



Telephone Withdrawal Authorization Agreement

Instructions

Use this form to authorize withdrawals to be made over the telephone by the contract Owner(s) or the financial representative of record.

Once a telephone withdrawal authorization is on file, contract Owner(s) and financial representatives can:

- Take partial withdrawals of \$100,000 gross or less.
- Take full withdrawals of \$100,000 gross or less and terminate the contract.
- Initiate automated withdrawal programs, including Income Made Easy, Required Minimum Distributions and Systematic Withdrawal (contract permitting).

Also included with the Telephone Withdrawal Authorization Agreement form is an IRS Form W-9 Request for Taxpayer Identification Number and Certification. As part of the telephone withdrawal process, each owner must provide us with a properly completed and signed Form W-9. Please refer to the instructions on Form W-9 for how to properly complete the form. An owner who is not a U.S. citizen or U.S. resident alien should not complete Form W-9. Instead, please complete IRS Form W-8BEN. You may obtain Forms W-9 and W-8 on the IRS website at www.irs.gov. Please note that telephone withdrawal may be subject to adverse tax consequences unless each owner submits a completed and signed W-9 or W-8 Form.

Questions about this form?

📞 1-800-344-1029

To fax this form:

📠 FAX 1-617-663-3160



See the end of this document for return instructions.

1. Information About You

Contract Owner Information:

Contract Number _____ Contract Owner's Phone Number _____ Date of Birth (MM/DD/YYYY) _____

Owner's Name (First) _____ (MI) _____ (Last) _____

Owner's Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Co-Owner Information (if applicable):

Co-Owner's Name _____ Co-Owner's Phone Number _____ Date of Birth (MM/DD/YYYY) _____

Co-Owner's Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Financial Representative's Name (if applicable) _____ Financial Representative's Phone Number _____

2. Agreement

Taking withdrawals from some of our contracts may adversely affect the underlying guarantees. Please consult your contract prospectus for additional information, or call 1-800-344-1029 or your financial representative with any questions. Contract Owners who authorize John Hancock to accept withdrawal instructions by telephone agree that such withdrawals are made subject to the following provisions:

- A) For your protection, telephone conversations are recorded at the time of the call.
- B) For variable annuities, withdrawals made based on instructions received in good order by John Hancock before 4:00 p.m. Eastern Time will be processed using the unit values for that day. Withdrawal instructions received after 4:00 p.m. will be processed using the unit values for the next valuation period. Only one set of withdrawal instructions will be accepted per valuation period.
- C) Instructions for full or partial withdrawals of \$100,000 gross or less per contract are permitted per transaction.
- D) Instructions may be given by calling 1-800-344-1029 on regular Business Days.
- E) In the event that proper identification is not provided, John Hancock reserves the right to refuse to act on telephone withdrawal instructions.
- F) All withdrawals made pursuant to instructions received by telephone must be made in accordance with the terms of the contract and/or prospectus. If withdrawal instructions are not in good order, the withdrawal will not be made and the contract Owner will be notified within 48 hours.

4. Signatures and Authorizations

EFT Authorization

Contract Owner Authorization

I hereby authorize John Hancock Life Insurance Company ("John Hancock") to deposit payments from the contract identified in Section 1 directly to my bank, savings and loan, or credit union ("financial institution") account, as indicated in Section 3 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 financial institution, 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 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.

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.

SIGN HERE _____ **SIGN HERE** _____
 Signature of Contract Owner Signature of Co-Owner (if applicable)

 Today's Date (MM/DD/YYYY)

 Today's Date (MM/DD/YYYY)

Medallion Signature Guarantee Stamp (if applicable)

Medallion Signature Guarantee Stamp (if applicable)




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.

5. Submission Instructions

Please enclose and mail to:

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| <p> National Contracts
 John Hancock Annuities
 Service Center
 PO Box 55444
 Boston, MA 02205-5444</p> | <p> New York Contracts
 John Hancock Annuities
 Service Center
 PO Box 55445
 Boston, MA 02205-5445</p> | <p> All Contracts
 Overnight Deliveries
 John Hancock Annuities
 Service Center
 30 Dan Road, STE. 55444
 Canton, MA 02021-2809</p> | <p> Questions:
 1-800-344-1029</p> <p> To fax this form:
 1-617-663-3160</p> <p> www.jhannuities.com</p> |
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 **Delivery** Your account at your fingertips
 Register at www.jhannuities.com