





# New York transfer disclosure


## Instructions for completing this form


Use this form if your contract is being issued in New York or was previously issued in New York and you are transferring money into it. This form must be completed, signed, dated and submitted in conjunction with your applicable form to satisfy New York Insurance Regulation 187.

## Contact us

 **Website**  
www.jhannuities.com

 **Phone**  
1-800-344-1029

 **Fax**  
1-617-663-3160

 **Return instructions**  
See the end of this document for return instructions.

## 1. Information about you

### Contract owner information

Owner's name (or custodian's name, if applicable) (First, MI, Last) \_\_\_\_\_ Contract number \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Owner's email address \_\_\_\_\_ Financial representative's name (if applicable) \_\_\_\_\_ Financial representative's phone number \_\_\_\_\_

### Co-owner information (if applicable):

Co-owner's name (or custodian's name, if applicable) (First, MI, Last) \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_


Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_


## 2. Signatures and authorizations

I confirm that I/we had an opportunity to consult with an insurance producer of my choosing prior to deciding whether to proceed with this transaction. I/We discussed with my/our producer my/our age, annual income, existing assets, liquid net worth, financial situation, needs, experience and objectives, and risk tolerance, time horizon and tax status to better inform the producer in making the recommendation to me/us to enter into this transaction.

I/We confirm that I/we did not seek or rely upon any recommendation from any representative of John Hancock Life Insurance Company of New York. I/We acknowledge that no employee of John Hancock Life Insurance Company of New York is authorized to recommend entering into or refraining from entering into any particular annuity transaction.



**By signing below, I/we certify that the above statements are true and accurate to the best of my/our knowledge.**

 \_\_\_\_\_  
Signature of owner or applicant \_\_\_\_\_ Today's date (MM/DD/YYYY) \_\_\_\_\_

 \_\_\_\_\_  
Signature of co-owner or applicant \_\_\_\_\_ Today's date (MM/DD/YYYY) \_\_\_\_\_

## Submission instructions

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

-  **Regular mail**      John Hancock Annuities Service Center  
PO Box 55445, Boston, MA 02205-5445
-  **Fax**      1-617-663-3160
- All contracts  
overnight deliveries**      Please visit the Forms tab at [www.jhannuities.com](http://www.jhannuities.com) for this address.



### Register online

Create an online account and gain access to secure self-service tools and contract-specific details. Visit [www.jhannuities.com](http://www.jhannuities.com) and click on the “Register Now” link in the upper right-hand corner to register. Once registered, enroll in eDelivery to receive your contract documents electronically.