

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



Toll Free # : 1-800-624-5155

ENROLLMENT FORM FOR DIRECT DEPOSIT OF YOUR ANNUITY PAYMENTS

Contract Holder: _____ GAC: _____

Your Name: _____ Social Security Number: ___/___/___

Home Address: _____

Payee Signature: _____

Additional Signature: _____

(If joint account, BOTH persons must sign this Authorization)

Telephone Number: (____) ____-____

I hereby authorize the John Hancock Life Insurance Company, hereinafter called the Company, to initiate credit entries to my account indicated above for amounts due me as payee under a group annuity contract issued by the Company, and the above-named Depository, to credit the same to such account. If ever an amount should be credited in error to such account, including, but not limited to, by reason of my death prior to the date on which any payment shall become due, I authorize the Company to direct the Depository to make the appropriate debit adjustment.

Signature: _____ Date: _____

The bank you specify must be a member of an Automated Clearinghouse – Your bank probably is, but if not, your organization will let you know so that you can make an alternate choice.

HAVE YOUR BANK COMPLETE THIS SECTION TO HAVE YOUR ANNUITY PAYMENT DEPOSITED DIRECTLY INTO A BANK ACCOUNT

Bank: _____

Branch Address: _____

Account #: _____ Type: Checking ___ Savings ___

ABA NUMBER (Bank I.D. Number)

___/___/___/___/___/___/___/___/___

(First nine digits only) Your ABA number appears at the bottom of your checks.

We verify the accuracy of the above information.

By: _____
(Signature and Title of Bank Official)

Date: _____

(Print Name and Title of Bank Official)

(____) ____-____
(Area Code Telephone Number)