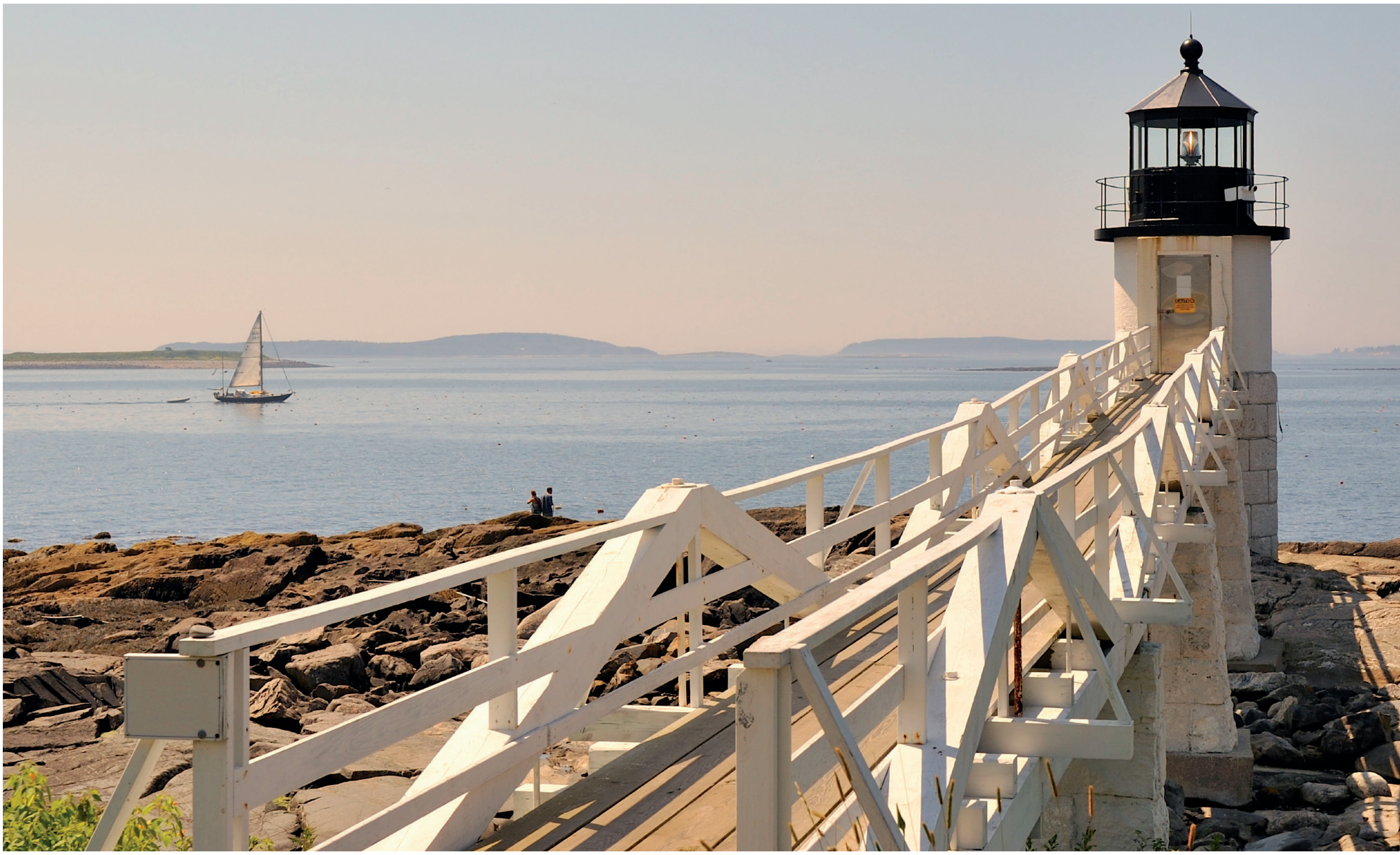
John Hancock Annuity Claim Package



Your guide and required forms to settle your annuity death benefit claim

Let's Get Started

We understand that the loss of a loved one is difficult. John Hancock is committed to settling your claim in a convenient and supportive manner. All the necessary information related to settling your claim is included in this package. For more information, visit our **Claim Center** at **www.jhannuities.com** or refer to the **Frequently Asked Questions** section on page 5 of this package.

Here is what to expect during the claim process:

1 Notification

Deaths may be reported to John Hancock via telephone or through our Claim Center at www.jhannuities.com. Once we are notified, an Annuity Claim Representative validates the information and annuity contract details. In addition, to protect the beneficiary(ies), all activity on the annuity contract will be restricted until the claim is settled.

2 Review Your Settlement Options

Our claim package is provided to the beneficiary(ies). This includes details on your settlement options and the necessary forms and information required to settle your claim. All beneficiary requirements for each settlement type are outlined on pages 3 and 4 of this package.

3 Submit Your Completed Forms

Beneficiaries return required claim settlement form(s) to John Hancock via fax at 1-617-663-3389 or via regular mail to John Hancock Annuities Service Center, PO Box 55444, Boston, MA 02205-5444. If you received this package through the mail, a complimentary business reply envelope is included within this package.

4 John Hancock Validates Requirements

Our Annuity Claim Representatives review all submitted paperwork to ensure the required information has been provided. For items requiring attention, our representatives will contact each beneficiary directly to resolve any issues. Claims cannot be processed until every beneficiary has provided complete and accurate paperwork.

5 Your Claim is Settled

Once all paperwork is complete and received from all beneficiary(ies), the claim will be processed. Either we will send you a payment via the delivery method you elect or we will provide you with a confirmation letter with your new account information.

We Are Here to Help

While this claim package presents the settlement options available, we understand it can still be difficult to sort through. The good news is that you don't have to do it alone.

Our Annuity Claim Representatives are available to help assist you during this process. Our representatives will reach out to you periodically if we do not receive the necessary paperwork to settle your claim. We will also follow up with you if we need corrected paperwork.

