



LIFE INSURANCE

Instructions on completing Request for Policy Surrender

Mail your request to:
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

Please use this information to complete the form correctly and appropriately. This will ensure we receive the form in good order. The form will be considered 'in good order' when:

- 1) All the required information has been completed.
- 2) The correct and appropriate selections available to your product have been made.
- 3) All the appropriate signatures are given.

Section A - Owner Information

- 1) Complete Owner's full name, address and policy/group number.
- 2) Provide appropriate telephone numbers and fax number if available, in case we need to contact you.

Section B - Statement of Lost or Destroyed Policy

- 1) Your policy contract must be returned with the completed Request for Policy Surrender form.
- 2) If you have lost or destroyed your policy please complete this section by placing an 'X' in the box.

Section C - Replacement Information

- 1) This section **must be completed** if your policy is a Corporate VUL or a Majestic VCOLIX product.

Section D - Settlement Information

A **John Hancock Safe Access Account** will be opened in your name, if certain eligibility requirements are met. This account provides you with complete access to your funds.

Safe Access Account Eligibility Criteria

- 1) Net Surrender value must be greater than \$5,000.
- 2) Policy owner must supply their SSN/TIN and have a US mailing address.
- 3) Policy owner is not a corporation, partnership or trust with multiple trustees.
- 4) Policy is not owned by multiple owners.
- 5) Policy is not collaterally assigned.
- 6) Certain products, including variable life insurance policies, are not eligible.
- 7) Insurance products issued by John Hancock Life Insurance Company of New York and John Hancock Life & Health Insurance Company, are not eligible.

Section E - Signatures

- 1) Ensure that all appropriate signatures are on the form before submitting to our Customer Service Center.
All owners must sign and date the form.
- 2) If the policy is Corporate owned, a Corporate Resolution or a Board approved list with signature samples of the signing officers must be provided.
- 3) If the life insured is signing as an officer of the Corporation, please indicate a second officer's signature with title or the Corporate seal.
- 4) If your policy is collaterally assigned the Assignee's signature is required.
- 5) **If the address of record has been changed within the last 30 days, a notarized signature is required.**

Request for Taxpayer Identification Number and Certification (page 2)

- 1) Complete the Owner(s) name and Social Security No./Tax Identification No. or Employer No.
- 2) Select the Backup Tax Withholding Statement that applies to the Owner.
- 3) The Owner/Taxpayer is required to sign below the CERTIFICATION - UNDER PENALTY OF PERJURY.

Notice and Election of Tax withholding (page 2)

- 1) Complete this section if your policy has a gain.
 - a) Select Yes or No to indicate whether or not to withhold Federal Income Tax.
 - b) Select Yes or No to indicate whether or not to withhold State Income Tax.

Important Information

We will pay you the policy value less any policy debt and surrender charge that then applies. You must return your policy when you request a surrender. The effective date of this surrender will be the date that all surrender requirements are received in good order by John Hancock. We also recommend that you seek the advice of your tax adviser and personal financial representative.

Surrender requests received within 10 business days of a premium or loan repayment will be processed less the amount of the recent payment. This amount will be refunded separately.

Retain for your records.



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Request for Policy Surrender

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Section A - Owner/Life Insured Information

1. a) Name of Owner(s) _____ b) Owner's Date of Birth _____ c) Policy/Group Number _____

d) Address of Owner(s) _____ Please check for address change

e) Insured(s) _____

If the address of record has been changed within the last 30 days, a notarized signature is required.

f) Home Phone No. _____ g) Fax Number _____ h) Social Security No./ Tax Identification No. _____

Use this form to surrender your Life Insurance Policy for its Cash Value. Please return the Policy with this request or complete the Statement of Lost Policy if the Policy is lost.

Section B - Statement of Lost or Destroyed Policy

Check here if your policy is lost or has been destroyed.

The undersigned hereby represents that the above numbered policy was lost or destroyed. This policy is not now assigned, nor has it been otherwise transferred or encumbered in any manner. No person, firm or corporation has or claims the right to possession of this policy.

