



Electronic 403(b) loan repayment authorization

Before you begin


You can also complete this form entirely online.


- Visit the forms page at johnhancock.com/annuities.
- Click to view the additional forms PDF at the bottom of the page.
- Find the Electronic 403(b) loan repayment authorization form in the "Withdrawal/loan request" section.
- Click the link to submit online and follow the step-by-step instructions.


Important information

Use this form to authorize automatic loan repayments via electronic funds transfer (EFT) on your 403(b) annuity contract.

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 _____

2. Repayment information

Select which repayment types you wish to authorize on each loan repayment due date and the applicable dollar amounts.

Minimum loan repayment amount: \$ _____

Accelerated (excess) loan repayment amount: \$ _____

Total: \$ _____



Contract number: _____

3. Account information

Select which type of account and provide the requested information for the financial institution account from which you would like to repay your loan via electronic funds transfer (EFT).

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 owner.

- Checking
- Savings

Financial institution _____

Names listed on account _____

Routing/ABA number _____ Account number _____

Owner's name		
Address _____		
City, State, Zip code _____	Date _____	
Pay to the order of _____		\$ <input type="text"/>
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

Important: If you are unable to provide a voided check, please include either a copy of a recent account statement or 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 owners of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all contract owners to certify that the information provided is correct.

4. Signatures and authorizations

By signing below, I authorize John Hancock to initiate EFT repayments from my account per my instructions on this form. I certify that this authorization shall remain in effect until John Hancock or my financial institution has received written notice from me of its revocation and has a reasonable opportunity to act upon such notice.

I understand that electronic debit entries will be made on my account on or about the due date for each loan repayment. The due date will be the date specified on my loan agreement, unless it is a weekend or bank holiday, in which case the loan payment date will be the next business day. This form must be received at least 30 calendar days before the requested due date. If it is received within 30 days of the loan repayment date, I understand that the first electronic debit entry will occur on the repayment date the following month.

I agree to hold John Hancock harmless from any loss to me or my account from the failure of my financial institution to honor the electronic entries specified above or John Hancock's failure to present an electronic debit entry to my account in accordance with my request. I agree that John Hancock may terminate this agreement at any time.

For variable annuities:

If my financial institution erroneously makes a payment, or if the debit entry is not honored upon presentation, I understand and agree that John Hancock may cancel any accumulation units purchased (or intended to be purchased) with the proceeds from the payment. I understand that the value of any accumulation units canceled by John Hancock may be less than the accumulation units' value at the time of purchase with such payment. In that case, I agree to be responsible for the deficiency and authorize John Hancock to redeem additional accumulation units from my John Hancock variable annuity contract noted in section 1 or to initiate additional payments to my account to cover such deficiency, whether or not such payments are made within the time permitted to be tax deductible under the Internal Revenue Code.

SIGN HERE _____
 Signature of owner (or fiduciary) _____ Date signed (mm/dd/yyyy) _____

EFT authorization for joint financial institution account owner:

SIGN HERE _____
 Signature of joint financial institution account owner (if any) _____ Date signed (mm/dd/yyyy) _____



Return instructions

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



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



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.

