



Contract Change Form

INSTRUCTIONS

This form is used for the following changes to a John Hancock variable or fixed annuity contract: owners, beneficiaries, mailing addresses, financial advisors, and legal name of the contract owner (or annuitant). No change will be effective unless it is received by John Hancock's Annuity Service Office and acknowledged in writing by us.

Be advised that this is not available for all of our products. Please consult your advisor, your product prospectus, or call 1-800-344-1029 with any questions.

An original "Signature Guarantee" is required on this form if your signed contract application (or Confirmation of Application) is not on file with John Hancock. Signature Guarantees may be obtained at many banks, credit unions, or brokerage firms. If a Signature Guarantee is required, facsimiles of this form will not be accepted.

Owner Change ("Absolute Assignment") Complete Sections 1, 2, 3 and 8 (and 7, if applicable)

Use this form to change owners of an existing contract (or to add or remove a joint owner). Owner changes may result in tax consequences. We recommend you consult with your tax advisor before making an owner change. If ownership is changed to a trust or other non-natural person, you must also complete our Certificate of Non-Natural Owner Form (130797) and submit it with this Contract Change Form. In addition, an owner change may result in the loss of guarantees and benefits under certain riders. For more information, please read the contract (and prospectus, if applicable).

Beneficiary Change Complete Sections 1, 3 and 8

Use this form to change the primary and/or contingent beneficiaries under an existing contract.

Mailing Address Change Complete Sections 1, 4, and 8

Use this form to change the mailing address for statements and other contract correspondence.

Legal Name Change Complete Sections 1, 5, and 8

Use this form to change the legal name of an owner of an existing contract (divorce or marriage).

Financial Advisor Change Complete Sections 1, 6, and 8

Use this form to change the financial advisor on an existing contract.

1. CURRENT OWNER INFORMATION

Contract #: _____ Owner's Phone #: (____) _____

Owner's Name: _____ Social Security #/TIN: _____

Joint Owner's Name: _____ Social Security #/TIN: _____

Financial Advisor's Name: _____ Office Phone #: _____

2. CHANGE OF OWNER ("ABSOLUTE ASSIGNMENT")

Beneficiary Information An owner change will revoke the interest of any revocable beneficiary, and so the new owner must update the beneficiary(ies) in Section 3. If no beneficiary is designated, the beneficiary will be the new owner's estate (unless the new owner is a financial custodian, in which case the custodian will be named the beneficiary). If no beneficiary is designated and the new owner is a non-natural person such as a trust, the beneficiary will be the non-natural person.

Select only one:

- Change Existing Owner to Another Person (or to a Non-Natural Person)
- Add a Co-Owner
- Remove an Existing Co-Owner

All Information is required

New Owner (or Co-Owner) Name: _____
(If changing to a Trust, you must state the complete name and date of the trust.)

Social Security #/TIN: _____ Date of Birth ____/____/____ Gender: Male Female

Relationship to current owner: _____

New Owner's (or Co-Owner's) Mailing Address:

Street City State Zip

New Plan Type (if applicable): _____

Special Programs Discontinued Trade Authorization for the Agent, Telephone Withdrawal Authorization, Systematic Withdrawal, Automatic Investment Program, and List Bill will automatically be stopped or removed upon the change of any owner. The new owner must complete and submit new forms for these programs to continue, or complete Section 7.

3. BENEFICIARY DESIGNATION

No Complex Beneficiaries John Hancock will not accept complex beneficiary designations. By signing Section 8, you authorize us to interpret your beneficiary designations in order to resolve any ambiguities, inconsistencies or omissions.

Percentages Must Equal 100% Percentages must be in whole numbers and equal 100% in each beneficiary class; New Primary Beneficiaries and New Contingent Beneficiaries. If you need additional space, please attach a letter which is signed and dated by all owners (or all trustees, if applicable). If you do not indicate percentages, then all beneficiaries within a class will be split equally.

Update Both Categories If you wish to change your Primary Beneficiaries only, you must re-state any Contingent Beneficiaries currently on file at John Hancock or those Contingent Beneficiaries will be revoked.

New Primary Beneficiary(ies):

1. Name: _____ Social Security #: _____

Address: _____
Street City State Zip

% of Proceeds: _____ Relationship to owner: _____

2. Name: _____ Social Security #: _____

Address: _____
Street City State Zip

% of Proceeds: _____ Relationship to owner: _____

3. Name: _____ Social Security #: _____

Address: _____
Street City State Zip

% of Proceeds: _____ Relationship to owner: _____

New Contingent Beneficiary(ies):

1. Name: _____ Social Security #: _____

Address: _____
Street City State Zip

% of Proceeds: _____ Relationship to owner: _____

2. Name: _____ Social Security #: _____

Address: _____
Street City State Zip

% of Proceeds: _____ Relationship to owner: _____

3. Name: _____ Social Security #: _____

Address: _____
Street City State Zip

% of Proceeds: _____ Relationship to owner: _____

4. CHANGE OF ADDRESS

Please change the address on the above contract to the following:

