LIFE INSURANCE

# Instructions on completing Request For Policy Change (No Underwriting Approval Required)

***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*

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**Section A - Owner/Life Insured(s) Information**

1) Complete Owner's full name, address, and policy/group number.
2) Complete Insured(s)' full name.
3) Provide appropriate telephone numbers and fax number if available, in case we need to contact you.
4) If Owner's mailing address requires changing, check box that indicates this.

**Section B - Basic Policy Changes Requested**

1) Insured's Birth Change
   - Select 1 if the Insured's date of birth requires correction and include incorrect and correct date of birth for the life insured.
   - Samples of acceptable proof of birth are a copy of passport, birth certificate, and driver's license.
   - If the correction results in a change to the issue age of the insured(s), additional requirements may be required.
2) Premium Change
   - Select 2 to make a change to the planned premium on the policy. The new planned premium should be based on the modal premium.
   - For Flexible Variable Life (FlexV) policies, the Planned Annual Premium may not be less than $300.
3) Dividend Option Change
   - Select 3 to change the dividend option on your policy.
   - If the Dividend Option change is from Accum to Paid Up Additions, underwriting approval may be required and additional forms may require completion.
   - If the provision for the Dividend Option Q is canceled, it will no longer provide for the existing amount of base coverage. It will only provide for a reduced amount of base coverage, but premiums will remain the same.
   - If the provision for the Policy Enhancement Plan, Dividend Option S, is removed, the policy death benefit will decrease.
   - Once a dividend option change has been received with full requirements by John Hancock, the dividend option cannot be reversed or added back to the policy.
   - This form is not to be used for Premium Offset.
   - For some products, the future dividend option can only be changed to purchase Paid Up Additions when the policy has the Cash Enhancement Option (CEO), Life Plus (LP), Term Insurance Option (TIO) and Supplementary Term Insurance Option (STIO).
   - Additional requirements may be necessary for changes on a policy with a 'P' dividend (Expanded Estate Benefit) or a 'V' dividend (Additional Insurance Protection Rider).
4) Change to Fully Paid Up/Reduced Paid Up/Extended Term
   - Select 4 to change the policy to a fully paid up, reduced paid up, or extended term policy for a non-variable life policy.
   - If an illustration has been requested and submitted with this request, and the Face Amount of the policy has changed, please complete the 'New Face Amount' field to make this change.
   - All changes within this section will be made effective on the 'paid to date' of the policy.
5) Acceleration for PNO and MDO policies
   - Select 5 to change the policy to a fully paid up policy.
6) Change the Non-Forfeiture Provision for PNO, MDO, VLI, and FlexV policies
   - Select 6 to change the Non-forfeiture option to extended term insurance, fixed reduced paid up insurance, or variable paid up insurance.
   - Any provision for automatic payment of premiums may be revoked.



**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. Securities are offered through John Hancock Distributors LLC and through other broker/dealers that have a selling agreement with John Hancock Distributors LLC, 197 Clarendon Street, Boston, MA 02116.**

**Section B - Basic Policy Changes Requested - continued**

7) Face Amount Decrease
   - Select 7 to reduce the Face Amount of your policy.
   - Indicate the current Face Amount and the new Face Amount.
   - If there is a reduction in the Base Face Amount, a proportion of the Surrender Charge may be deducted from the Policy Value.
   - For non-traditional products, a Face Amount decrease does not automatically reduce the planned premium amount.
   - Any reduction in the Face Amount will be implemented by first reducing any Return of Premium coverage, then by reducing any Supplemental Face Amount, followed by the Base Face Amount.
   - All Face Amount decreases are subject to your policy's provisions, including but not limited to, the timing of when a decrease may be requested, the minimum allowable basic Face Amount, and the minimum amount that a decrease can be requested by.
   - Increases in the Return of Premium Death Benefit coverage will cease when a reduction to the Return of Premium Death Benefit coverage or Supplemental Face Amount or Base Face Amount of insurance is requested.

8) Death Benefit Option Changes
   - Select 8 to change the Death Benefit Option on your policy from Increasing to Level.
   - For some products only available at policy anniversary date.

9) Supplementary Benefit/Rider Changes
   - Select 9 to delete a supplementary benefit/rider or change the face amount of the supplementary benefit/rider on your policy.
   - Indicate the name of the supplementary benefit/rider.
   - If cancelling the Child Rider, include the name and date of birth of the youngest child.

10) Other Request and/or Explanation
   - Select 10 to make a request for a policy change that is not listed on this form or if you would like to provide any further explanation to the change(s) being made.
   - All changes are subject to John Hancock's review and approval.

**Section C - Signatures**

- Ensure that all appropriate signatures are on the form before submitting to our Head Office. **All owners must sign and date the form.**
- If the policy is Corporate owned, a Corporate Resolution or a Board approved list with signature samples of the signing officers must be provided.
- 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.
- If your policy is collaterally assigned the Assignee's signature is required.

