

Verification of income

Fixed Products

Before you begin

You can also complete this form entirely online.

- Visit the forms center on johnhancock.com/groupannuities.
- Find the Verification of income form.
- Click the link to submit online and follow the step-by-step instructions.

Important information

PO Box 55446

Boston, MA 02205-5446

Use this form to request a verification of your benefits under your group annuity contract. This form will not be processed unless it has been properly signed and dated.

Cont	tact information				
Ó	Website:	6.1	e: 800-624-5155	igtriangledown	Mail:
	johnhancock.com/groupannuities	TTY:	800-555-1158		See return instructions at end of this form.
1. C	ontract information				
Group	annuity contract number	Association	on number		Certificate or customer number
D	(F'()		- Leef		Duta (Frail (MM (DD 0000)
Payee	name (First)	MI	Last		Date of birth (MM/DD/YYYY)
Phone	number Email add	ress			
Addres	ss (Street)				
City		tate		Zip code	Country (if outside the U.S.)
2 D	elivery instructions				
	de below the mailing address at w	nich you wish	to receive your be	nefit information	:
Name	(First)		MI	Last	
Addres	ss (Street)				
City		tate		Zip code	Country (if outside the U.S.)
3. Si	ignature and authorization				
By sig	gning below, I authorize John Hancoc			-	ons noted above and I agree to submit additional tions on this form are subject to the terms and
	tions of the group annuity contract.			Ta that the methac	
SIGN HERE					
HEKE	Signature of payee				Date signed (mm/dd/yyyy)
Retu	ırn instructions				
Plea	ase submit your completed and sig	ned form via	one of the followin	g:	
\square	Regular mail:		Overnigi		
	John Hancock Fixed Products Administra	tion	Fixed Pro	ducts Administration	

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Westwood, MA 02090

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