



Elect/Change of Beneficiary

Structured Settlements

Introduction

Instructions

Use this form to make beneficiary changes to a John Hancock Structured Settlement Contract. John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York are herein referred to as "John Hancock".

Questions about this form?



1-866-275-5477

Contact us:



1-617-572-0355



**See end of document
for return instructions**

1. Contract Information

Payee Name (First)	MI	Last
Contract Number	Phone Number	
Date of Birth (DD/MM/YYYY)	Social Security Number (or TIN)*	

*While this information is optional, it will help us to properly identify the contract.

2. Acknowledgement

I, _____, hereby revoke all previous beneficiary designations under the above contract
Full Name
 number and designate the following beneficiary(ies) effective on or after _____ to receive any death benefit
Date (MM/DD/YYYY)
 payable under the terms of the above contract. I reserve the right to make further beneficiary designations.

3. Beneficiary Designations

Please note: If you need additional space to identify beneficiaries, please attach a letter signed and dated by all payees.

Primary Beneficiary(ies): Percentage of Proceeds below must equal 100%.

1.

Primary Beneficiary Name (First)	(MI)	(Last)
Social Security Number (or TIN)	Date of Birth	Relationship to Payee
Address (Street)	City	State Zip
Percentage of Proceeds (Must equal 100% in each beneficiary category)	Phone Number	

2.

Primary Beneficiary Name (First)	(MI)	(Last)
Social Security Number (or TIN)	Date of Birth	Relationship to Payee
Address (Street)	City	State Zip
Percentage of Proceeds (Must equal 100% in each beneficiary category)	Phone Number	

3. Beneficiary Designations (continued)

Contingent Beneficiary(ies): Percentage of Proceeds below must equal 100%.

1.

_____		_____	
Contingent Beneficiary Name (First)	(MI)	(Last)	
- -			
_____	_____	_____	
Social Security Number (or TIN)	Date of Birth	Relationship to Payee	
_____		_____	_____
Address (Street)	City	State	Zip
_____		_____	
Percentage of Proceeds (Must equal 100% in each beneficiary category)	Phone Number		

2.

_____		_____	
Contingent Beneficiary Name (First)	(MI)	(Last)	
- -			
_____	_____	_____	
Social Security Number (or TIN)	Date of Birth	Relationship to Payee	
_____		_____	_____
Address (Street)	City	State	Zip
_____		_____	
Percentage of Proceeds (Must equal 100% in each beneficiary category)	Phone Number		

Please note: If more than one beneficiary is designated, then a settlement will be made in equal shares to such of the designated beneficiaries as are survived by you, unless otherwise provided herein. This change of beneficiary shall take effect upon receipt of this document by John Hancock, and when so received the change shall be operative as the date specified in Section 2 above, whether or not you are alive at the time of such receipt.

4. Signature

Authorization: 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.

SIGN
HERE

Signature of Payee

Date (MM/DD/YYYY)

Submission Instructions

Please enclose and mail to:



Regular mail:

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



Express mail:

Fixed Products Administration
30 Dan Road, STE 55446
Canton, MA 02021-2809



To fax this form:

1-617-572-0355



Questions:

1-800-275-5477



www.jhgroupannuities.com

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