LIFE INSURANCE

# Instructions on completing Change of Ownership (Absolute Assignment)

***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*

## Important Notice

**Before completing this form, please read this and the form carefully!**

- If any person using this form has a question as to any tax implications or legal effect of its provisions, such person should consult their own lawyer for advice.
- If you require any changes to your Pre-Authorized Checking, please advise us immediately.
- This form also changes the beneficiary to the New Owner (Assignee).

**Section A - Current Policy Information (To be completed by Current Owner)**

1) Complete policy number, life insured name(s) and current owner(s) name, address and phone number.

**Section B - Change of Ownership (To be completed by Current Owner)**

**To complete this section, select the type of Assignment: "For value received" or "A Gift".**

1) Complete the New Owner section with the full name of the person(s) or entity you wish to transfer ownership (If you are transferring ownership to a trust, include the full name of trustee(s), name of trust and date of trust).
2) Complete the Mailing and Billing Address of the New Owner.

**Section C - Signature(s) of Current Owner (To be signed by Current Owner requesting this transfer)**

1) If the current owner requesting a transfer 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. a Corporate Seal affixed to the form and/or 2. second signing officer).
2) If the policy is owned by trustee(s) the trustee(s) must indicate their title and all trustees(s) must sign.
3) Indicate the location (City/State) and date the request.
4) Have the form witnessed by an impartial party.

**Section D - Request for Taxpayer Identification Number and Certification (To be completed by the NEW Owner)**

- **Complete the Section for Taxpayer Information and Certification.**
  1) For individuals use your social security number.
  2) For partnerships, corporations or irrevocable trusts: use the nine digit tax identification number or employer identification number.
  3) Check off appropriate boxes, under Certification of Taxpayer ID and Backup Withholding status.
- **If you are subject to backup withholding the IRS would have notified you.**
  You would be subject to backup withholding if:
  1) you do not furnish a certified TIN to John Hancock or the IRS notified John Hancock that you furnished an incorrect TIN.
  2) you are notified by the IRS that you are subject to backup tax withholding for failing to report all income on your tax return **OR**
  3) you fail to certify that you are not subject to backup withholding.
- **Sign and Date** this section by **NEW Owner** (refer to Signature Requirements).

***Retain for your records.***



**Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.**

LIFE INSURANCE

# Change of Ownership (Absolute Assignment)

***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*

## Section A - Current Policy Information

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

c) Life Insured(s) _____

d) Address _____ e) Daytime Phone No. _____

## Section B - Change of Ownership (Absolute Assignment)

For ☐ Value received; or ☐ as a Gift for Love and Affection,

the undersigned hereby transfers and assigns absolutely, all rights, title and interest in the above policy(ies) to the Assignee(s) indicated below and **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 the Assignee(s) and, if more than one, in the same proportion as their ownership rights bear to one another. The Assignor(s) WARRANT the validity of this assignment.

Name of New Owner (Assignee) _____ Relationship to Life Insured _____

Mailing and Billing Address of New Owner (Assignee) - If no address is indicated, the Mailing and Billing Address will remain the same.

Street , City, State, Zip Code _____

## Section C - Signature(s) of Current Owner - Person/entity making this transfer

Signed at City/State _____ Date _____

Signature of Witness _____ Signature of Owner (if corporation, officer(s) Name/Title must be indicated)
x _____

Signature of Witness _____ Signature of Owner (if corporation, officer(s) Name/Title must be indicated)
x _____



**Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.**

## Section D - Request for Taxpayer Identification Number and Certification - MUST be completed by the NEW Owner

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

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 The Company must begin Backup Withholding.

**Social Security Number**

**Tax ID Number**

**CERTIFICATION - UNDER PENALTIES OF PERJURY, I CERTIFY THAT:**

☐ The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me).

☐ For Minnesota residents only. I have received a copy of IRS Form W9.

☐ Check box ONLY if you are not a United States citizen (complete IRS Form W-8BEN).

☐ I am no longer subject to Backup Tax Withholding.

☐ I am subject to Backup Tax Withholding.

☐ I am exempt from Backup Tax Withholding.

Signed at City/State

Date

Signature of **NEW** Owner/Taxpayer (if corporation, officer(s) Name/Title must be indicated)

**x**



**Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.**