

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



Toll Free #: 1-800-624-5155

BENEFICIARY FORM

- See Instructions on Page 2-

Contract Number : _____ GAC Issued To: _____

SECTION I – ELECTION OF / CHANGE OF BENEFICIARY

I, _____, hereby revoke all previous beneficiary designations under Certificate # _____ and the above numbered contract and designate the following beneficiary (or beneficiaries) in lieu of those revoked above, effective on and after ____/____/____ to receive any death benefit payable under the terms of the said contract still reserving to myself the privilege of other and further changes, in accordance with the provisions of said contract.

* Primary Beneficiary, _____

Last	First	Middle Initial	Relationship	Date of Birth	Social Security Number
------	-------	----------------	--------------	---------------	------------------------

Contingent Beneficiary, _____

Last	First	Middle Initial	Relationship	Date of Birth	Social Security Number
Last	First	Middle Initial	Relationship	Date of Birth	Social Security Number
Last	First	Middle Initial	Relationship	Date of Birth	Social Security Number

* If you are married and the Primary Beneficiary is other than your spouse, complete the Spousal Consent on the second page of this form.

If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survived me, unless otherwise provided herein. If no designated beneficiary survives me, settlement will be made as provided in the contract.

This election / change of beneficiary shall take effect upon receipt of this instrument at the Home Office of the John Hancock and when so received, the change shall be operative as of the date specified above whether or not I am alive at the time of such receipt, but without prejudice to the John Hancock on account of any payment made by it before such receipt. The John Hancock shall not be bound by any trust deed, and shall not be liable for the application of monies by a trustee beneficiary.

SECTION II – CORRECTION OF NAME

It is hereby requested that the name of the { } BENEFICIARY { } CONTINGENT ANNUITANT (check one) under Certificate # _____ and the above numbered contract appearing on the Company records as _____ be changed to _____ because of _____

SECTION III – PARTICIPANT’S AUTHORIZATION

I hereby authorize the changes in Section I { } and / or Section II { }
Dated at _____ on _____, 20__

X _____
Signature of Participant

ACKNOWLEDGEMENT BY COMPANY

The John Hancock Life Insurance Company acknowledges receipt on this date of the foregoing instrument at its Home Office and assents to the request therein contained.

Dated at Boston, MA on _____ by _____
John Hancock Financial Services

SPECIAL INSTRUCTIONS TO PARTICIPANT

This is your Election of / Change of Beneficiary or Correction of Name form.

It is important, for you, that all information contained herein be CLEARLY stated for the original copy will be acknowledged and returned to you to be attached to your Certificate.

Please be certain that your signature appears in the section "Participant's Authorization".

In using the Correction of Name portion of this form, names should always be shown using the given name of the party; i.e., Dorothy Q. Hancock, not Mrs. John Hancock. This same procedure should be followed when completing the Beneficiary section.

We show below, for your convenience, the proper wording for the more common beneficiary nominations.

BENEFICIARY NOMINATIONS	
BENEFICIARY	LANGUAGE TO BE USED
1. Insured's Estate	Insured's Estate
2. One Beneficiary	Dorothy Q. Hancock, wife.
3. Two Beneficiaries	Peter Hancock, father, and Anna Hancock, mother, equally, or the survivor.
4. Three or more Beneficiaries	Peter Hancock, father, Anna Hancock, mother, and Quincy Hancock, son, or the survivors, equally, or the survivor.
5. One Beneficiary and One Contingent Beneficiary	Dorothy Q. Hancock, wife, if living, otherwise Quincy Hancock, son.
6. One Beneficiary and Two Contingent Beneficiaries	Dorothy Q. Hancock, wife, if living, otherwise Quincy Hancock, son, and Mary Hancock, daughter, equally, or the survivor.
7. One Beneficiary and Three or more Contingent Beneficiaries	Dorothy Q. Hancock, wife, if living, otherwise Quincy Hancock, Mary Hancock, and Joseph Hancock, children, or the survivors, equally, or the survivor.
8. One Beneficiary and Unnamed Children	Dorothy Q. Hancock, wife, if living, otherwise the children born of the marriage of the Insured and said wife, or the survivors, equally, or the survivor.
9. Two Beneficiaries and One Contingent Beneficiary	Peter Hancock, father, and Anna Hancock, mother, equally, or the survivor, if either survives; otherwise Dorothy Q. Hancock, wife.
10. Two Beneficiaries in Unequal Portions	Peter Hancock, father, as to three-fourths (3/4) and Anna Hancock, mother, as to one-fourth (1/4), or the survivor.
11. Trustees or Business Partner	_____ (trustee or business partner) under a (trust agreement or partnership agreement) dated _____.
12. Common Disaster	Dorothy Q. Hancock, wife, if living, and if she survives the Insured for a period of ten (10) days, but in the event of her death prior to the end of the said period, the children now living or hereafter born of the marriage of the Insured and said wife, or to the survivors, equally, or the survivor.

SPOUSAL CONSENT

I, _____, hereby acknowledge the effect and consent to the election made by my spouse to waive payment of his or her death benefit / annuity. I understand by signing this consent, I may not receive any benefit from the Plan after the death of my spouse.

X _____
 Signature of Spouse _____
Date

X _____
 Signature of Plan Administrator / Notary Public _____
Date