



# Elect/Change of Beneficiary Form

Fixed Products

## Introduction

### Instructions

Use this form to make beneficiary changes 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)

Date of Birth

Phone Number

Customer/ID Number

Group Annuity Contract Number

## 2. Acknowledgement

I, \_\_\_\_\_, hereby revoke all previous beneficiary designations under  
Full Name  
the above contract number and designate the following beneficiary (or beneficiaries) effective on or after  
\_\_\_\_\_ to receive any death benefit payable under the terms of the above contract. I reserve the right to make  
Date  
further beneficiary designations.

## 3. Beneficiary Designations

**Please note:** If you need additional space, attach a letter which is signed and dated by all owners (or trustees, if applicable).

### Primary Beneficiary:

1.

Primary Beneficiary Name (First)

(MI)

(Last)

Social Security Number

Date of Birth

Relationship

2.

Primary Beneficiary Name (First)

(MI)

(Last)

Social Security Number

Date of Birth

Relationship

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

### 3. Beneficiary Designations (continued)

#### Contingent Beneficiary:

1.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Contingent Beneficiary Name (First)	(MI)	(Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Relationship

2.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Contingent Beneficiary Name (First)	(MI)	(Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Relationship

**Please note:** If more than one beneficiary is designated, then a settlement will be made in equal shares to such of the designated beneficiaries as survived by me, unless otherwise provided herein. This change of beneficiary shall take effect upon receipt of this document by John Hancock and when so received, the change shall be operative as the date specified above whether or not I am alive at the time of such receipt.

#### 4. 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