Communication is key to settling your claim quickly and seamlessly. If you need additional assistance, please contact our Annuity Claim Representatives with any questions, weekdays between 9:00 a.m. and 5:00 p.m. Eastern Time, at **1-877-543-2363**.

Your Settlement Options

Your settlement options will vary depending on the type of annuity and your relationship to the deceased. Please keep in mind that some of these options presented may not be available to you. Refer to the beneficiary types listed in the Settlement Option Availability chart below to determine which options are available to you.

Settlement Option Availability

Your relationship to the deceased	Cash Settlement	Spousal Continuation	Extended Beneficiary Account (Stretch IRA)	5-Year Settlement Account	Annuitization
S Spouse	✓	✓	✓	✓	✓
NS Non-spouse	✓	N/A	✓	✓	✓
M Minor	✓	N/A	✓	✓	✓
T Trust	✓	N/A	✓*	✓	N/A
E Estate	✓	N/A	N/A	✓	N/A
CH Charity	✓	N/A	N/A	✓	N/A
C Corporation/ Other Entity	✓	N/A	N/A	✓	N/A

✓ Available N/A Not available * Federal tax law imposes certain requirements for a Trust to take advantage of this option.

More details on these options, including features and tax implications, are outlined on pages 3 and 4 of this package. **Please note that once a settlement option is elected, it is irrevocable and may not be changed.**

Settlement Requirements

The forms necessary to settle your claim are dependent upon the settlement option you elect. The required forms by settlement option are outlined in the bottom row of pages 3 and 4. At a minimum we need to receive the following:

- **Death Certificate.** A certified death certificate must be submitted. A copy is acceptable if the total death benefit for all annuity contracts owned by the deceased is less than $250,000. Otherwise, an original (not a copy) is required and must be submitted by mail. In addition, if the death certificate was issued outside of the U.S. or Canada, an original death certificate is required regardless of the death benefit amount. If the death occurred outside the U.S. or Canada, a "Report of Death of an American Citizen Abroad" document is required. This can be obtained by contacting the U.S. Embassy or the U.S. Department of State.

- **Claim Forms.** Completed claim forms must be received from each beneficiary. One set of claim forms is included with this package. If there are multiple beneficiaries listed on a variable annuity contract, **John Hancock cannot settle the claim until every beneficiary has submitted his or her paperwork.**

- **IRS Form W-9.** This form should be completed by each beneficiary who is a U.S. citizen, U.S. resident alien or other U.S. person. If a beneficiary is not a U.S. person, the version of IRS Form W-8 that applies to that beneficiary must be submitted. For individual beneficiaries, that will generally be IRS Form W-8BEN. An IRS Form W-9 is included in this package.

Next Steps

Once all necessary documentation is received, your claim will be reviewed for completeness. Claims for variable annuity contracts deemed in good order and received before 4:00 p.m. Eastern Time will be processed that day. Claims for fixed annuity contracts deemed in good order will be processed within three business days.

Please note that failure to provide the required documentation in good order will delay the settlement of your claim. Extended delays may also result in your claim proceeds being paid to applicable state agencies in accordance with state unclaimed property laws.

Explanation of Settlement Options

Beneficiary Types

S	NS	M	T	E	CH	C
Spouse	Nonspouse	Minor	Trust	Estate	Charity	Corporation/ Other Entity

