



Change of Address

Fixed Products

Introduction

Instructions

Use this form to make an address change for John Hancock Fixed Products.

Questions about this form?

1-800-624-5155

Contact us:

1-617-572-0355



**See end of document
for return instructions**

1. Contract Information

Payee Name (First)

(MI)

(Last)

Customer/ID Number

Group Annuity Contract Number

Phone Number

2. New Address Information

Please check-off the appropriate box(es) that apply:

Home Address (Legal Residence)

Check Mailing Address

This Change is effective: _____, _____
Month Year

Name (First)

(MI)

(Last)

New Address (if mailing to a P.O. Box Address, a physical address is also required.)

City

State

Zip

3. 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 (and prospectus, if applicable).

**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 02205-5664



Express mail:

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



Questions:

1-800-624-5155



To Fax This Form:

1-617-572-0355

Issuer: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York)