



# 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](http://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](http://johnhancock.com/groupannuities)

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

 **Mail:**  
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. 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., 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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. \_\_\_\_\_ 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 (please check appropriate box, if applicable):**  
 Trustee  Power of Attorney  Guardian  Other: \_\_\_\_\_

**Return instructions**

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

- |  |  |
|--|--|
| <p><input checked="" type="checkbox"/> <b>Regular mail:</b><br/>                 John Hancock Fixed Products Administration<br/>                 PO Box 55446<br/>                 Boston, MA 02205-5446</p> | <p><b>Overnight mail:</b><br/>                 Fixed Products Administration<br/>                 John Hancock Insurance<br/>                 410 University Avenue, Suite 55446<br/>                 Westwood, MA 02090</p> |
|--|--|

