

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



Toll Free #: 1-800-624-5155

SPOUSE WAIVER FORM

Joint and Survivor Retirement Benefit

This form should be signed by the Participant, Spouse and Witness within ninety days of, but not subsequent to, the Benefit Commencement Date of the Participant who is married and wishes to elect any form of benefit payment other than the automatic Joint and Survivor Retirement Benefit required by law.

I understand that by electing the _____ form of payment under the PLAN at my retirement, I will NOT be providing a continuing benefit to my spouse after my death which is equal to or greater than the automatic Joint and Survivor Benefit otherwise required by ERISA (as amended by the Retirement Equity Act of 1984). I acknowledge that I have received an explanation of the Joint and Survivor Benefit and of the financial effect of waiving that Benefit. I hereby elect NOT to have my retirement benefit paid in the form of the automatic Joint & Survivor Benefit.

X _____
Signature of Participant Date

I understand that my spouse, who is entitled to a benefit under the terms of the Plan, is electing a form of payment at retirement that will NOT provide me with a continuing benefit after my spouse's death, which is equal to or greater than the automatic Joint and Survivor Benefit otherwise required by ERISA (as amended by the Retirement Equity Act of 1984). I further acknowledge that I have received an explanation of the automatic Joint and Survivor Benefit, and I understand the financial effect on me of my spouse's waiving that Benefit. By signing this form, I hereby consent to my spouse's election not to receive the automatic Joint and Survivor Benefit.

X _____
Signature of Spouse Date

(Important: Spouse's signature must be witnessed below.)

X _____
Signature of Plan Administrator or Notary Public Date