State Zip code Country (if outside the U.S.)

5. _____
Primary beneficiary name (First) MI Last

Social Security number (or TIN) Date of birth (mm/dd/yyyy) Percentage of proceeds %

Phone number Email address Relationship to owner

Address (Street)

City State Zip code Country (if outside the U.S.)



2. Beneficiary designations (required) (continued)

Contingent beneficiaries:

1. _____
Contingent beneficiary name (First) _____ MI _____ Last _____

Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____ %

Phone number _____ Email address _____ Relationship to owner _____

Address (Street) _____

City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

2. _____
Contingent beneficiary name (First) _____ MI _____ Last _____

Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____ %

Phone number _____ Email address _____ Relationship to owner _____

Address (Street) _____

City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

3. _____
Contingent beneficiary name (First) _____ MI _____ Last _____

Social Security number (or TIN) _____ Date of birth (mm/dd/yyyy) _____ Percentage of proceeds _____ %

Phone number _____ Email address _____ Relationship to owner _____

Address (Street) _____

City _____ State _____ Zip code _____ Country (if outside the U.S.) _____

Note: If you need additional space to identify beneficiaries, please attach a signed and dated letter.

3. Signature and authorization

By signing below, I request 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. I hereby revoke all previous beneficiary designations under the above contract number.

SIGN HERE _____
Signature of payee _____ Date signed (mm/dd/yyyy) _____
Title (select one, if applicable): ☐ Trustee ☐ Power of Attorney ☐ Guardian ☐ Other: _____

Return instructions

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

<input checked="" type="checkbox"/> 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
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