



Third party authorization

Important information


Use this form to authorize another person or entity, called a "third party," to receive documents and information related to your individual annuity contract or certificate under a group annuity contract with John Hancock Life Insurance Company (U.S.A.) or John Hancock Life Insurance Company of New York (together, "John Hancock"). This form is not a power of attorney and does not authorize the third party to conduct withdrawals or other transactions. If you own or participate in more than one contract, insert all applicable numbers in section 1. Additionally, if your contract has a joint owner or joint participant, their information must be included in section 1 and they must sign in section 4.


All signatures must be notarized or accompanied by a Medallion Signature Guarantee (MSG). MSGs are used as an added security measure for your contract and may be obtained at most banks, financial institutions, or credit unions. The MSG must be original; facsimiles will not be accepted.

Forms with cross outs, white outs, marginal notations, or other changes or additions will not be accepted.

Contact us

 **Website**
www.jhannuities.com

 **Phone**
1-800-344-1029
Weekdays 8 a.m. to 6 p.m. ET

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

1. Current owner or participant information

Contract number _____ Phone number _____ Mobile number _____ Date of birth (MM/DD/YYYY) _____

Owner or participant's name (First, MI, Last) _____ Email address _____

Address (Street) _____ City _____ State or country (if outside the U.S.) _____ Zip code _____

Financial representative's name (if applicable) _____ Financial representative's phone number _____

Co-owner or joint participant information (if applicable)

Co-owner or joint participant's name (First, MI, Last) _____ Date of birth (MM/DD/YYYY) _____

Phone number _____ Mobile number _____ Email address _____

Address (Street) _____ City _____ State or country (if outside the U.S.) _____ Zip code _____

2. Authorized third party information

Name (First, MI, Last) _____ Date of birth (MM/DD/YYYY) _____

Phone number _____ Mobile number _____ Email address _____ Relationship to owner or participant _____

Address (Street) _____ City _____ State or country (if outside the U.S.) _____ Zip code _____

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

3. Authorization agreement and release of liability

By submitting this form, I:

- authorize John Hancock to provide, upon request, any and all documents and information in its possession related to the individual annuity contract or certificate under a group annuity contract identified in section 1 to the third party identified in section 2.
- authorize John Hancock to provide, upon request, my non-public personal information, including, but not limited to, Social Security number, date of birth, medical records, phone number, physical address and email address to the third party identified in section 2.
- authorize John Hancock to provide, upon request, documents and information to the third party by any delivery method, including traditional mail, overnight carrier, email, facsimile and over the phone.
- understand that if the third party is a law firm, accounting firm, bank, credit union, government agency, financial institution or other entity, this authorization includes any agent, employee, attorney, officer or other representative purporting to act on behalf of such entity.
- understand that this authorization shall be effective immediately and remain in effect until the earlier of John Hancock's actual knowledge of the death of any contract owner or participant, or John Hancock's receipt of a writing signed by any contract owner or participant revoking this authorization.
- release, hold harmless and indemnify John Hancock from and for any and all losses, liabilities, and claims arising out of this Third party authorization, including, but not limited to, claims based on the bad faith use of documents or information provided to the third party. Nor shall John Hancock be required to undertake any effort to verify whether documents and information provided to the third party were used for a legitimate purpose.

4. Signature(s) and authorizations

All must sign and all signatures must be accompanied by either A, a notarization, or B, a Medallion Signature Guarantee in the space provided below.

- If this form is signed by an attorney-in-fact, a copy of the power of attorney must be attached to this form. John Hancock reserves the right to request proof, satisfactory to us in our sole discretion, that the power of attorney has not been revoked and that the principal is alive before taking action based on this form.
- If this form is signed by a conservator or guardian, a copy of their court appointment or other authority must be attached to this form. John Hancock reserves the right to request proof, satisfactory to us in our sole discretion, that the conservatorship or guardianship is still in effect before taking action based on this form.

Owner or participant signature

SIGN HERE _____ Today's date (MM/DD/YYYY)

Signature of owner or participant

A. Notarization

On this _____ day of _____, _____, before me, _____ the undersigned

Day Month Year Notary's name

Notary Public, personally appeared _____, and proved to me through satisfactory evidence of identity,

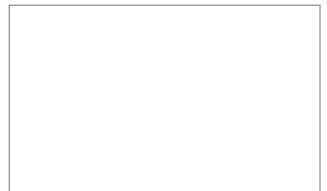
Policy owner's name

which was _____, to be the person whose name was signed above in my presence.

SIGN HERE _____

Signature of notary public

My commission expires (MM/DD/YYYY) _____ State _____ County _____



Notary Public Seal Here

B. Medallion Signature Guarantee

Medallion Signature Guarantee Stamp
(if applicable)
MSG must be original and cannot be faxed.

4. Signature(s) and authorizations (continued)

Co-owner or participant signature

**SIGN
HERE**

Signature of co-owner or joint participant (if applicable) _____ Today's date (MM/DD/YYYY) _____

A. Notarization

On this _____ day of _____, _____, before me, _____ the undersigned
 Day Month Year Notary's name

Notary Public, personally appeared _____, and proved to me through satisfactory evidence of identity,
 Policy owner's name

which was _____, to be the person whose name was signed above in my presence.

**SIGN
HERE**

Signature of notary public _____

My commission expires (MM/DD/YYYY) _____ State _____ County _____



Notary Public Seal Here

B. Medallion Signature Guarantee

Medallion Signature Guarantee Stamp
 (if applicable)
 MSG must be original and cannot be faxed.

Submission instructions

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

- National contracts** John Hancock Annuities Service Center
PO Box 55444, Boston, MA 02205-5444
- New York contracts** John Hancock Annuities Service Center
PO Box 55445, Boston, MA 02205-5445
- All overnight mail** Annuities Service Center
John Hancock Insurance
410 University Avenue, Suite 55444, Westwood, MA 02090



Register online

Create an online account and gain access to secure self-service tools and contract-specific details. Visit 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.