





Power of attorney affidavit


Important information

Use this form to certify that a power of attorney executed by a John Hancock annuity contract owner remains in effect. The form must be signed in the presence of a notary public by the acting attorney-in-fact or agent appointed in the power of attorney on file with John Hancock.

Contact information

 **Website:**
johnhancock.com/annuities

 **Phone:** 800-344-1029
TTY: 800-555-1158

 **Mail:**
See return instructions at end of this form.

1. Contract information

Contract number

Owner information:

Owner 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.)

Check here if address provided is permanent address change for your annuity contracts.

Financial professional name (if applicable) (First) MI Last Phone number

Co-owner information (if applicable):

Co-owner 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. Attorney-in-fact or agent information

Name (First) MI Last

Phone number Email address

Address (Street)

City State Zip code Country (if outside the U.S.)



Contract number: _____

3. Attorney-in-fact or agent affidavit

I, the attorney-in-fact or agent identified on this form, being duly sworn, do hereby say that the power of attorney attached hereto or already on file with John Hancock was executed by the contract owner identified on this form when, to the best of my knowledge, information, and belief, they were legally competent to perform such act, on: _____ .
Date (mm/dd/yyyy)

By signing below, I also attest that:

- The contract owner is still alive.
- The power of attorney remains in full force and effect, and has not been revoked by the contract owner, or by operation of law, including through the divorce, disability, or incapacity of the contract owner.
- I will at all times act in the best interests of the contract owner, and further, will not engage in unauthorized self-dealing with respect to the contract identified on this form.
- I release, save harmless, and indemnify John Hancock from and for any and all liability, including liability to the contract owner, their estate, and heirs at law, resulting from my instructions under the power of attorney.
- I submit this affidavit in order to induce John Hancock to accept the power of attorney and my authority thereunder.

SIGN HERE

Signature of attorney-in-fact or agent Date signed (mm/dd/yyyy)

4. Notarization

On this _____ day of _____, _____, before me, _____ the undersigned
Day Month Year Notary name

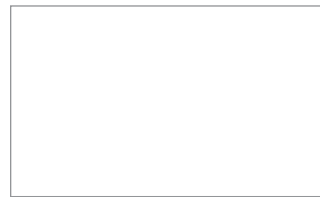
notary public, personally appeared _____, and proved to me through satisfactory evidence of identity,
Attorney-in-fact or agent name

which was _____, to be the person whose name was signed above in my presence.

SIGN HERE

Signature of notary public

My commission expires (mm/dd/yyyy) State County



Notary public seal here

Return instructions

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

<input checked="" type="checkbox"/> National contracts: John Hancock Annuities Service Center PO Box 55444 Boston, MA 02205-5444	New York contracts: John Hancock Annuities Service Center PO Box 55445 Boston, MA 02205-5445	All overnight mail: Annuities Service Center John Hancock Insurance 410 University Avenue, Suite 55444 Westwood, MA 02090
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Register online:

Go to johnhancock.com/annuities to create an online account and gain access to contract-specific details and self-service tools. Once registered, select to receive your contract documents electronically under your Paperless settings.