Available Settlement Options by Beneficiary Type	Cash Settlement	Spousal Continuation	Extended Beneficiary Account (Stretch IRA)	5-Year Settlement Account	Annuitization
	S NS M T E CH C	S	S NS M T	S NS M T E CH C	S NS M
Description	▪ Immediate access to money distributed in one lump sum payment ▪ Individual beneficiaries can roll over all or a portion of the claim proceeds to an eligible retirement plan ▪ A spouse can roll the proceeds to their own IRA or an Inherited IRA, and may be able to do a rollover to another eligible plan in which the spouse participates ▪ Other individual beneficiaries can do a direct rollover only to an Inherited IRA - Please read the enclosed Special Tax Notice for Individual Beneficiaries for more detailed information	▪ The surviving spouse becomes the owner of his or her share of the annuity contract Variations by product type are as follows: **IRA:** The surviving spouse as the sole primary beneficiary becomes the owner of the IRA **Roth IRA:** The surviving spouse must be the sole primary beneficiary in order to take over the IRA contract as his or her own **403(b)/TSA:** The surviving spouse may rollover the deceased's annuity by converting the contract into his or her own IRA	▪ The beneficiary becomes the owner of his or her share of the annuity contract ▪ The first distribution must be made no later than December 31 of the year following the year in which the death occurred ▪ Spouse may delay distributions until the year the deceased would have reached age 70½	▪ The claim proceeds are held in an account in the name of the beneficiary ▪ The account value must be fully paid out no later than December 31 of the year which contains the 5th anniversary of the deceased's death ▪ The beneficiary determines the amount and frequency of distributions ▪ This option is not available when the annuitant has already reached his or her required beginning date for required minimum distributions	▪ Converts the value of the annuity contract into a stream of income ▪ Option for guaranteed lifetime income payments ▪ Once distributions begin, the election cannot be changed ▪ Payment to the beneficiary must begin by December 31 of the year following the year of death
Features & Disclosures	▪ Ability to receive payment via either check or EFT to your bank account or to establish a John Hancock Safe Access interest-bearing account (see page 5 or refer to the enclosed Safe Access insert for details) ▪ If the total claim proceeds are under $10,000 or made payable to a corporation, custodian or minor, the claim amount will only be paid via check or EFT ▪ Selecting EFT will provide quicker access to claim proceeds	▪ Surviving spouse's share of the annuity contract remains fully invested ▪ Ability to name new beneficiary ▪ Additional purchase payments may not be allowed for all products ▪ Surrender penalties may apply for certain products	▪ The beneficiary's share of the annuity contract remains fully invested ▪ Ability to name new beneficiary ▪ Additional purchase payments are not allowed ▪ Distribution amounts can be increased at any time without penalties ▪ Extended Beneficiary Account is not available after December 31 of the year following the year of death	▪ The beneficiary's share of the annuity contract remains fully invested ▪ Periodic withdrawals permitted ▪ Total distribution must occur no later than December 31 of the year which contains the 5th anniversary of the deceased's death ▪ Additional purchase payments are not allowed	▪ Payment illustrations can be requested from our Annuity Claim Center prior to electing an annuitization distribution option ▪ Additional withdrawals cannot be taken ▪ No surrender charge on income
Tax Treatment	▪ The income portion of the annuity contract proceeds is subject to federal income tax and may be subject to state income tax ▪ In accordance with federal tax law, if you elect to withhold federal taxes from a Cash Settlement of any IRA, it must be at a minimum of 10% ▪ Cash Settlements to individual beneficiaries under a 403(b) contract, or a contract held in a 401 plan, Keogh plan, 457(b) governmental deferred compensation plan, or other qualified plan are subject to mandatory 20% withholding unless directly rolled over to an IRA or other eligible retirement plan ▪ For a direct rollover/transfer, you must provide any rollover forms and a Letter of Acceptance from the IRA issuer or other plan	▪ Investment earnings continue to grow tax-deferred ▪ Income generally not taxed until distributions begin ▪ A 10% additional tax may apply to income withdrawn before the surviving spouse reaches age 59½ **IRA:** Distributions are fully taxable unless the contract holds after-tax contributions, in which case, distributions will include a pro rata return of the after-tax contributions until the after-tax amount is depleted. Required minimum distributions (RMDs) must begin after the surviving spouse reaches age 70½ **Roth IRA:** Tax-free distributions (subject to age and holding requirement) **403(b)-to-IRA-Rollover:** Distributions will be taxable when taken from the rollover IRA; required minimum distributions (RMD) at spouse's age 70½	▪ Investment earnings continue to grow tax-deferred ▪ Income generally not taxed until distributions begin ▪ Income exempt from 10% penalty tax for early distributions **IRA and Other Qualified Contracts:** Distributions are fully taxable unless the contract holds after-tax contributions, in which case distributions will generally include a pro rata return of the after-tax contributions **Roth IRA:** Tax-free distributions (subject to holding period requirement)	▪ Investment earnings continue to grow tax-deferred ▪ Income generally not taxed until distributions begin ▪ Control when to take distributions and when to owe taxes over the 5-year period ▪ Income exempt from the 10% penalty tax for early distributions **IRA and Other Qualified Contracts:** Distributions are fully taxable unless the contract holds after-tax contributions, in which case distributions will generally include a pro rata return of the after-tax contributions **Roth IRA:** Tax-free distributions (subject to holding period requirement)	▪ Income generally not taxed until distributions begin ▪ Income exempt from the 10% penalty tax for early distributions ▪ Taxes spread over payout period **IRA and Other Qualified Contracts:** Payments are fully taxable unless the contract holds after-tax contributions. Where there are after-tax contributions, each payment includes a partial non-taxable return of those contributions and partial taxable distribution of the contract's pre-tax contributions and investment earnings. Once all after-tax amounts have been distributed, any subsequent payments are fully included in income. **Roth IRA:** Tax-free distributions (subject to holding period requirement)
Required Forms	☐ **Certified Death Certificate** ☐ **IRS Form W-9** ☐ **Annuity Claim Form** ☐ **Trustee Certification Form (if the beneficiary is a trust)** ☐ **Rollover Forms**	☐ **Certified Death Certificate** ☐ **IRS Form W-9** ☐ **Annuity Claim Form** ☐ **Authorization to Defer Maturity Date** ☐ **Trade Authorization Agreement**	☐ **Certified Death Certificate** ☐ **IRS Form W-9** ☐ **Annuity Claim Form** ☐ **Trustee Certification Form (if the beneficiary is a trust)** ☐ **Trade Authorization Agreement**	☐ **Certified Death Certificate** ☐ **IRS Form W-9** ☐ **Annuity Claim Form** ☐ **Trustee Certification Form (if the beneficiary is a trust)** ☐ **Trade Authorization Agreement**	☐ **Certified Death Certificate** ☐ **IRS Form W-9** ☐ **Annuity Claim Form** ☐ **Annuitization Form**

Frequently Asked Questions

Q: What is a Safe Access Account?

As a beneficiary of a John Hancock annuity contract electing a Cash Settlement, you may elect to have your claim proceeds deposited into a John Hancock Safe Access Account. A Safe Access Account is an interest-bearing account from which checks can be written to access the account balance that is guaranteed by John Hancock. You may choose to write a check for all or part of the account without any fees or penalties. Note that any gain in the annuity contract is includible in your gross income when it is deposited into the account. A John Hancock Safe Access Account is not a bank account and not FDIC insured. If you elect to receive your money via the John Hancock Safe Access Account, the income portion of the annuity proceeds will be subject to current federal income tax and may be subject to state income tax. Any interest subsequently earned on the Safe Access account will also be subject to taxes for the year credited to the account. The amount deposited in a Safe Access Account will be net of the 20% withholding on death benefits paid under a 403(b) contract or contract held in a qualified plan. **Visit our website at www.johnhancock.com/safeaccessaccount or refer to the enclosed Safe Access insert to learn more about a John Hancock Safe Access Account.**

Q: Can a claim be processed prior to receiving claim forms from all beneficiaries?

For fixed annuity contracts, partial payouts are acceptable. However, due to market volatility, we cannot process partial claims on variable annuity contracts. **The determination of the death benefit on variable contracts will be made on the date we receive proof of death and all required claim forms in good order from all beneficiaries at our Annuities Service Center.**

Q: Can all of the claim paperwork be faxed in?

Yes. Paperwork can be sent via fax at 1-617-663-3389; however, John Hancock reserves the right to require that original paperwork be mailed in (including a certified death certificate if the total death benefit for all annuity contracts owned by the deceased is greater than $250,000) at any point during the claim process.

Q: When do I need to complete IRS Form W-9 versus IRS Form W-8?

