



Electronic funds transfer (EFT)

Fixed Products

Before you begin

Update your EFT instructions over the phone.

You can call us at 800-624-5155 to elect how you want to receive your payments.

Note: Must meet eligibility requirements. Not all financial institutions are eligible.

You can also complete this form entirely online.

- Visit the forms center on johnhancock.com/groupannuities.
- Find the Electronic funds transfer (EFT) form.
- Click the link to submit online and follow the step-by-step instructions.

Important information

Use this form to authorize John Hancock to electronically deposit benefits payable to you under a group annuity contract into the financial account of your choice.

- Adding or changing your direct deposit information below may not be immediately reflected in your next payment. Changes can take up to 2 payment cycles to take effect.
- This form will not be processed unless you return all pages **and** pages 3 and/or 4 have been properly signed and dated.

Contact information



Website:
johnhancock.com/groupannuities



Phone: 800-624-5155
TTY: 800-555-1158



Submission:
See return instructions at end of this form.

1. Payee 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.)
<input type="checkbox"/> Check here if address provided is permanent address change for your annuity contracts.					



2. Financial institution information

The financial institution (bank, savings and loan, or credit union) you elect to receive electronic deposits must be a member of the automated clearing house (ACH) network. Please contact your financial institution if you are unsure that it is a part of the ACH network.

Note: Section 3 must also be completed if the account is trust-owned.

Provide your account information below. Attach a voided check here.

Deposit slips and starter checks are not accepted. The voided check must be in the name of the payee. If a fiduciary (e.g., power of attorney, guardian, conservator, etc.) is the owner, their fiduciary status must be preprinted on the check (not applicable if the fiduciary is a joint owner). Example: Jane Smith, POA.

- ☐ Checking
☐ Savings

Payee's name		
Address _____		
City, State, Zip code _____		Date _____
Pay to the order of _____		\$ _____
Financial institution name		
Address _____		
City, State, Zip code _____		
For _____		
⑆ 1 2 3 4 5 6 7 8 9 ⑆ 0 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆ 0 1 2 3		
Routing number	Account number	Check number

Financial institution _____ Routing/ABA number _____

Names listed on account _____ Account number _____

Financial institution address (Street) _____

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

Important: If you are unable to provide a voided check, please include either a copy of a recent account statement or a letter from your financial institution (on their letterhead) that indicates the following information: the routing/ABA number, the account number, the account type (checking or savings), and the owners of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all payees to certify that the information provided is correct.

3. Trust account acknowledgment (for group annuity pension plans only)

Complete this section **only** if benefits are payable to you under a group annuity pension plan and will be deposited to a trust-owned account. Review carefully and complete the following payee acknowledgment and have the trust's trustees review and complete the trustee acknowledgment.

Note: You may stop or modify the electronic deposit at any time without notice to or approval by the trustees.

Payee acknowledgment:

Trust name: _____

I, _____ do hereby state that:
 Payee name (First) _____ MI _____ Last _____

- I understand that the option to electronically deposit the benefits payable to me under the group annuity contract referenced on this form to a trust-owned account is provided as a courtesy for my convenience and **does not** constitute an assignment or termination of my rights to receive benefits under the contract or to name a beneficiary for any benefits payable under the contract after my death.
- I understand that I retain full rights to such benefits and may stop or modify the electronic deposit at any time without notice to or approval by the above named trust.
- I understand that I am responsible for any income taxes due on the taxable portion of benefits electronically deposited into a trust-owned account at my direction.
- I hereby agree to release, hold harmless, and indemnify John Hancock Life Insurance Company (U.S.A.) from and for any and all liability related to the representations contained on this form, including but not limited to, liability to interested persons under the above-named trust.

**SIGN
HERE**

Signature of payee _____

Date signed (mm/dd/yyyy) _____



3. Trust accounts (for group annuity pension plans only) (continued)

Trustee acknowledgment:

I, as the trustee of the above-named trust, do hereby state:

- I understand that an electronic deposit of proceeds from a John Hancock qualified group annuity contract to a trust-owned account **does not** constitute an assignment or termination of the payee's rights to receive benefits under the contract. I understand that the payee may stop or modify the electronic deposit at any time without notice to or approval of the trustee.
- I, in my capacity as trustee, agree to notify John Hancock upon the death of the payee and agree to refund John Hancock any payments that are made to the trust-owned account identified above following the payee's death or ineligibility. I understand that the trust may be liable for the amount of all benefit or survivor benefit payments with due dates after the death of the payee.
- I hereby agree to release, hold harmless, and indemnify John Hancock from and for any and all liability related to the representations contained on this form, including but not limited to, liability to interested persons under the trust.

SIGN HERE _____
Signature of trustee Date signed (mm/dd/yyyy)

SIGN HERE _____
Signature of additional trustee (if applicable) Date signed (mm/dd/yyyy)

4. Signatures and authorizations

EFT authorization:

I hereby authorize John Hancock Life Insurance Company (U.S.A.) (John Hancock) to deposit annuity payments directly to my bank, savings and loan, or credit union (financial institution) account, as indicated on this form. I authorize the financial institution identified on this form to accept such credit entries from John Hancock, and to credit my account at that financial institution in accordance with those credit entries. If an amount should be credited to my account in error (including any overpayment to my account), or after my death or ineligibility, I authorize and direct the financial institution designated on this form to debit my account and refund such amount to John Hancock. I agree to direct my joint account owners, executor, administrators, or assignees to refund to John Hancock any payments that are made following my death so that they may be redistributed to my beneficiaries or contingent annuitants, if applicable. I agree to hold John Hancock harmless for any failure by my financial institution to credit my account or for any delay by my financial institution in crediting funds to my account.

I agree that this arrangement is made for my convenience, and that any payments directly received by me, rather than credited to my account, as a result of mistake or otherwise, shall not subject John Hancock to any liability in excess of that owed to me under the applicable annuity contract. I understand that John Hancock is relying on the information that I have provided on this form, and further understand that John Hancock will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

If the financial institution account identified on this form is jointly owned, this authorization will not be effective without the signature of the joint account owner below.

Joint account owner EFT authorization:

I agree to notify John Hancock upon the death of the payee and I agree to refund John Hancock any payments that are made to the financial institution account identified on this form following the payee's death or ineligibility. I understand that I may be personally liable, both individually and as a joint owner of the account identified on this form, for the amount of all benefit or survivor benefit payments with due dates after the death of the payee. If I am entitled to any benefit from the applicable annuity contract as a beneficiary or contingent annuitant of the payee, the amount of my liabilities may be deducted from the amount payable to me.

By signing this form, I am providing written permission for John Hancock to obtain a consumer report about me as part of its process to authenticate my identity and to protect against fraud. This consumer report will be used solely to validate that I am an authorized holder, user, or signatory of the account used or to be used in connection with the current or future transfer of funds. John Hancock will notify me if any adverse action is taken on the basis of such report.

SIGN HERE _____
Signature of payee Date signed (mm/dd/yyyy)

EFT authorization for joint financial institution account owner:

SIGN HERE _____
Signature of joint financial institution account owner (if any) 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

