

Return to : John Hancock Life Insurance Company
Fixed Products Operations, S-8
380 Stuart Street
Boston, MA 02117



Toll Free # : 1-800-624-5155

Address / Name Changes

Contract Number: GAC _____ Social Security Number: _____

Address Change (please print clearly)

Please check off the appropriate box(es) which apply:

Home Address (legal residence)

Check Mailing Address

** This form should not be used when changing bank locations or account numbers for direct deposit. Please use John Hancock's Enrollment Form for Direct Deposit of Your Annuity Payments.*

Last Name : _____ First Name : _____

New Address : _____

This change is effective: Month _____ Year _____

Name Change* (please print clearly)

It is hereby requested that the following change be made to my name on Company records in regards to the above contract :

Old Name : _____

New Name : _____

Reason : _____

** Documentary evidence is required for name changes. Accepted legal documents include Marriage Certificate, Divorce Decree, etc.*

Authorization

Signature : _____ Date : _____