Each beneficiary must submit a properly completed IRS Form W-9. If a beneficiary is not a U.S. citizen, U.S. resident alien or other U.S. person, that beneficiary must submit a properly completed IRS Form W-8 instead. There are different Forms W-8 depending on the beneficiary's status. Please refer to the instructions on Forms W-9 and W-8 on how to complete each form. You can obtain copies of the forms and their instructions on the IRS website at www.irs.gov.

Q: What is the purpose of the "Authorization to Defer Maturity" form?

When a surviving spouse elects to continue the contract as their own, he or she must also declare a new maturity date or complete an "Authorization to Defer Maturity" form. The new contract owner-annuitant must select a new maturity date because the original maturity date was based on the date of birth of the deceased contract owner-annuitant. The new contract owner-annuitant can defer annuitization by extending the contract's maturity date to a maximum of age 100, subject to the terms and conditions of the contract. By extending the date of maturity, the contract will remain in the accumulation phase.

Q: What if a beneficiary's name has changed?

Documentation to substantiate the change must be submitted; for example, a copy of a divorce decree or marriage certificate.

Q: What if a beneficiary is deceased?

If the primary beneficiary passed away before the annuity owner, unless otherwise provided by the annuity owner, the primary beneficiary share is paid to the remaining living primary beneficiaries. If there are no living primary beneficiaries, the deceased beneficiary's share will be paid to the contingent beneficiaries. If all beneficiaries passed away before the annuity owner, the proceeds are paid to the owner's estate. For any deceased beneficiary, you must submit a copy of his or her death certificate.

Q: What if the beneficiary is an estate but no petition for probate has been filed?

To process the claim, John Hancock will require submission of either Letters Testamentary or a Letter of Administration issued by the court. If the estate will not be probated, it may be possible to claim the death benefit with a small estate affidavit. Please consult with your own attorney for any state-specific requirements.

Q: What are Letters Testamentary or a Letter of Administration?

Letters Testamentary or a Letter of Administration are a state's court appointment of a person to act as executor or administrator of an estate. If the beneficiary is an estate, the Annuity Claim Form must be signed by the court-appointed representative.

Q: What if the beneficiary is a minor?

If the proceeds are less than $10,000, John Hancock will generally allow parents of a minor beneficiary to claim the proceeds upon presentation of the minor's birth certificate. Generally for proceeds of $10,000 or more, a court-appointed guardian or conservator of the minor's property must submit the claim. For your state requirements, please contact an Annuity Claim Representative.

Q: What if an attorney-in-fact is appointed in a power-of-attorney or a guardian is appointed by the court?

To claim the death benefit on behalf of the beneficiary, a complete copy of the power-of-attorney or guardianship document, including all signature pages, must be submitted with the Annuity Claim Form. John Hancock reserves the right to reject the claim if, in its opinion, the attorney-in-fact or guardian is acting outside the scope of his or her authority.

Q: Does the income benefit on my spouse's contract automatically restart if I select Spousal Continuation?

No. A new "Income Made Easy" form is required to restart the benefit after the new contract is established.

Q: Will the missed payments be made up when I submit the "Income Made Easy" form?

The payments will restart once the form is received in good order. The monthly payment amount will be recalculated based on the Guaranteed Withdrawal Balance (which may include a death benefit step-up).

Q: My spouse had an "Income Plus For Life" rider on his or her contract. Does the benefit continue on my contract if I choose a Spousal Continuation?

If the rider was "Income Plus For Life" then the rider is an individual benefit that stops at the death of the covered life. If the benefit was "Income Plus For Life–Joint Life" then the rider would continue to a spouse who was also named as a Covered Person under the rider.

Q: Can John Hancock provide financial guidance?

At John Hancock, we have a team of claim professionals who can review your options with you, answer any questions you may have, and possibly even put you in touch with a financial advisor at our John Hancock Financial Center.* Call John Hancock's Annuities Service Center at 1-877-543-2363 to get started.

*To consult with a John Hancock Financial Advisor, a minimum $50,000 contract balance is required. Registered Representative/Securities and Investment Advisory Services are offered through Signator Investors, Inc. Member FINRA/SIPC, a Registered Investment Advisor. 601 Congress Street, Boston, MA 02210.

Helpful Contact Information

Mailing Address:
John Hancock Annuities Service Center
PO Box 55444
Boston, MA 02205-5444

Overnight Deliveries:
John Hancock Annuities Service Center
30 Dan Road, STE. 55444
Canton, MA 02021-2809

Annuities Service Center:
1-877-543-2363

Annuities Claim Center:
www.jhannuities.com

Fax all forms to:
1-617-663-3389

Comments on taxation are based on John Hancock's understanding of current tax law, which is subject to change. Please consult your tax advisor for guidelines specific to your situation.

Guarantees are dependent upon John Hancock's claims-paying ability.

John Hancock Life Insurance Company (U.S.A.)
Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)

John Hancock ANNUITIES

Annuity Claim Form

National Qualified

Important Information

Each beneficiary is required to complete this Annuity Claim Form. Please begin by completing Sections 1, 2a or 2b, and 3 of this form. Then proceed to complete additional required sections as outlined in Section 3. Depending on the settlement option you elect in Section 3, you will be required to complete additional sections within this form. You may also be required to complete some of the additional forms enclosed in your claim package.

The value of the death benefit will be determined on the date that John Hancock receives a death certificate and all required claim forms from each beneficiary. Death benefits will not be settled until every beneficiary submits all required paperwork. A photocopy of the death certificate is acceptable if the total death benefit of all annuity contracts owned by the deceased is less than $250,000 and the death certificate was issued in the U.S. or Canada.

Section 1. Annuity Contract Information

Annuity Contract Number ______________ Deceased's Name ______________ (First) ______ (MI) ______________ (Last)

Section 2a. Beneficiary Information — Individual claiming the death benefit proceeds

Complete either section 2a or 2b. Complete section 2a only if the beneficiary claiming the death proceeds is an individual (not an entity).