## Important Information

Before requesting any of the policy changes on this form, we recommend that you review the specific change provisions of your policy, and the information regarding these changes in the prospectus, if your policy is a variable life policy. Please contact 1-800-827-4546 to obtain product and fund prospectuses (for New York, contact 1-888-267-7784, option 4). The prospectuses contain complete details on investment objectives, risks, fees, charges and expenses as well as other information about the investment company. Please read the prospectuses carefully containing this and other information on the product and the underlying portfolios and consider these factors carefully before investing.

The changes requested on this form may impact your policy values, secondary guarantees as well as the duration in which the policy is inforce. We recommend that you have an illustration run to see the impact of this change to your policy, if you have not already done so.

The effective date of the specific policy change will vary depending on the type of product you have and the type of change being requested. The policy change(s) requested is/are subject to the provisions and conditions of the policy.

The changes requested on this form may affect the amount of premiums that you can pay on your contract per policy year. Changes requested on this form may have tax consequences to the policy. We strongly recommend that you seek the advice of your tax advisor and personal financial representative prior to requesting these changes.



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## Section A - Owner/Life Insured Information

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

c) Insured(s) _____

d) Address _____ ☐ Please check for address change

e) Home Phone No. _____ f) Fax Number _____

## Section B - Basic Policy Changes Requested

1. ☐ **Insured's Birth Date** (**Attach Proof of Birth**) from mm dd yyyy to mm dd yyyy

2. ☐ **Premium Change** from $ _____ to $ _____

**Note: For non-traditional products, other requests being made on this form do not automatically decrease the planned premium amount.**

3. ☐ **Dividend Option** from _____ to _____

4. **Change to:** ☐ Fully Paid Up ☐ Reduced Paid Up ☐ Extended Term

New Face Amount $ _____

Note: All or some supplementary benefits/riders will expire once the policy becomes fully paid up.

5. ☐ **Acceleration for PNO and MDO policies only**

☐ I elect to have this policy and any provision relating to Accidental Death be made fully paid up by applying any surplus dividend and or cash value of any insurance inforce under a dividend option.

Note: All other supplementary benefits/riders will expire once the policy becomes paid up.

6. ☐ **Change the Non-Forfeiture Provision for PNO, MDO, VLI and FlexV policies only**

Change the Non-Forfeiture Provision to: ☐ Extended Term Insurance
☐ Fixed Reduced Paid Up Insurance
☐ Variable Paid Up Insurance (Only available to VLI and FlexV)

Note: The amount of any Variable Paid Up Insurance will increase or decrease in accordance with the investment experience of the Separate Investment Accounts and are not guaranteed as to fixed dollar amounts.

☐ I hereby revoke any provision for automatic payment of premiums by either:
1) Application of the loan provision (Automatic Loans), or
2) application of accumulated dividends and interest



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## Section B - Basic Policy Changes Requested - continued

7. ☐ **Face Amount Decrease**

Decrease the Face Amount from $ _____ to $ _____

Note: If there is a reduction in the Base Face Amount, a proportion of the Surrender Charge may be deducted from the Policy Value.

Any reduction in the Face Amount will be implemented by first reducing any Return of Premium coverage, then by reducing any Supplemental Face Amount, followed by the Base Face Amount. John Hancock reserves the right to allow a reduction in Base Face Amount first.

8. ☐ **Death Benefit Option Changes**

**Universal Life/Variable Universal Life ONLY from Increasing (B/2) to Level (A/1)**

9. ☐ **Supplementary Benefit/Rider Changes**

Name of Benefit/Rider _____

☐ Delete **OR** ☐ Decrease from $ _____ to $ _____

Note: If cancelling the Child Rider include the name and date of birth of the youngest child in section 10 below

10. **Other Request and/or Explanation**

## Section C - Signatures

I/We have read all of the above Instructions and form section related to the policy change being requested. The policy change(s) requested is/are subject to the provisions and conditions of the policy. I/We, as owner(s) of this policy, understand that the changes requested may impact policy values, secondary guarantees, as well as the duration in which the policy remains inforce. I/we understand that all changes are subject to John Hancock's review and approval.

| | |
|---|---|
| Signed at State | Date |
| Name of Owner(s) (Please print) | Signature of Owner(s) (Title of Owner required for Corporate Owned or Trust Owned)<br>x |
| Name of Owner(s) (Please print) | Signature of Owner(s) (Title of Owner required for Corporate Owned or Trust Owned)<br>x |
| Name of Assignee | Signature of Assignee (Title of Assignee)<br>x |
| Name of Assignee | Signature of Assignee(Title of Assignee)<br>x |



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