



**Section A**

Having elected the Joint and Survivor Form of Annuity, I hereby designate, without reserving the right to change this designation, the following Joint Annuitant, with payments reduced \_\_\_ after my death only, or \_\_\_ on either my death or Joint Annuitant's death, whichever occurs first:

Name: \_\_\_\_\_ Relationship : \_\_\_\_\_  
Sex : \_\_\_\_\_ Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
Address : \_\_\_\_\_  
Type of Evidence of Age : \_\_\_\_\_

**Section B**

Having elected either the Certain & Continuous, the Period Certain or the Cash Refund Form of Annuity, providing for the payment of death benefits in accordance with the Form of Annuity elected, I hereby designate, reserving the right to change this designation, the following beneficiary to receive said payments, if any:

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_  
Sex : \_\_\_\_\_ Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
Address : \_\_\_\_\_

If Beneficiary named above predeceases me, I designate the following as Contingent Beneficiary :

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_  
Sex : \_\_\_\_\_ Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
Address : \_\_\_\_\_

**Annuitant Certification**

I certify that the information I have given herein for the purpose of obtaining this annuity is true and accurate.

Date \_\_\_\_\_, 20\_\_ X \_\_\_\_\_  
(Signature of Annuitant)

**Contract Holder Statement (if applicable)**

Ownership of Annuity : \_\_\_\_\_ Contract Holder, \_\_\_\_\_ Annuitant, \_\_\_\_\_ Other : \_\_\_\_\_

The amount of the premium that will be or was taxed as income to the annuitant prior to the John Hancock Financial Services receipt is \$ \_\_\_\_\_.

Frequency of Payment : \_\_\_\_\_ Amount of each Payment : \_\_\_\_\_

I request John Hancock to provide the annuity as specified herein and understand and agree that the annuity is being purchased by the Contract Holder and not the annuitant.

Date \_\_\_\_\_, 20\_\_ X \_\_\_\_\_  
(Signature of Contract Holder)