



LIFE INSURANCE

## Instructions on completing Change of Beneficiary - Life

**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

### Important Notice

If any person using this form has a question as to the legal effect of its provisions or tax or other implications of changing the designation, such person should consult their own lawyer for advice.

#### Section A - Policy Information

- 1) Complete policy number, life insured name(s) and owner(s) name, address and phone number (or indicate new address, if changed).

#### Section B - Beneficiary Designation

- 1) Complete the **Primary** Beneficiary Section with the name of the new beneficiary(ies), their tax identification number, relationship to life insured, address and share percentage.
- 2) Complete the **Secondary** (contingent) beneficiary section, if applicable.

#### Section C - Signature(s) of Owner

- 1) If the owner is a corporation, the authorized signing officer must in addition to their signature print their name and title. (The signing officer must be an impartial party; otherwise we will require 1.) Corporate Seal affixed to the form and/or 2.) Authorized second signing officer).
- 2) If the policy is owned by trustee(s) the trustee(s) must indicate their title and all trustees(s) on record must sign.
- 3) Indicate the location (City/State) and date the request.
- 4) Have the form witnessed by a disinterested party.

### Sample Beneficiary Designations are provided as a reference only.

- |                                     |   |
|-------------------------------------|---|
| 1) Primary                          | Estate of the Life Insured  |
| 2) Primary                          | Mary J. Doe, wife   |
| Secondary                           | John Doe, James Doe, Ann Smith, children  |
| 3) Primary                          | Mary Smith, wife  |
| Secondary                           | John Smith and Ann Smith, children. Any payment due to a beneficiary during minority shall be paid to James Smith, brother of the Life Insured for the benefit of such beneficiary.   |
| 4) Primary<br>(Testamentary Trust)  | The trustee of the trust created in the instrument admitted to probate as my Last Will and Testament provided, however, should my Last Will and Testament contain no Trust or not be admitted to probate or should I die intestate, then to my Executors or Administrators. |
| 5) Primary (Trust)                  | John Doe, Trustee or any successor Trustee of Doe Family Trust dated January 01, 2004   |
| 6) Primary<br>(unequal allocation*) | 75% to Jane Doe and 25% to John Doe<br>*Always use percentages (%)  |

**Retain for your records.**



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**Section A - Current Policy Information**

1. a) Name of Owner(s) \_\_\_\_\_ b) Policy Number \_\_\_\_\_

c) Life Insured(s) \_\_\_\_\_

d) Address -  Check this box to change the mailing and billing address of record \_\_\_\_\_

e) Email Address \_\_\_\_\_ f) Daytime Phone No. \_\_\_\_\_

**Section B - Beneficiary Designation**

Subject to the terms of the policy(ies) and any Assignee on record with John Hancock, the undersigned hereby revokes any beneficiary designation or direction of payment previously made in respect to the proceeds payable on the death of the Life Insured under the above policy(ies) and directs that such proceeds be paid to:

**Primary Beneficiary(ies)**

Name	Relationship to Life Insured	Address	Taxpayer Number	Share (%)
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**Secondary Beneficiary(ies)**

Name	Relationship to Life Insured	Address	Taxpayer Number	Share (%)
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**Section C - Signature of Owner(s)**

**Important: See also provisions on the reverse of this form which are hereby made a part of this beneficiary designation.**

Signed at City/State _____	Date _____
Signature of Witness _____	Signature of Owner (if corporation, officer(s) Name/Title must be indicated) _____
<b>X</b>	<b>X</b>
Signature of Witness _____	Signature of Owner (if corporation, officer(s) Name/Title must be indicated) _____
<b>X</b>	<b>X</b>

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## Provisions Relating To Beneficiary Designation

This form provides for two classes of beneficiaries - **Primary and Secondary** but it is not necessary to designate beneficiaries in all classes. Phrases such as "if living, otherwise", "share and share alike" or "equally" are not necessary as these are covered by this form. Any corrections to this form should be initialled by the signer.

For the purpose of this beneficiary designation, Life Insured means the individual upon whose death, the proceeds are payable.

If the beneficiary designated is the trustee of an Inter Vivos Trust, and if John Hancock receives proof satisfactory to it that the trust is not in effect when any death benefit is payable, then John Hancock will pay the death benefit as if the trust beneficiary had died before the Life Insured. If the beneficiary designated is the trustee of a Testamentary Trust, it will be deemed to be the trust which is created under a Last Will and Testament and if, when the death benefit is payable, it is found that the Last Will and Testament contains no trust or is not admitted to Probate or the Life Insured died intestate, then John Hancock will pay the death benefit as if the trust beneficiary died before the Life Insured.

**Beneficiary Classification.** Unless otherwise specified, beneficiaries in the same class will share equally in any death benefit payable to them. If proceeds are payable in unequal shares, express the shares as a percentage of the proceeds payable. If a beneficiary dies before the benefit is payable, his or her share will be allocated equally among any surviving beneficiaries in the same class.