



LIFE INSURANCE

Instructions on completing Statement of Lost Policy

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

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) All the appropriate signatures are given.

Section A - Owner Information

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

Section B - Service Request

- 1) Check box beside appropriate service request type.
- 2) If duplicate policy is requested, please also include \$20.00 check or money order made payable to John Hancock.
- 3) Duplicate policy not available for policies issued prior to 1965, however Statement of Insurance is available.

Section C - 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 life insured is signing as an officer of the Corporation, please indicate a second officer's signature with title or the Corporate seal.
- 3) If duplicate policy is requested and your policy is collaterally assigned, the Assignee's signature is required.

Retain for your records.



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Section A - Owner/Life Insured Information

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

c) Insured(s) _____

d) Owner's Address _____

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

Section B - Service Request - Please select appropriate instruction

Please send me the following (check one box)

Statement of Insurance (no charge) - Not available for MPI or WPI products

OR

Duplicate policy (\$20.00 charge) - Not available for policies issued prior to 1965 - Not available for MPI or WPI products

- Complete Section C.
- Mail this form to the above mentioned address based on product type.
- If duplicate policy is requested, please also include a \$20.00 check or money order made payable to John Hancock.
- If this policy is collaterally assigned to a bank or other lending institution, the Assignee must also sign.

Section C - Signatures

The policy listed in Section A cannot be located because it was mislaid or destroyed on or about

mmm	dd	yyyy
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I understand that John Hancock will honor the duplicate policy or Statement of Insurance issued under this request according to the terms and conditions of the original policy.

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 (required For Corporate Owned or Trust Company or Assignee) _____

Signature of Assignee _____
X

Title (required For Corporate Owned or Trust Company or Assignee) _____

Signature of Assignee _____
X