



Distribution request

John Hancock Safe Access Accounts


Important information


Use this form to request a partial distribution from your John Hancock Safe Access Account or to request a full distribution to close your account. Distributions can only be sent to the primary account holder. To make a distribution to a third party, please use your Safe Access Account draft book instead of submitting this form.


All owners must sign. All trustees must sign if the account is owned by a trust.

- **Power of attorney:** If this form is signed by an attorney-in-fact or agent appointed in a power of attorney, a complete copy of the power of attorney must be included with this form unless previously submitted. John Hancock reserves the right to request proof that the power of attorney is still valid before processing this request.
- **Guardians and conservators:** If this form is signed by a guardian or conservator, a complete copy of their court appointment must be included with this form unless previously submitted. John Hancock reserves the right to request proof that the authority of the guardian or conservator is still in effect before processing this request.

Contact us

 **Website**
 johnhancock.com/
 safe-access-account.html

 **Phone:** 800-248-6110
Fax: 617-572-5007
TTY: 800-555-1158

 **Return instructions**
 See the end of this document for
 return instructions.

1. Account information

All accounts to which these instructions apply (provide one account per line)

Account number _____ Account number _____ Account number _____

Note: If you need to list more than 3 accounts, please do not enter more than one account per line. Instead, submit an additional form for the remaining account(s).

Primary account holder information

Name (First) _____ MI _____ Last _____ Date of birth (MM/DD/YYYY) _____

Address (Street) _____

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

Phone number _____ Mobile number _____ Email address _____
See text message consent below.

Text message consent

John Hancock offers a text message program that sends proactive notifications regarding the status of your request to the mobile phone number provided. By providing your mobile number above, you expressly consent to receive SMS messages (including text messages) from John Hancock, which may be delivered using an automated texting program. Additionally, you agree that you are the owner and authorized user of the mobile phone number provided on this form and agree to notify John Hancock immediately if you change or obtain a new phone number, or no longer maintain the phone number provided. Please view our privacy policy at johnhancock.com/privacy. There is no separate charge for this service; however, your carrier's message and data rates may apply.

Check this box if you provided your mobile number but wish to withdraw your consent to receive these SMS messages.



Account number(s): _____

1. Current account holder information (continued)

Joint account holder information (if applicable)

Name (First) _____ MI _____ Last _____ Date of birth (MM/DD/YYYY) _____

Phone number _____ Email address _____

Address (Street) _____

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

2. Distribution instructions

Select which type of distribution you would like to request:

- Full account closure
- Specific amount \$ _____

Note: A minimum balance of \$1,000 is required to keep your Safe Access Account open. If a distribution causes the account balance to fall below the minimum requirement, John Hancock will close out your account and send the full balance as part of this request.

3. Delivery options

Select ONE of the following options. Unless otherwise instructed below, the distribution will be mailed to the primary account holder's address of record.

Option 1: **Electronic funds transfer (EFT):** The distribution will arrive in your financial institution account within 3–5 business days.

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 account holder(s). We cannot send funds to any financial institution with a power of attorney, guardian, conservator, or other fiduciary included in the account registration unless there is an indication of their fiduciary status pre-printed on the check.

Example: Jane Smith, POA.

- Checking
- Savings

Account holder's name		
Address		Date _____
City, State, Zip code		
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 _____

Name(s) listed on account _____ Account number _____

Important: If you are unable to provide a voided check, please include 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 owner(s) of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all account holder(s) to certify that the information provided is correct.

Option 2: **Check (default):** The distribution will be in the form of a check and mailed to your address of record within 5–7 business days.



Account number(s): _____

4. Signatures and authorizations

EFT authorization

I hereby authorize John Hancock Life Insurance Company (U.S.A.) (John Hancock) to deposit Safe Access Account distributions 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 beneficiary(ies), 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 Safe Access Account. 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 account holder and I agree to refund John Hancock any payments that are made to the financial institution account identified on this form following the account holder'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 account holder. If I am entitled to any benefit from the applicable Safe Access Account as a beneficiary of the account holder, 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.



If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney (POA), Guardian), please indicate your title by checking the appropriate box below your signature.

I hereby certify the information on this form is complete and accurate. By signing below, I understand that once this distribution is made and released by John Hancock, it can not be placed back into my Safe Access Account. I direct John Hancock to make the distribution in accordance with the designation on this form. **If there is more than one trustee, all must sign.**

SIGN HERE

Signature of account holder _____
Today's date (MM/DD/YYYY)

Title (please check appropriate box, if applicable):

Trustee Power of Attorney Guardian Other _____

SIGN HERE

Signature of joint account holder (if applicable) _____
Today's date (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:

Regular mail John Hancock Safe Access Accounts
PO Box 55979, Boston, MA 02205-5979

Fax 617-572-5007

Overnight mail John Hancock Safe Access Accounts
410 University Avenue, Suite 55979, Westwood, MA 02090-5979