Relationship to the deceased: ☐ Spouse ☐ Nonspouse

Is the beneficiary a minor? ☐ Yes ☐ No

Beneficiary Name ______________ (First) ______ (MI) ______________ (Last) Gender: ☐ Male ☐ Female

Social Security Number ______________ Date of Birth ______________ (MM/DD/YYYY)

Address ______________
(If mailing to a PO Box, a physical address is also required here.)

City ______________ State ______________ Zip ______________

Email Address ______________ Primary Phone Number ______________

If you are acting as a fiduciary for the beneficiary, please indicate your capacity:

☐ **Attorney in Fact**
(submit Power of Attorney document)

☐ **Legal Guardian of a Minor's Property**
(submit Proof of Guardianship)

☐ **Other**
please explain ______________

Section 2b. Beneficiary Information — Entity claiming the death benefit proceeds

Complete either section 2a or 2b. Complete section 2b only if the beneficiary claiming the death proceeds is an entity.

Entity type: ☐ Corporation/Other Entity ☐ Trust ☐ Charity ☐ Estate ☐ Other ______________

Entity Name ______________ Tax ID Number ______________

Address ______________
(If mailing to a PO Box, a physical address is also required here.)

City ______________ State ______________ Zip ______________

Email Address ______________ Primary Phone Number ______________

If you are acting as a fiduciary for the beneficiary, please indicate your capacity:

☐ **Custodian Corporation**
For a contract held in a custodial IRA
(submit Corporate Resolution)

☐ **Executor**
(submit Letters Testamentary)

☐ **Trustee**
(submit John Hancock Trustee Certificate Form)

☐ **Other**
please explain ______________

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Section 3. Select a Settlement Option

Once you make your selection, it cannot be changed. All options may not be available to all beneficiaries. Refer to the Explanation of Settlement Options in the claim package to determine which options are available to you. Selection of a settlement option must occur before December 31 of the year following the year in which the death occurred, otherwise Cash Settlement, Spousal Continuation, or a 5-Year Settlement Account will be the only available options to choose from.

Select ONLY ONE settlement option:

☐ **Cash Settlement**

- ☐ Cash Distributions. Proceed to complete Sections 4, 5a, 5b or 6a, 6b, 6c, and 10 only.
- ☐ Direct Transfers/Rollovers—**For IRA Contracts only.** Provide completed transfer forms and a Letter of Acceptance from the IRA issuer or other plan fiduciary. Proceed to complete Sections 4 and 10, and Section 6a if applicable.

☐ **Spousal Continuation**

Proceed to complete Sections 7 and 10 only.

☐ **Extended Beneficiary Account (Stretch IRA)**

Proceed to complete Sections 4, 5a, 5b or 6a, 6b, 6c, 7, 8 and 10 only. If the beneficiary is a trust, also complete Section 9.

☐ **5-Year Settlement Account**

- ☐ Send no money now. Proceed to complete Sections 7 and 10 only.
- ☐ Send $____________ or ____________% now. Proceed to complete Sections 4, 5a, 5b or 6a, 6b, 6c, 7, and 10 only.

☐ **Annuitization**

Proceed to complete Section 10 only. Please contact the Annuities Service Center to obtain an Annuitization quote and additional required form(s).

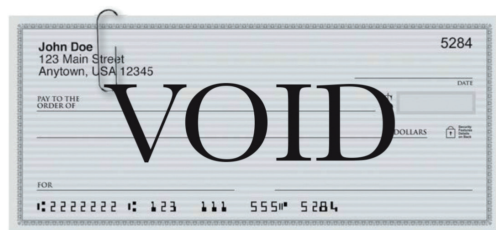
Section 4. Select a Payment Delivery Method

Complete this section only if you elected a Cash Settlement, an Extended Beneficiary Account (Stretch IRA), or if you elected to receive money now under the 5-Year Settlement Account option. If you do not select a delivery method, we will default to send a check to the address provided in Section 2. If the death benefit is under $10,000 or made payable to a corporation, custodian of an IRA, or a minor, the claim will be paid by check.

Select ONLY ONE payment delivery method:

☐ **Electronic Funds Transfer (EFT)**

IMPORTANT: *A voided check MUST be attached to this form (starter checks are not accepted). The voided check must be in the name of the beneficiary. If the beneficiary is an entity other than a corporation, the funds must be sent to a bank account in the entity's name. If a voided check is not provided, a check will be mailed to the address provided in Section 2.*



EFT Authorization

I hereby authorize John Hancock Life Insurance Company (U.S.A.) ("John Hancock") to deposit annuity payments directly to my bank, savings and loan, or credit union ("financial institution") account, as indicated on the check provided. I authorize the financial institution to accept such credit entries from John Hancock, and to credit my account at that financial institution in accordance with those credit entries. If an amount should be credited to my account in error (including any overpayment to my account), or after my death or ineligibility, I authorize and direct the financial institution to debit my account and refund such amount to John Hancock. I agree to direct my joint account owners, executors, administrators, or assignees to refund to John Hancock any payments that are made following my death so that they may be redistributed to my beneficiary(ies) or contingent annuitant(s), if applicable.

I agree to hold John Hancock harmless for any failure by my financial institution to credit my account or for any delay by my financial institution in crediting funds to my account. I agree that this arrangement is made for my convenience, and that any payments directly received by me, rather than credited to my bank account, as a result of a mistake or otherwise, shall not subject John Hancock to any liability in excess of that owed to me under the applicable annuity contract. I understand that John Hancock is relying on the information that I have provided on this form, and further understand that John Hancock will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.

If the financial institution account identified on the check provided is jointly owned, this authorization will not be effective without the signature of the joint bank account owner.

This authorization will remain in effect until John Hancock receives a written notice from me stating otherwise and until John Hancock has had a reasonable chance to act upon such notice.

