John Hancock.

# Change of financial representative of record

# Before you begin

# You can also complete this form entirely online.

- Click on the "Find a form" box on www.johnhancock.com/annuities.
- Find the Change of financial representative of record form.
- Click the link to submit online.
- Follow the step-by-step instructions

### Important information

Use this form to change the registered financial representative of record on your John Hancock annuity contract. This change will be effective once we receive it and deem it to be in good order.

| Cont    | tact us                             |                |                                |                               |                |                                 |  |
|---------|-------------------------------------|----------------|--------------------------------|-------------------------------|----------------|---------------------------------|--|
| Ē       | Website<br>www.johnhancock.com/annu | uities 💊       | Phone<br>1-800-344<br>Weekdays | l-1029<br>8 a.m. to 6 p.m. ET |                | <b>Fax</b><br>1-617-663-3160    | <b>Return instructions</b><br>See the end of this document<br>for return instructions. |
| 1.0     | wner information                    |                |                                |                               |                |                                 |  |
| Contr   | act owner information               |                |                                |                               |                |                                 |  |
| Contra  | ct number                           |                |                                |                               |                |                                 |  |
| Owner'  | s name (First)                      |                | MI                             | Last                          |                |                                 | <br>Date of birth (MM/DD/YYYY)   |
| Phone   | number                              | Email address  |                                |                               |                |                                 |  |
| Addres  | s (Street)                          |                |                                |                               |                |                                 | <br>   |
| City    |                                     |                |                                | State or country              | (if outside th | e U.S.)                         | <br>Zip code   |
| Co-ow   | ner information (if appli           | icable)        |                                |                               |                |                                 |  |
| Co-owr  | er's name (First)                   |                | MI                             | Last                          |                |                                 | <br>Date of birth (MM/DD/YYYY)   |
| Phone   | number                              | Email address  |                                |                               |                |                                 |  |
| Addres  | s (Street)                          |                |                                |                               |                |                                 |  |
| City    |                                     |                |                                | State or country              | (if outside th | e U.S.)                         | <br>Zip code   |
| Annui   | tant information (if diffe          | erent from abo | ove)                           |                               |                |                                 |  |
| Annuita | ant's name (First)                  |                | MI                             | Last                          |                |                                 | <br>Date of birth (MM/DD/YYYY)   |
| Phone   | number                              | Email address  |                                |                               |                |                                 |  |
| Addres  | s (Street)                          |                |                                |                               |                |                                 | <br>   |
| City    |                                     |                |                                | State or country              | (if outside th | e U.S.)                         | <br>Zip code   |
|         |                                     | 2 (10 A) 1     | 1 ML7                          |                               |                | . Vende de la constata de la fe |  |

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. 1307146 (2/21) 1 of 3

#### Contract number:

#### 2. New financial representative information

Please provide the name and commission percentage of each representative. Partnership/splits must be within the same broker-dealer. The sum of the percentages for all representatives, including the servicing representative, must total 100%. If the sum of all percentages does not equal 100%, the difference will be applied to the servicing representative. If no percentages are included, the servicing representative will receive 100% and each additional representative will be listed at 0.00%.

#### New servicing financial representative

| Representative's name (First) | MI            | Last                      | Social Security number | Split ID/percentage |
|-------------------------------|---------------|---------------------------|------------------------|---------------------|
| Representative's firm         |               |                           |                        |                     |
| Phone number                  | Email address |                           |                        |                     |
| Address (Street)              |               |                           |                        |                     |
| City                          |               | State or country (if outs | ide the U.S.) Zip coo  | le                  |
| Additional representatives (o | ptional)      |                           |                        |                     |
| Representative's name (First) | MI            | Last                      | Social Security number | Split ID/percentage |
| Representative's name (First) | MI            | Last                      | Social Security number | Split ID/percentage |

## 3. Signature(s) and authorizations

By signing below, I understand that commission options for annuity contracts were elected by the original selling firm at the time of issue and are irrevocable. Service fees are paid on contracts that change the broker-dealer of record. Service fees may differ from original commission percentages.

If you are changing to a financial representative within the same broker-dealer, the broker-dealer branch manager may sign in lieu of the owner(s).

| Signature of owner (or fiduciary)                               |                           | Today's date (MM/DD/YYYY) |
|---|---------------------------|---------------------------|
| Signature of co-owner (or fiduciary) (if applicable)            | Today's date (MM/DD/YYYY) |                           |
|   |                           |                           |
| ch manager of current broker-dealer                             |                           |                           |
| Signature of current broker-dealer bank manager (if applicable) |                           | Today's date (MM/DD/YYYY) |

# Submission instructions

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

| $\square$ | National contracts | John Hancock Annuities Service Center<br>PO Box 55444, Boston, MA 02205-5444                                 |
|-----------|--------------------|--|
|           | New York contracts | John Hancock Annuities Service Center<br>PO Box 55445, Boston, MA 02205-5445                                 |
|           | All overnight mail | Annuities Service Center<br>John Hancock Insurance<br>410 University Avenue, Suite 55444, Westwood, MA 02090 |





# **Register online**

Go to **www.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.