

## Introduction


### Instructions

Use this form to authorize John Hancock to electronically deposit proceeds from your annuity contract into the account of your choice.

**IMPORTANT:** This form will not be processed unless you return all three pages AND page 3 has been properly signed and dated with 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 we receive must be an original; facsimiles or photocopies will not be accepted.

### Questions about this form?

 1-800-344-1029



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

## 1. Contract Information

### Contract Owner Information:

Contract Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

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

### Co-Owner Information (if applicable):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

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

Financial Representative's Name (if applicable) \_\_\_\_\_ Financial Representative's Phone Number \_\_\_\_\_

## 2. Service Provisions - For use with Fixed and Variable Annuities

- Please allow 3-5 business days from the effective date of a withdrawal from your annuity contract for the payment to be credited to the account identified below.
- If you have an annuitized contract that begins with VO, VP, VN, RV, RE, RL, or 1776 you do not qualify for EFT. A check will be sent to your address of record.
- If the due date of EFT falls on a weekend or bank holiday, the EFT will be made on the next business day.

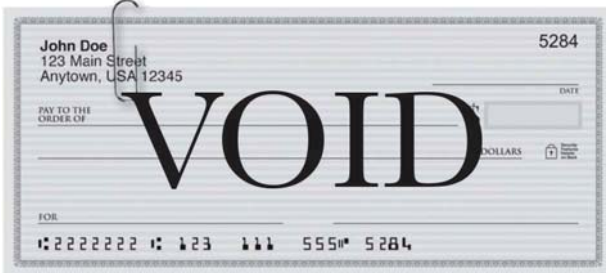
**Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)**  
**Issuer in NY: John Hancock Life Insurance Company of New York, Valhalla, NY**

**3. Financial Institution Information**

**Checking Account**

The proceeds will generally arrive in your financial institution account within 3-5 business days.

Attach a voided check here. Deposit slips, counter checks and starter checks are not accepted. The voided check must be in the name of the contract owner. If you do not have a voided check, please include a letter from your financial institution as described for savings accounts below.



**IMPORTANT:**  
We cannot send funds to any account with a POA, Guardian, Conservator, or other fiduciary included in the registration unless there is an indication of their fiduciary status pre-printed on the check from the financial institution. Example: Jane Smith, POA

**Savings Account**

**IMPORTANT:** Please include a letter from your financial institution (on their letterhead) that indicates the following information: the routing/ABA number, the account number, the account type (checking or savings), and the owner(s) of the account. **The letter must be signed by an authorized party at the financial institution along with all contract owner(s) to certify that the information provided is correct. If John Hancock does not have your banking instructions on file, in good order with a Medallion Signature Guarantee (MSG), your distribution will be sent to your address of record by regular mail.**

Please also complete the following information below.

|                       |                        |
|-----------------------|------------------------|
| _____                 | _____                  |
| Financial Institution | Routing/ABA number     |
| _____                 | _____                  |
| Account Number        | Name Listed on Account |

**Federal Fund Wire**

The proceeds will arrive in your account within 1-2 business days. A fee will be charged for this service.

This fee is considered a separate withdrawal from your annuity contract and it will be subject to the same taxation as a withdrawal. The fee may also have a negative impact on guarantees provided by your contract or any optional riders.

**4. Signatures and Authorizations**

**EFT Authorization**

*Contact Owner Authorization*

*I hereby authorize John Hancock Life Insurance Company (U.S.A.) ("John Hancock") to deposit annuity payments directly to my bank, savings and loan, or credit union ("financial institution") account, as indicated above. I authorize the financial institution identified above to accept such credit entries from John Hancock, and to credit my account at that financial institution in accordance with those credit entries. If an amount should be credited to my account in error (including any overpayment to my account), or after my death or ineligibility, I authorize and direct the financial institution designated on this form to debit my account and refund such amount to John Hancock. I agree to direct my joint account owners, executors, administrators, or assignees to refund to John Hancock any payments that are made following my death so that they may be redistributed to my beneficiary(ies) or contingent annuitant(s), if applicable. I agree to hold John Hancock harmless for any failure by my financial institution to credit my account or for any delay by my financial institution in crediting funds to my account.*

*I agree that this arrangement is made for my convenience, and that any payments directly received by me, rather than credited to my bank account, as a result of mistake or otherwise, shall not subject John Hancock to any liability in excess of that owed to me under the applicable annuity contract. I understand that John Hancock is relying on the information that I have provided on this form, and further understand that John Hancock will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.*

*If the financial institution account identified above is jointly owned, this authorization will not be effective without the signature of the joint bank account owner below.*

*This authorization will remain in effect until John Hancock receives a written notice from me stating otherwise and until John Hancock has had a reasonable chance to act upon such notice.*

**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**

**4. Signatures and Authorizations (continued)**

By signing below I am providing written permission for John Hancock Life Insurance Company (U.S.A.) to obtain a consumer report about me as part of its process to authenticate my identity and to protect against fraud. This consumer report will be used solely to validate that I am an authorized holder, user or signatory of the account used or to be used in connection with the current or future transfer of funds. John Hancock will notify me if any adverse action is taken on the basis of such report.

I have read and understand all three (3) pages of this form, including the "Instructions" section on page one.

**SIGN HERE** \_\_\_\_\_  
 Signature of Owner (or Trustee)

\_\_\_\_\_  
 Today's Date (MM/DD/YYYY)

**SIGN HERE** \_\_\_\_\_  
 Signature of Co-owner (or Co-trustee, if applicable)  
 Joint Financial Institution Account Owner Signature (if applicable)

\_\_\_\_\_  
 Today's Date (MM/DD/YYYY)

**SIGN HERE** \_\_\_\_\_  
 Signature of Assignee (if applicable)

\_\_\_\_\_  
 Today's Date (MM/DD/YYYY)

**SIGN HERE** \_\_\_\_\_  
 Signature of Custodian (if applicable)

\_\_\_\_\_  
 Today's Date (MM/DD/YYYY)



**Add Medallion Stamp (REQUIRED)**



**Add Medallion Stamp (REQUIRED)**

The MSG we receive must be an original; facsimiles or photocopies will not be accepted.

**Joint Account Owner EFT Authorization**

*I agree to notify John Hancock upon the death of the contract owner and I agree to refund to John Hancock any payments that are made to the financial institution account identified above following the contract owner's death or ineligibility. I understand that I may be personally liable, both individually and as a joint owner of the account identified above, for the amount of all benefit or survivor benefit payments with due dates after the death of the contract owner. If I am entitled to any benefit from the applicable annuity contract as a beneficiary or contingent annuitant of the contract owner, the amount of my liabilities may be deducted from the amount payable to me.*

**SIGN HERE** \_\_\_\_\_  
 Joint Account Owner Signature (if applicable)

\_\_\_\_\_  
 Today's Date (MM/DD/YYYY)

**5. Submission Instructions**

Please enclose and mail to:

**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 Contracts**  
**Overnight Deliveries**  
 John Hancock Annuities  
 Service Center  
 30 Dan Road, STE. 55444  
 Canton, MA 02021-2809

**Questions:**  
 1-800-344-1029  
**www.jhannuities.com**

**Delivery** Your account at your fingertips  
 Register at [www.jhannuities.com](http://www.jhannuities.com)

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