☐ **Mail a check to the address provided in Section 2**

☐ **John Hancock Safe Access Account:** This option is only available for a Cash Settlement. By selecting this option, you will receive a full distribution of the death proceeds in the form of a newly established interest-bearing account* with a checkbook to withdraw money as you choose. The death benefit must be greater than $10,000 to elect this method. **Note:** Safe Access Accounts are not available to beneficiaries residing in New York. Visit our website at www.johnhancock.com/safeaccessaccount or refer to the enclosed Safe Access insert to learn more about this payment delivery method.

** John Hancock Safe Access Account is not a bank account and is not insured by the FDIC.*

☐ **Send payment as requested in transfer/rollover paperwork**

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Section 5a. Federal Income Tax Withholding for IRAs, Including Roth IRAs

Complete this section only if you elected a Cash Settlement, an Extended Beneficiary Account (Stretch IRA), or if you elected to receive money now under the 5-Year Settlement Account option.

You may elect not to have federal income tax withheld if you are a U.S. person and provide both a taxpayer ID number and a U.S. residence address. Even if you elect not to have taxes withheld, you are liable for the payment of federal income tax on the taxable portion of your payments. If you do not make payments of estimated tax and do not have enough tax withheld, you may be subject to penalties under the estimated tax rules. If you will receive payments under an Extended Beneficiary Account, your withholding election will remain in effect until revoked and you may revoke your withholding election at any time. If you make no election, John Hancock will withhold federal income tax at a rate of 10% from the income portion of your distribution(s).

Federal tax withholding will default to 10% if an IRS Form W-9 is not received in good order.

Federal Withholding: ☐ Please DO NOT withhold. ☐ Please withhold $ ______________ or ____________ % of taxable distribution (if any).
(The minimum amount withheld must equal at least 10% of the taxable portion of your distribution.)

As part of the claim settlement process, each beneficiary must submit a properly completed IRS Form W-9. If you are not a U.S. citizen, U.S. resident alien or other U.S. person, please read the Important Note after Section 5b.

Section 5b. State Income Tax Withholding for IRAs, Including Roth IRAs

Complete this section only if you elected a Cash Settlement, an Extended Beneficiary Account (Stretch IRA), or if you elected to receive money now under the 5-Year Settlement Account option.

State income tax withholding may also apply to the taxable portion of your distribution. The applicable state withholding rules are outlined below. If you reside in a state that gives you withholding options, you must provide the information or forms requested below. If you do not, we will apply state withholding based on your state's default rules. Please note that state income tax will apply even if your state allows you to elect out of withholding.

- **If you reside in Iowa, Kansas, Maine, Massachusetts, Nebraska, or Oklahoma,** state income tax withholding is required whenever federal income taxes are withheld. We will apply the state's default withholding rate to the taxable portion of your distribution. You cannot elect out of state withholding when federal tax is withheld.
- **If you reside in Arkansas**, state withholding is required when federal tax is withheld. We will apply the Arkansas default withholding rate to the taxable portion of your distribution. However, you can elect out of Arkansas withholding by providing us with a completed Arkansas Form AR4P.
- **If you reside in the District of Columbia,** withholding applies only to Cash Settlements.
- **If you reside in Vermont**, state withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.
  ☐ Please DO NOT withhold Vermont income tax.
- **If you reside in Michigan**, state tax withholding requirements depend on your age and the amount of the distribution; please provide a completed Michigan Form MI W–4P to claim any exemptions.
- **If you reside in North Carolina or Oregon**, you may elect to have state tax withheld or not to have state tax withheld. If you elect to have state income tax withheld, we will apply the state's default withholding rate.
  ☐ Please DO NOT withhold state income tax. ☐ Please withhold state income tax.
- **If you reside in California, Connecticut, Georgia, Indiana, Maryland, Missouri, Montana, New Jersey, New Mexico or Wisconsin**, you may elect in or out of state withholding. If you elect to have state tax withheld, you must specify a whole dollar amount of at least $10 to withhold. We will not withhold state tax unless you enter an amount below.
  ☐ Please DO NOT withhold state income tax. ☐ Please withhold $______________(Whole Dollar Amount).
- **If you reside in Alaska, Arizona, Florida, Hawaii, Kentucky, Mississippi, Nevada, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Virginia, Washington or Wyoming**, either your state has no applicable income tax or the state has no provision for withholding on IRA distributions. Therefore, we cannot withhold state tax.
- **If you reside in a state not listed above**, state tax withholding is completely voluntary. If you would like state taxes withheld, please provide a whole dollar amount of at least $10 or a percentage to be withheld.
  ☐ Please withhold $ ________________ or ____________ % of taxable distribution (if any).

For more information please contact a qualified tax advisor.

Important Note

If you are not a U.S. person, the above federal and state tax withholding rules do not apply to you. Instead, we are required to withhold 30% of the taxable portion of your benefits, unless you reside in a country which has a tax treaty with the United States and that treaty provides an exemption or a reduced withholding rate for income distributed from an annuity contract. To claim the benefit of a tax treaty, you must provide a properly completed IRS Form W-8, which must include either a Taxpayer Identification Number issued by your country of tax residence or a U.S. Taxpayer Identification Number. If your country of tax residence has not issued you a Taxpayer Identification Number, and you do not have a U.S. Taxpayer Identification Number, you may apply for a U.S. number by submitting IRS Form W-7 to the IRS. IRS Forms W-7 and W-8 and their instructions are available on the IRS website at www.irs.gov.

Section 6a. Federal Tax Withholding on Payments to an Individual Beneficiary for Section 403(b) Contracts and Contracts Held in a Qualified Retirement Plan

Complete this section only if you elected a Cash Settlement, an Extended Beneficiary Account (Stretch IRA), or if you elected to receive money now under the 5-Year Settlement Account option.

Eligible Rollover Distributions: Federal law requires that we withhold 20% from the taxable portion of Cash Settlements and certain other death benefits paid to an individual beneficiary under a section 403(b) contract or a contract held in a qualified retirement plan. The 20% mandatory withholding does not apply to benefits paid under an Extended Beneficiary Account provided that those benefits are paid at least annually, in a series of substantially equal periodic payments for a specified period of 10 years or more, or for the life expectancy of the beneficiary. We do not have to withhold on an Eligible Rollover Distribution if you instruct us to process a direct rollover to an IRA or other eligible retirement plan. Please read the enclosed Special Tax Notice for Individual Beneficiaries.

