



# Telephone withdrawal authorization agreement

## Before you begin

### Authorize telephone withdrawals over the phone.

You can call us at 1-800-344-1029 to enroll in telephone withdrawal authorization over the phone. Representatives are available weekdays between 8 a.m. and 6 p.m. Eastern Time.

### You can also complete this form entirely online.

- Visit the Forms tab on [www.jhannuities.com](http://www.jhannuities.com).
- Find the Telephone Withdrawal Authorization Agreement form.
- Click the green "Submit Online" button.
- Follow the step-by-step instructions.

## Important information

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).


### Telephone withdrawals are not permitted for the following contracts:


- Contracts over which a person has power of attorney.
- Contracts where a legal guardian, conservator or other fiduciary has been appointed for the owner or the owner's estate.
- Contracts held under a state's Uniform Transfers or Uniform Gifts to Minors Act.
- 403(b) contracts or contracts held in a tax-qualified retirement plan, 457 plan or deferred compensation plan.
- Custodial account contracts.
- Trust-owned contracts.
- Contracts where the owner(s) is not an individual(s).
- Contracts subject to an irrevocable beneficiary designation.

## Contact us

 **Website**  
[www.jhannuities.com](http://www.jhannuities.com)

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

 **Fax**  
1-617-663-3160

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

## 1. Current owner information

### Contract owner information

Contract number

Owner's name (First)

MI

Last

Social Security number (or TIN)

Date of birth (MM/DD/YYYY)

Phone number

Mobile number

Email address

Address (Street)  Please check if the address provided is a permanent address change for all your annuity contract(s).

City

State or country (if outside the U.S.)

Zip code

Financial representative's name (if applicable) (First)

MI

Last

Phone number

### Co-owner information (if applicable)

Co-owner's name (First)

MI

Last

Social Security number (or TIN)

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. Agreement

**Taking withdrawals from some of our contracts may adversely affect the underlying guarantees. If you have questions or need additional information, please consult your contract and/or prospectus, call us at 1-800-344-1029 to speak with a customer service representative, or contact your financial representative. Contract owners who authorize John Hancock to accept withdrawal instructions by telephone agree that such withdrawals are made subject to the following provisions:**

- For your protection, telephone conversations are recorded at the time of the call.
- 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. Eastern Time will be processed using the unit values for the next valuation period. Only one set of withdrawal instructions will be accepted per valuation period.
- Instructions for full or partial withdrawals of \$100,000 gross or less per contract are permitted per transaction.
- Instructions may be given by calling 1-800-344-1029 on regular business days.
- In the event that proper identification is not provided, John Hancock reserves the right to refuse to act on telephone withdrawal instructions.
- 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.
- No telephone withdrawals will be allowed on contracts where the address has been changed in the last 15 days.

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

**2. Agreement (continued)**

- The check may be payable only to the owner(s) of record and may be mailed only to the address of record.
- The owner(s) of record or the financial representative of record can request a withdrawal as long as such person provides the information requested. The financial representative has authority to submit the owner(s) applicable federal and state withholding elections when requesting a withdrawal.
- **John Hancock will wire money only under the following conditions:** you have previously provided us with accurate wire information (preferably a copy of a voided check), or the money is wired to a financial institution account in the name of the owner(s) of record.

**3. Delivery options**

Select ONE of the following options. Unless otherwise instructed below, the payments will be mailed to the owner's address of record.

**Option 1:**  **Electronic fund transfer (EFT)** – The payments will arrive in your financial institution account within 3-5 business days. If John Hancock does not have your banking instructions on file, in good order with a Medallion Signature Guarantee (MSG), or your contract is not eligible for EFT, your distribution will be sent to your address of record by regular mail. Please select one option below.

**Send the payments to my checking or savings account:**  
 Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the owner. We cannot send funds to any financial institution with a power of attorney, guardian, conservator, or other fiduciary included in the bank registration unless there is an indication of their fiduciary status pre-printed on the check from the bank. Example: Jane Smith, POA.

- Checking
- Savings

**Important:** If you are unable to provide a voided check, 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 financial institution 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.

**Please also complete the following information below.**

\_\_\_\_\_  
 Financial institution

\_\_\_\_\_  
 Routing/ABA number

\_\_\_\_\_  
 Account number

\_\_\_\_\_  
 Name(s) listed on account

**Option 2:**  **Regular mail to the address of record (default)** – The payments will arrive within 5-7 business days.

**Option 3:**  **Please send the payments to an alternate address.**

**Important:** A Medallion Signature Guarantee is required if you choose to have the payments sent to an alternate address. The Medallion Signature Guarantee must be original; facsimiles will not be accepted.

\_\_\_\_\_  
 Alternate address (Street)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State or country (if outside the U.S.)

\_\_\_\_\_  
 Zip code

<b>Owner's name</b>		
Address _____		
City, State, Zip code _____		Date _____
Pay to the order of _____		\$ _____
<b>Bank name</b>		
Address _____		
City, State, Zip code _____		
<b>For</b>		
<b>⋈123456789⋈</b>	<b>01234567890123⋈</b>	<b>0123</b>
<b>Bank routing number</b>	<b>Bank account number</b>	<b>Check number</b>

**4. Signatures and authorizations****EFT 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 on this form. I authorize the financial institution identified on this form 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, executor, 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 on this form is jointly owned, this authorization will not be effective without the signature of the joint bank account owner below.

**Joint account owner EFT authorization**

I agree to notify John Hancock upon the death of the contract owner and I agree to refund John Hancock any payments that are made to the financial institution account identified on this form 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 on this form, 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.

**By signing this form, 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 the entirety of this form, including the important information included on page one.

**Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

**Certification instructions:** You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

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

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.

**SIGN HERE**

\_\_\_\_\_  
Signature of owner Today's date (MM/DD/YYYY)

**SIGN HERE**

\_\_\_\_\_  
Signature of co-owner (if applicable) Today's date (MM/DD/YYYY)

Medallion Signature Guarantee

Medallion Signature Guarantee

Place Medallion Signature Guarantee stamp in above box (if applicable)  
Must be original and cannot be faxed.



**FOR JOHN HANCOCK USE ONLY.**

Verification

Verification

**EFT authorization for joint bank account owner**

**SIGN HERE**

\_\_\_\_\_  
Signature of joint bank account owner (if any) Today's date (MM/DD/YYYY)

**Submission instructions**

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <p><input checked="" type="checkbox"/> <b>National contracts</b> John Hancock Annuities Service Center<br/>PO Box 55444, Boston, MA 02205-5444</p> <p><b>New York contracts</b> John Hancock Annuities Service Center<br/>PO Box 55445, Boston, MA 02205-5445</p> <p><b>All overnight mail</b> Annuities Service Center<br/>John Hancock Insurance<br/>410 University Avenue, Suite 55444, Westwood, MA 02090</p> | <p> <b>Fax</b> 1-617-663-3160</p> |
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**Register online**

Create an online account and gain access to secure self-service tools and contract-specific details. Visit [www.jhannuities.com](http://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.

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Issuer in NY: John Hancock Life Insurance Company of New York, Valhalla, NY