


Introduction

Instructions


Use this form to authorize another person or entity, called a "Third Party," to receive documents and information related to your individual annuity contract or certificate under a group annuity contract with John Hancock Life Insurance Company (U.S.A.) or John Hancock Life Insurance Company of New York (together, "John Hancock"). This form is not a power of attorney and does not authorize the Third Party to conduct withdrawals or other transactions. If you own or participate in more than one contract, insert all applicable numbers in Section 1. Additionally, if your contract has a joint owner or joint participant, his or her information must be included in Section 1 and he or she must sign in Section 4. All signatures must be notarized or Medallion Guaranteed.

NO CROSS OUTS, WHITE OUTS, MARGINAL NOTATIONS, OR OTHER CHANGES OR ADDITIONS WILL BE ACCEPTED.

Questions about this form?

 1-800-824-0335

Contact us:

 FAX 1-617-663-3160



See the end of this document for return instructions

1. Contract Information (Owner or Participant)

Contract Number		Certificate/Customer Number(s)	
Owner or Participant Phone Number		Owner or Participant Date of Birth (MM/DD/YYYY)	
Owner or Participant Name (First)		(MI)	(Last)
Owner or Participant Address (Street)	City	State	Zip
Co-Owner or Joint Participant Name (if applicable)	Co-Owner or Joint Participant Phone Number	Date of Birth (MM/DD/YYYY)	
Co-Owner or Joint Participant Address (Street)	City	State	Zip

2. Authorized Third Party Name and Contact Information

Name (First)	(MI)	(Last)
Address (Street)	City	State Zip
Relationship to Owner or Participant	Phone Number	Date of Birth (MM/DD/YYYY)

3. Authorization Agreement and Release of Liability

- Contract Documents and Information.** I authorize John Hancock to provide, upon request, any and all documents and information in its possession related to the individual annuity contract or certificate under a group annuity contract identified in Section 1 to the Third Party identified in Section 2
- Personal Information.** I authorize John Hancock to provide, upon request, my non-public personal information, including, but not limited to, Social Security number, date of birth, medical records, phone number, physical address and email address to the Third Party identified in Section 2
- Delivery Method.** I authorize John Hancock to provide, upon request, documents and information to the Third Party by any delivery method, including traditional mail, overnight carrier, email, facsimile and on the phone.
- Entities.** If the Third Party is a law firm, accounting firm, bank, credit union, government agency, financial institution or other entity, this authorization shall include any agent, employee, attorney, officer or other representative purporting to act on behalf of such entity.

3. Authorization Agreement and Release of Liability (continued)

- **Effective Immediately.** This authorization shall be effective immediately and remain in effect until the earlier of John Hancock’s actual knowledge of the death of any contract owner or participant, or John Hancock’s receipt of a writing signed by any contract owner or participant revoking this authorization.
- **Release of Liability.** I release, hold harmless and indemnify John Hancock from and for any and all losses, liabilities, and claims arising out of this Third Party Authorization, including, but not limited to, claims based on the bad faith use of documents or information provided to the Third Party. Nor shall John Hancock be required to undertake any effort to verify whether documents and information provided to the Third Party were used for a legitimate purpose.

4. Signatures

All Must Sign. All contract owners and participants must sign. All trustees must sign if the contract is owned by a trust. If the contract is owned by a corporation, partnership or other business entity, an authorized representative must sign and a corporate resolution (or similar) must be attached to this form.

Power of Attorney. If this form is signed by an attorney in fact, a copy of the power of attorney must be attached to this form. John Hancock reserves the right to request proof, satisfactory to us in our sole discretion, that the power of attorney has not been revoked and that the principal is alive before taking action based on this form.

Conservators and Guardians. If this form is signed by a conservator or guardian, a copy of his or her court appointment or other authority must be attached to this form. John Hancock reserves the right to request proof, satisfactory to us in our sole discretion, that the conservatorship or guardianship is still in effect before taking action based on this form.

NOTE: ALL signatures must be notarized or Medallion Guarantee

SIGN HERE _____
Signature of Owner/Annuitant

SIGN HERE _____
Signature of Co-Owner/Annuitant (if applicable)

Today's Date (MM/DD/YYYY)


Today's Date (MM/DD/YYYY)


Signature Guarantee Stamp
(If applicable)

Signature Guarantee Stamp
(If applicable)


Submission Instructions


Please enclose and mail to:


 **National Contracts**
John Hancock Annuities
Service Center
P.O. Box 55444
Boston, MA 02205-5444

 **New York Contracts**
John Hancock Annuities
Service Center
PO Box 55445
Boston, MA 02205-5445

 **All Contracts**
Overnight Deliveries
John Hancock Annuities
Service Center
30 Dan Road, STE. 55444
Canton, MA 02021-2809

 **Questions:**
1-800-344-1029

 **Questions (NY Contracts):**
1-800-551-2078

 **To fax this form:**
1-617-663-3160

 www.jhannuities.com