☐ I choose not to do a direct rollover. I have read the Special Tax Notice for Individual Beneficiaries and I understand that 20% will be withheld from the taxable portion of my Eligible Rollover Distribution. I waive the 30 day waiting period.

☐ I instruct you to roll my Eligible Rollover Distribution directly to an IRA or other eligible retirement plan with ________________________. I have read the Special Tax Notice for Individual Beneficiaries. I have enclosed the required forms to process the rollover. I waive the 30 day waiting period. If you wish to complete a direct rollover, you must provide John Hancock with the proper paperwork from the financial institution which holds your IRA or from the other eligible retirement plan.

Extended Beneficiary Account Payable for Beneficiary's Life Expectancy or a Period of 10 Years or More. You may elect not to have federal income tax withheld if you are a U.S. person and provide both a taxpayer ID number and a U.S. residence address. Even if you elect not to have taxes withheld, you are liable for the payment of federal income tax on the taxable portion of your payments. If you do not make payments of estimated tax and do not have enough tax withheld, you may be subject to penalties under the estimated tax rules. Your withholding election will remain in effect until revoked and you may revoke your withholding election at any time. If you make no election, John Hancock will withhold federal income tax at a rate of 10% from the income portion of your distribution(s).

☐ Do not withhold federal income tax.

☐ Withhold $____________ or ____________% of taxable distribution.
(The minimum amount withheld must equal at least 10% of the taxable portion of your distribution.)

Section 6b. State Income Tax Withholding on Payments to an Individual Beneficiary for Section 403(b) Contracts and Contracts Held in a Qualified Retirement Plan

Complete this section only if you elected a Cash Settlement, an Extended Beneficiary Account (Stretch IRA), or if you elected to receive money now under the 5-Year Settlement Account option.

State withholding may also apply to the taxable portion of any benefits you elect NOT to rollover directly to an IRA or other eligible retirement plan. The applicable state withholding rules are outlined below. If you reside in a state that gives you withholding options, you must provide the information or forms requested below. If you do not, we will apply state withholding based on your state's default rules. Please note that state income tax will apply even if your state allows you to elect out of withholding.

The following states require state income tax withholding on an Eligible Rollover Distribution which is not directly rolled over to an IRA or other eligible retirement plan: Arkansas, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont and Virginia. We will apply the state's default withholding rate to the taxable portion of your distribution. These states impose different withholding rules, described below, for payments which are not Eligible Rollover Distributions.

Other State Withholding Requirements

- **If you reside in Iowa, Kansas, Maine, Massachusetts, Nebraska, Oklahoma, or Virginia,** state income tax withholding is required whenever federal income taxes are withheld. We will apply the state's default withholding rate to the taxable portion of your distribution. You cannot elect out of state withholding when federal tax is withheld.
- **If you reside in Virginia** and elect out of federal withholding, you are not subject to state withholding. However, state income tax will still apply and you may request that we withhold Virginia income tax by providing us with a completed Form VA-4P.
- **If you reside in Arkansas,** state withholding is required when federal tax is withheld. We will apply the Arkansas default withholding rate to the taxable portion of your distribution. However, you can elect out of Arkansas withholding by providing us with a completed Arkansas Form AR4P.
- **If you reside in the District of Columbia,** withholding is required on Cash Settlements only.
- **If you reside in Michigan,** state tax withholding requirements depend on your age and the amount of the distribution; please provide a completed Michigan Form MI W-4P to claim any exemptions.

Section 6b. State Income Tax Withholding on Payments to an Individual Beneficiary for Section 403(b) Contracts and Contracts Held in a Qualified Retirement Plan (continued)

- **If you reside in Puerto Rico,** we are generally required to withhold 20%. An alternate 10% withholding rate applies to lump sum distributions from a qualified plan invested in a trust fund in Puerto Rico, provided that the trust fund holds a minimum investment in certain property located in Puerto Rico for the year the lump sum is distributed and the two plan years immediately prior. We must withhold 20% unless your employer or plan administrator provides a certification that the plan has complied with these requirements.
- **If you reside in Vermont,** state withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.

  ☐ Please DO NOT withhold Vermont income tax.
- **If you reside in North Carolina or Oregon,** you may elect to have state tax withheld or not to have state tax withheld. If you elect to have state income tax withheld, we will apply the state's default withholding rate.

  ☐ Please DO NOT withhold state income tax. ☐ Please withhold state income tax.
- **If you reside in California, Connecticut, Georgia, Indiana, Maryland, Missouri, Montana, New Jersey, New Mexico, or Wisconsin,** you may elect in or out of state withholding. If you elect to have state tax withheld, you must specify a whole dollar amount of at least $10 to withhold. We will not withhold state tax unless you enter an amount below.

  ☐ Please DO NOT withhold state income tax. ☐ Please withhold $______________ (Whole Dollar Amount).
- **If you reside in Alaska, Arizona, Florida, Hawaii, Kentucky, Mississippi, Nevada, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Washington or Wyoming,** either your state has no applicable income tax or the state has no provision for withholding on distributions from section 403(b) contracts or qualified retirement plans. Therefore, we cannot withhold state tax.
- **If you reside in a state not listed above,** state tax withholding is completely voluntary. If you would like state taxes withheld, please provide a whole dollar amount of at least $10 or a percentage to be withheld.

  ☐ Please withhold $_________________ or ___________________% for state income tax.

Section 6c. Tax Withholding on Payments to an Entity Beneficiary for Section 403(b) Contracts and Contracts Held in a Qualified Retirement Plan

Complete this section only if the beneficiary is the deceased's estate, a trust or other entity.

