



**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 Plan Participant)

**Plan Sponsor Statement (if applicable)**

Plan Sponsor Name : \_\_\_\_\_  
Plan Sponsor Address: \_\_\_\_\_  
Amount of Annuitant's Post Tax Contributions: \$ \_\_\_\_\_  
For Defined Benefit Plan, Amount of Monthly Annuity: \$ \_\_\_\_\_  
For Defined Contribution Plan, Annuitant's Account Balance: \$ \_\_\_\_\_

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

Date \_\_\_\_\_, 20\_\_\_\_ X \_\_\_\_\_  
(Signature of Plan Administrator)