I agree that should the original policy be found or in any way come into my possession, I will return the policy to John Hancock.

Section C - Replacement Information

For all Corporate VUL and Majestic VCOLIX policy surrenders, please answer the following:

Will any of the proceeds of this surrender be used to pay premiums on a new policy? Yes No

If "Yes," please attach any applicable state replacement forms.

Section D - Settlement Information

Once John Hancock has completed the processing of your surrender request, your net proceeds will be deposited in a **John Hancock Safe Access Account**.

Note: Any policies that do not meet the eligibility criteria documented on the Instructions page, will have the proceeds paid directly to the policy owner in a lump sum check.

If you would prefer not to take advantage of a John Hancock Safe Access Account, please indicate your intent by checking the box below. Surrender proceeds will be paid directly to the policy owner in a lump sum check.

I do not want a John Hancock Safe Access Account.

Section E - Signatures

I request payment of the cash surrender value in exchange for surrender of the attached policy. The effective date of this surrender will be the date that all surrender requirements are received in good order by John Hancock. Any nomination of a revocable beneficiary made under this policy is hereby revoked as of the date indicated below.

Signed at State _____	Date _____
Name of Owner(s) (Please print) _____	Signature of Owner(s) _____ X
Name of Owner(s) (Please print) _____	Signature of Owner(s) _____ X
Title of Owner (required For Corporate Owned or Trust Owned) _____	Signature of Assignee _____ X
Title of Owner (required For Corporate Owned or Trust Owned) _____	Signature of Assignee _____ X



LIFE INSURANCE

Request for Taxpayer Identification Number and Certification

• To be completed by Owner/Taxpayer

Life Insured(s)/
Owner(s) Name

In order to comply with IRS regulations regarding Tax Identification Numbers and Backup Tax Withholding, individuals and sole proprietors MUST give their Social Security Number. Other entities MUST give their Employer Identification Number.

Social Security No./
Tax Identification No.

Employer
Identification No.

If you have no number or you have applied for a number and are waiting for one to be issued, write "APPLIED FOR" in the boxes. You then have 60 days to supply your TIN number to us. After 60 days, John Hancock must begin Backup Tax Withholding.

Under the penalties of perjury, I the Owner, certify that:

1. The number identified above is my correct taxpayer identification number AND

2. Check the applicable box:

- I am not subject to Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Tax Withholding,

OR

- The Internal Revenue Service (IRS) has notified me that I am subject to Backup Tax Withholding,

AND

3. Check the applicable box:

- I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid Backup Tax Withholding.

OR

- I am not a U.S. citizen or other U.S. person. (Submit a valid completed W-8BEN form).

Note: If a valid completed W-8BEN form is not submitted, mandatory withholding of 30% of the taxable portion of the payment will apply.

- I am claiming tax treaty benefits, and have provided the required SSN or ITIN or EIN on line 6 of the valid W-8BEN form; otherwise, I understand mandatory withholding of 30% of the taxable portion will apply.

Signature of Owner/Taxpayer

Date

x

Notice and Election of Tax Withholding

John Hancock is required by law to withhold Federal Income Tax on the taxable portion of the payment(s) we will be making to you, unless you instruct us otherwise. The election to have no withholding is available only to individuals who are U.S. citizens or residents and have a mailing address in the United States.

If you do not have enough Federal Income Tax withheld from your payments, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Withholding Rules

We will withhold 10% of the taxable portion of the payment proceeds from the following: The surrender, partial surrender or maturity of an annuity or life contract, loan on life contract, death claims other than individually purchased life policies.

Withholding Instructions:

- I want Federal Income Tax withheld from the payment(s) under this policy. Yes No
- I want State Income Tax withheld from the payment(s) under this policy. Yes No

If Federal Income Tax withholding is elected, mandatory state withholding rules will apply where applicable.

Signature of Owner/Taxpayer

Date

x