



Benefit estimate request

Fixed Products

Before you begin

You can also complete this form entirely online.

- Visit the Forms tab on www.jhgroupannuities.com.
- Find the Benefit estimate request form.
- Click the green "Submit Online" button.
- Follow the step-by-step instructions.

Important information

Complete the information requested below to report the death of a participant or contingent annuitant on a fixed product annuity contract. You will receive further information from us regarding the claim within 5 business days of our receipt of this form.

Contact us



Website

www.jhgroupannuities.com



Phone: 1-800-624-5155

Fax: 1-617-572-0355

TTY: 1-800-555-1158



Return instructions

See the end of this document for return instructions.

1. Contract information

Customer/ID number

Group annuity contract number

Payee's name (First)

MI

Last

Date of birth (MM/DD/YYYY)

Phone number

Mobile number See section 2.

Email address

Address (Street)

City

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

Zip code

2. Text message consent



Check the box below if you provided your mobile phone number on this form and wish to receive status updates for claims, account servicing, and payment-related purposes via SMS text messages. If you do not check this box, you will receive updates via U.S. mail.

I authorize and expressly consent to receiving telephone calls and SMS/text and voice messages delivered to my phone number placed by John Hancock, its affiliates, associates, and service providers, from an automatic telephone dialing system and/or using an artificial or pre-recorded voice, for claims, account servicing, and payment-related purposes. I understand that message frequency may vary and that the number of text messages I receive may vary depending upon my claim and account activity and communications with John Hancock. Message and data rates may apply. I confirm that I am the owner and authorized user of the mobile phone number provided on this form and I agree to notify John Hancock immediately if I change or obtain a new phone number, or no longer maintain the phone number provided. I understand that I need not sign this form as a condition to purchase goods or services and that SMS/text messages and voice messages are not inherently secure and carry security risks. For example, messages may be sent in unencrypted form. They could be viewed by others if they have access to my device or if my messages are sent to another device. The privacy of my data cannot be guaranteed while using the service. View our privacy policy at www.johnhancock.com/privacy.

☐ **By checking this box,** I understand the risks, and I expressly consent to receiving these SMS/text messages and ask John Hancock to communicate with me in this format.



Customer/ID number: _____

3. Participant's employment information

Provide the following information:

☐ Yes ☐ No Are you still actively employed by the employer who holds this contract?

☐ Yes ☐ No Are you currently an owner of the employer, owning 5% or more?

Hire date: _____
MM/DD/YYYY

Termination date: _____
MM/DD/YYYY

Note: If you do not indicate whether you are actively employed or provide a date of termination, your date of termination will be considered your normal retirement date under the terms of the group annuity contract. If you do not indicate whether you are a 5% owner, we will assume you are not a 5% owner.

4. Marital status and spousal information

Current marital status

☐ Never married

☐ Married

☐ Divorced

Was there a qualified domestic relations order? ☐ Yes ☐ No

☐ Widowed

Spouse information (if applicable)

Spouse's name (First) _____ MI _____ Last _____

Social Security number _____ Date of birth (MM/DD/YYYY) _____ Date of marriage (MM/DD/YYYY) _____

5. Participant disclosure and signature

By signing and dating below, I, the participant, under the above-referenced group annuity contract, authorize John Hancock to take the information as stated above as correct.

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

Return instructions

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

<input checked="" type="checkbox"/> Regular mail	John Hancock Fixed Products Administration PO Box 55446, Boston, MA 02205-5446	 Fax 1-617-572-0355
<input type="checkbox"/> Overnight mail	Fixed Products Administration John Hancock Insurance 410 University Avenue, Suite 55446, Westwood, MA 02090	

