

## Introduction

### Instructions

Use this form to make beneficiary changes on your group annuity contract.

#### Questions about this form?



1-800-624-5155

#### Contact us:



1-617-572-0355



**See end of document  
for return instructions**

## 1. Contract Information

Customer/ID Number

Group Annuity Contract Number

Payee Name (First)

(MI)

(Last)

Date of Birth (MM/DD/YYYY)

Phone Number

## 2. Acknowledgement

I, \_\_\_\_\_, hereby revoke all previous beneficiary designations under  
Full Name  
 the above contract number and designate the following beneficiary (or beneficiaries) effective on or after  
 \_\_\_\_\_ to receive any death benefit payable under the terms of the above contract. I reserve the right to make  
Date (MM/DD/YYYY)  
 further beneficiary designations.

## 3. Beneficiary(ies) Designations

**Please note:** If you need additional space to identify beneficiaries, please attach a signed and dated letter.

### Primary Beneficiary(ies). Percentage of Proceeds below must equal 100%.

1.

Primary Beneficiary Name (First)

(MI)

(Last)

Social Security Number (or TIN)

Date of Birth

Relationship to Payee

Address (Street)

City

State

Zip

Percentage of Proceeds (Must equal 100% in each beneficiary category)

Phone Number

2.

Primary Beneficiary Name (First)

(MI)

(Last)

Social Security Number (or TIN)

Date of Birth

Relationship to Payee

Address (Street)

City

State

Zip

Percentage of Proceeds (Must equal 100% in each beneficiary category)

Phone Number

### 3. Beneficiary(ies) Designations (continued)

**Contingent Beneficiary(ies). Percentage of Proceeds below must equal 100%.**

**1.** \_\_\_\_\_  
Contingent Beneficiary Name (First) (MI) (Last)

\_\_\_\_\_  
Social Security Number (or TIN) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Payee \_\_\_\_\_

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

\_\_\_\_\_  
Percentage of Proceeds (Must equal 100% in each beneficiary category) \_\_\_\_\_ Phone Number \_\_\_\_\_

**2.** \_\_\_\_\_  
Contingent Beneficiary Name (First) (MI) (Last)

\_\_\_\_\_  
Social Security Number (or TIN) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Payee \_\_\_\_\_

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

\_\_\_\_\_  
Percentage of Proceeds (Must equal 100% in each beneficiary category) \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please note:** If more than one beneficiary is designated, then a settlement will be made in equal shares to such of the designated beneficiaries as are survived by you, unless otherwise provided herein. This change of beneficiary shall take effect upon receipt of this document by John Hancock, and when so received the change shall be operative as the date specified in Section 2 above, whether or not you are alive at the time of such receipt.

### 4. Signature

**Authorization:** I request John Hancock make the above changes to the specified contract, and I 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 also understand that the instructions on this form are subject to the terms and conditions of the contract.

**SIGN HERE** \_\_\_\_\_  
Signature of Payee \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

### Submission Instructions

**Please enclose and mail to:**



**Regular mail:**

Fixed Products Administration  
PO Box 55446  
Boston, MA 02205-5446



**Express mail:**

Fixed Products Administration  
30 Dan Road, STE 55446  
Canton, MA 02021-2809



**To fax this form:**  
1-617-572-0355



**Questions:**  
1-800-624-5155



[www.jhgroupannuities.com](http://www.jhgroupannuities.com)

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