



**STRUCTURED SETTLEMENTS
ELECTING/CHANGING YOUR BENEFICIARY**

CONTRACT NO. _____

PAYEE NAME _____

I, _____, hereby revoke all previous beneficiary designations under the above contract number and designate the following beneficiary (or beneficiaries) effective on or after _____, (mm/dd/yy) to receive any death benefit payable under the terms of the above contract. I reserve the right to make further beneficiary designations.

Primary Beneficiary	Last Name	First Name	Middle Initial
	Relationship	Date of Birth	Social Security #
Contingent Beneficiary	Last Name	First Name	Middle Initial
	Relationship	Date of Birth	Social Security #

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survived me, unless otherwise provided herein. This change of beneficiary shall take effect upon receipt of this instrument by John Hancock and when so received, the change shall be operative as of the date specified above whether or not I am alive at the time of such receipt.

Signature of Payee: _____ **Date:** _____

Mail to: Benefit Control
John Hancock
P.O. Box 9512
Portsmouth, NH 03802-9512

Phone: (800) 624-5155
Or Fax to: (617) 572-0355

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595, herein collectively referred to as John Hancock.