



Change of Address

Structured Settlements

Introduction

Instructions

Use this form to make beneficiary changes to a John Hancock Structured Settlement Contract. John Hancock Life Insurance Company USA and John Hancock Life Insurance Company of New York are 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

Date of Birth (DD/MM/YYYY)

Social Security Number (or TIN)*

*While this information is optional, it will help us to 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 PO box, a physical address is also required)

City

State

Zip

3. Signature

Authorization: I request John Hancock make the above changes to the specified certificate, 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 certificate (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 02205-5446



Express mail:

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



To fax this form:

1-617-572-0355



Questions:

1-866-275-5477



www.jhgroupannuities.com

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