Street Address: _____

City: _____ State: _____ Zip: _____

5. NAME CHANGE

Please select one: Owner Annuitant

Change is due to (check one):

Marital status has changed from single to married (Attach copy of marriage license)

Marital status has changed due to a divorce (Attach copy of divorce decree)

Other: _____ (Attach copy of any court order)

Change From: _____ Date: ____/____/____
Please Print Prior Name Prior Signature

Change To: _____ Date: ____/____/____
Please Print New Name New Signature

6. CHANGE A FINANCIAL ADVISOR

Complete only if you are changing your financial advisor. If multiple advisors are elected, please list all.

New Financial Advisor: _____ Firm: _____

Social Security #: _____ Phone #: (____) _____

Address: _____
Street City State Zip

Branch Manager Signature: _____

New Financial Advisor: _____ Firm: _____

Social Security #: _____ Phone #: (____) _____

Address: _____
Street City State Zip

Branch Manager Signature: _____

New Financial Advisor: _____ Firm: _____

Social Security #: _____ Phone #: (____) _____

Address: _____
Street City State Zip

Branch Manager Signature: _____

If you would like to add additional financial advisors than you are able to list above, please attach a signed letter of instruction

7. SPECIAL PROGRAMS

Please continue applicable Special Programs if I am eligible:

Telephone Withdrawal Authorization (not available if new owner is a Custodian)

Trade Authorization for broker (authorization will automatically be given to all owners)

If Telephone Withdrawal Authorization was not already on the account prior to the owner change, it will not be added to the new owner's contract, even if the box above is checked.

8. SIGNATURES AND AUTHORIZATION

All Owners Must Sign All individual owners must sign. If the contract is owned by a trust, all trustees must sign. If the contract is owned by a corporation or other business entity, all authorized representatives must sign, and a corporate resolution (or similar) must be attached to this form.

Power-of-Attorney If this form is signed by an attorney-in-fact or agent appointed by an owner in a power-of-attorney, a complete copy of the power-of-attorney must be attached to this form (unless previously submitted). In addition, if the power-of-attorney was executed more than 24 months prior to John Hancock’s receipt of this form, the attorney-in-fact must submit our Power of Attorney Affidavit and Indemnification Form.

Guardians and Conservators If this form is signed by the guardian or conservator of an owner, a complete copy of the court appointment must be attached to 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 making any contract changes.

Authorization I (or We) request John Hancock make the above changes to the specified contract, and I (or We) 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 (or We) also understand that the instructions on this form are subject to the terms and conditions of the contract (and prospectus, if applicable).

I (or We) hereby certify to the best of my (or our) knowledge, information and belief that the social security and/or taxpayer identification numbers listed above are true and complete; and that I (or We) am (or are) not subject to backup withholding because (a) I (or We) am (or are) exempt from back up withholding, or (b) I (or We) have not been notified by the Internal Revenue Service (“IRS”) that I (or We) am (or are) subject to backup withholding as a result of a failure to report interest or dividends, or (c) the IRS has notified me (or us) that I (or We) am (or are) no longer subject to backup withholding and (3) I (or We) am (or are) a U.S. person(s) (including a U.S. resident alien(s)). Cross out item 2 if it does not apply to you. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Current Owner(s) (All Must Sign):

Signature of Owner (or Trustee): _____ Date: ____/____/____

Signature of Joint Owner (or Co-Trustee): _____ Date: ____/____/____

Signature of Irrevocable Beneficiary (if any): _____ Date: ____/____/____

New Owner(s) (Owner Changes Only):

Signature of Owner (or Trustee): _____ Date: ____/____/____


Signature of Joint Owner (or Co-Trustee): _____ Date: ____/____/____

Signature Guarantee Stamp
(if applicable)




DID YOU REMEMBER TO...

- Complete all applicable sections of this form and provide phone numbers if we need to contact you or your financial advisor?
- Include our Certificate of Non-Natural Owner Form (130797) if the owner is being changed to a trust or other non-natural person?
- Include a copy of the owner’s power-of-attorney if this form is signed by an owner’s attorney-in-fact or agent?
- Obtain an original “Signature Guarantee” if there is not an original signed application (or Confirmation of Application) on file with John Hancock?
- Call John Hancock Annuities toll free at 877-543-3676 with any questions about this form?

CONTACT INFORMATION

 **Mailing Address:**
John Hancock Annuities Service Center
PO Box 9505
Portsmouth, NH 03802-9505

 **Overnight Deliveries:**
John Hancock Annuities Service Center
164 Corporate Drive
Portsmouth, NH 03801-6815

 1-877-JHF-FORM (877-543-3676)
 1-617-663-3160 (FAX)
 www.jhannuities.com

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