



Change of Address

Structured Settlements

Introduction

Instructions

Use this form to make address changes to a John Hancock Structured Settlement Contract.

John Hancock Life Insurance Company USA and John Hancock Life Insurance Company of New York herein referred to as "John Hancock".

Questions about this form?

1-866-275-5477

Contact us:

1-617-572-0355



**See end of document
for return instructions**

1. Contract Information

Payee Name (First) (MI) (Last)

Certificate Number
Phone Number

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Social Security Number (or TIN)*

*While the information is optional, we encourage you to provide it so we can properly identify the contract.

2. New Address Information

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

Home Address (Legal Residence)

This Change is effective: _____, _____
Month Year

Recipient Address for Check Payment/Check Mailing Address

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:

1-866-275-5477



To Fax This Form:

1-617-572-0355

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