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

Phone Number

Group Annuity Contract 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: ____________________, ____________________

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).

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)