



# Change of address or name

## Important information

Use this form to make address and name changes to a John Hancock annuity contract. No change will be effective unless it is received and acknowledged by us in writing. If you do not receive an acknowledgment within 15 calendar days from submission of this form, please contact us at 800-344-1029 to ensure your request was received. To make a change to the contract owner or beneficiaries, use our Change of owner or beneficiary form (1307217).

## Instructions for completing this form

### Section 1: Current contract information

Complete all information requested for the contract.

### Section 2: Address change

Complete this section to change the mailing address of a contract owner and/or annuitant.

**Note:** If state income taxes are being withheld from recurring payments under this contract, John Hancock will cease withholding for that state after receiving notice of a change in the taxpayer's state of residence. Ongoing payments will be subject to the withholding rules, if any, imposed by the taxpayer's new state of residence. If the new state grants residents the right to make withholding elections, the taxpayer must submit a valid withholding election to John Hancock in order to exercise that right.

### Section 3: Name change


Complete this section to change the legal name of a contract owner and/or annuitant due to divorce, marriage, etc. It is the taxpayer's responsibility to update their name with the federal tax authorities. For individual taxpayers, contact the Social Security Administration. For entities, contact the IRS.


### Section 4: Signatures and authorizations

**All owners must sign.** If the contract is owned by a trust, all trustees must sign. If the contract is owned by a corporation, all required representatives must sign, and a corporate resolution (or similar document), showing who has signatory authority, must be attached to this form.

- **Power of attorney:** If this form is signed by an attorney-in-fact or agent appointed in a power of attorney, a complete copy of the power of attorney must be attached to this form (unless previously submitted). John Hancock reserves the right to request proof that the power of attorney is valid and that the principal is alive before making any contract changes.
- **Guardians and conservators:** If this form is signed by a guardian or conservator, a complete copy of the court appointment must be attached to this form. John Hancock reserves the right to request proof that the authority of the guardian or conservator is still in effect before making any contract changes.

## Contact information

 **Website:**  
[johnhancock.com/annuities](http://johnhancock.com/annuities)

 **Phone:** 800-344-1029  
**TTY:** 800-555-1158

 **Mail:**  
See return instructions at end of this form.



## 1. Current contract information

Contract number \_\_\_\_\_

### Owner information:

Owner name (or custodian name, if applicable) (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Social Security number (or TIN) \_\_\_\_\_ Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_

Check here if address provided is permanent address change for your annuity contracts.

Financial professional name (if applicable) (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Phone number \_\_\_\_\_

### Co-owner information (if applicable):

Co-owner name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Social Security number (or TIN) \_\_\_\_\_ Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_

### Tax classification for contract owners that are not individuals:

Please check the appropriate box below to indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

- Trust  Estate  Partnership  C Corporation  
 S Corporation  LLC taxed as partnership  LLC taxed as C Corporation  LLC taxed as S Corporation  
 Other (please specify, for example, Charity, Qualified retirement plan, Nonprofit) \_\_\_\_\_

For a single-member limited liability company (LLC) treated as a disregarded entity, please provide below the name, taxpayer identification number (TIN) and tax classification of the owner of the LLC.

Name \_\_\_\_\_

TIN \_\_\_\_\_ Tax classification \_\_\_\_\_

## 2. Address change

### Select one of the following:

- Owner or co-owner  
 Annuitant  
 Owner or co-owner and annuitant

### Change the address to the following:

Name of individual changing address (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

New address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if outside the U.S.) \_\_\_\_\_

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



Contract number: \_\_\_\_\_

**3. Name change**

Select one of the following:

- Owner or co-owner
- Annuitant
- Owner or co-owner and annuitant

Change is due to: (select one)

- Marital status changed from single to married (attach copy of marriage license)
- Marital status changed due to a divorce (attach copy of divorce decree)
- Other (attach copy of any court order): \_\_\_\_\_

SIGN HERE

\_\_\_\_\_  
Signature of prior name Date signed (mm/dd/yyyy)

\_\_\_\_\_  
Print name (First) MI Last

SIGN HERE

\_\_\_\_\_  
Signature of new name Date signed (mm/dd/yyyy)

\_\_\_\_\_  
Print name (First) MI Last

**4. Signatures and authorizations**

I/We request John Hancock make the above changes to the specified contract, and I/we 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/We also understand that the instructions on this form are subject to the terms and conditions of the contract (and prospectus, if applicable).

**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)



If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney, Guardian), please indicate your title by checking the appropriate box below your signature. If a title is not indicated or the owner's full Social Security number or taxpayer identification number is not included in section 1 of this form, mandatory tax withholding rules will apply unless we already have a completed IRS Form W-9 or applicable substitute on file with us. To be effective, any Form W-9 or substitute must have the new name (if any) listed in section 3 of this form.

**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 (or fiduciary) Date signed (mm/dd/yyyy)

Title (please check appropriate box, if applicable):

Trustee     Power of Attorney     Guardian     Other: \_\_\_\_\_

SIGN  
HERE

\_\_\_\_\_  
Signature of co-owner (or fiduciary) (if applicable) Date signed (mm/dd/yyyy)

Title (please check appropriate box, if applicable):

Trustee     Power of Attorney     Guardian     Other: \_\_\_\_\_

**Return 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**

Go to [johnhancock.com/annuities](http://johnhancock.com/annuities) to create an online account and gain access to contract-specific details and self-service tools. Once registered, select to receive your contract documents electronically under your Paperless settings.

