



LIFE INSURANCE

Request for Name Change

• This form CANNOT be used to change the Owner or any Beneficiary designation.

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Current Policy Information

1. Policy Number(s) _____

2. Name of Life Insured (Life One)
 First _____ Middle _____ Last _____

Name of Life Insured (Life Two)
 First _____ Middle _____ Last _____

3. a) Name and Address of Owner
 First _____ Middle _____ Last _____
 Street No. & Name, Suite No., City, State, Zip code _____

b) Tax Identification Number (SSN or EIN) of Owner _____ c) Owner's Daytime Telephone No. () _____

4. Have you changed your address? No Yes - If **Yes**, please write your new address below.
 Street No. & Name, Suite No., City, State, Zip code _____

Name Change

5. Indicate name change of: Life Insured Owner Spouse on Rider Child on Rider Other - _____

6. Date of Birth of Person changing name
 mmm dd yyyy

7. a) Former Name _____
 b) New Name _____
 c) Reason for Name Change **MUST** be provided. _____

Note: A change in name of a **Corporation, Partnership or Limited Liability Company** requires documentary evidence that the change has been recorded with the Secretary of State in the state where the entity is domiciled. This form cannot be used when a transfer of assets is involved. **We fully reserve the right to request any additional supporting documents for all name changes.**

Signatures

Signed at	City	State	This	Day of	Year
_____	_____	_____	_____	_____	_____
Signature of Witness				Signature of Owner (if corporation, officer(s) Name/Title must be indicated)	
X				X	
Signature of Witness				Signature of Owner (if corporation, officer(s) Name/Title must be indicated)	
X				X	