Federal: You may elect not to have federal income tax withheld if you are a U.S. person and provide both a taxpayer ID number and a U.S. residence address. Even if you elect not to have taxes withheld, you are liable for the payment of federal income tax on the taxable portion of your payments. If you do not make payments of estimated tax and do not have enough tax withheld, you may be subject to penalties under the estimated tax rules. If you will receive payments under an Extended Beneficiary Account, your withholding election will remain in effect until revoked and you may revoke your withholding election at any time. If you make no election, John Hancock will withhold federal income tax at a rate of 10% from the income portion of your distribution(s).

☐ Do not withhold federal income tax.

☐ Withhold $___________ or ___________% of taxable distribution.
(The minimum amount withheld must equal at least 10% of the taxable portion of your distribution.)

State Withholding: State withholding may also apply to the taxable portion of any benefit you receive. The applicable state withholding rules are outlined below. If you reside in a state that gives you withholding options, you must provide the information or forms requested below. If you do not, we will apply state withholding based on your state's default rules. Please note that state income tax will apply even if your state allows you to elect out of withholding.

- **The following states require tax withholding whenever federal taxes are withheld: Iowa, Kansas, Maine, Massachusetts, Oklahoma and Virginia.** We will apply the state's default withholding rate to the taxable portion of your distribution if you are domiciled in one of these states.
- **If you are domiciled in Virginia** and you elect out of federal withholding, you are not subject to state withholding. However, state income tax will still apply and you may request that we withhold Virginia income tax by providing us with a completed Form VA-4P.
- **If you are domiciled in Arkansas**, state withholding is required when federal taxes are withheld. We will apply the Arkansas state default withholding rate to the taxable portion of your distribution. However, you can elect out of Arkansas withholding by providing us with a completed Form AR4P.
- **If you are domiciled in the District of Columbia**, withholding is required on Cash Settlements only.
- **If you are domiciled in Michigan**, state tax withholding applies and the requirements vary. You must provide a completed Michigan Form MI W-4P to claim any available exemptions.

Section 6c. Tax Withholding on Payments to an Entity Beneficiary for Section 403(b) Contracts and Contracts Held in a Qualified Retirement Plan (continued)

- **If you are domiciled in Puerto Rico**, we are generally required to withhold 20%. An alternate 10% withholding rate applies to lump sum distributions from a qualified plan invested in a trust fund in Puerto Rico, provided that the trust fund holds a minimum investment in certain property located in Puerto Rico for the year the lump sum is distributed and the two plan years immediately prior. We must withhold 20% unless your employer or plan administrator provides a certification that the plan has complied with these requirements.
- **If you are domiciled in Vermont,** state tax withholding will apply whenever federal tax is withheld, unless you instruct us otherwise.

  ☐ Please DO NOT withhold Vermont income tax.
- **If you are domiciled in North Carolina or Oregon,** you may elect to have state tax withheld or not to have state tax withheld. If you elect to have state income tax withheld, we will apply the state's default withholding rate.

  ☐ Please DO NOT withhold state income tax. ☐ Please withhold state income tax.
- **If you are domiciled in California, Connecticut, Georgia, Indiana, Maryland, Missouri, Montana, New Jersey or Wisconsin,** you may elect in or out of state withholding. If you elect to have state tax withheld, you must specify a whole dollar amount of at least $10 to withhold. We will not withhold state tax unless you enter an amount below.

  ☐ Please DO NOT withhold state income tax. ☐ Please withhold $_______________ (Whole Dollar Amount).
- **If you are domiciled in Alaska, Arizona, Florida, Hawaii, Kentucky, Mississippi, Nebraska, Nevada, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Washington, or Wyoming,** either your state has no applicable income tax or the state has no provision for withholding on distributions from section 403(b) contracts or qualified retirement plans. Therefore, we cannot withhold state tax.
- **If you are domiciled in a state not listed above,** state tax withholding is completely voluntary. If you would like state taxes withheld, please provide a whole dollar amount of at least $10 or a percentage to be withheld.

  ☐ Please withhold $_______________ (Whole Dollar Amount).

Important Note

If you are not a U.S. person, the above federal and state tax withholding rules do not apply to you. Instead, we are required to withhold 30% of the taxable portion of your benefits, unless you reside in a country which has a tax treaty with the United States and that treaty provides an exemption or a reduced withholding rate for income distributed from an annuity contract. To claim the benefit of a tax treaty, you must provide a properly completed IRS Form W-8, which must include either a Taxpayer Identification Number issued by your country of tax residence or a U.S. Taxpayer Identification Number. If your country of tax residence has not issued you a Taxpayer Identification Number, and you do not have a U.S. Taxpayer Identification Number, you may apply for a U.S. number by submitting IRS Form W-7 to the IRS. IRS Forms W-7 and W-8 and their instructions are available on the IRS website at www.irs.gov.

Section 7. Designate New Beneficiary(ies)

Do not complete this section if you elected a Cash Settlement. Complete this section only if you elected either a Spousal Continuation, an Extended Beneficiary Account (Stretch IRA) or a 5-Year Settlement Account. In this section, provide new beneficiary information for your new account. If you need to name additional beneficiaries beyond what the space allows, please attach an additional page with detailed instructions.

New Primary Beneficiary(ies). Percentage of Proceeds below must equal 100%

1 Beneficiary Name ______________________ ______ ______________________
(First) (MI) (Last)

Beneficiary Address ____

Date of Birth ______________ Relationship ______________ % of Proceeds ________
(MM/DD/YYYY)

Social Security Number ______________ Primary Phone Number ______________ Gender: ☐ Male ☐ Female

2 Beneficiary Name ______________________ ______ ______________________
(First) (MI) (Last)

Beneficiary Address ____

Date of Birth ______________ Relationship ______________ % of Proceeds ________
(MM/DD/YYYY)

Social Security Number ______________ Primary Phone Number ______________ Gender: ☐ Male ☐ Female

New Contingent Beneficiary(ies). Percentage of Proceeds below must equal 100%

1 Beneficiary Name ______________________ ______ ______________________
(First) (MI) (Last)

Beneficiary Address ____

Date of Birth ______________ Relationship ______________ % of Proceeds ________
(MM/DD/YYYY)

Social Security Number ______________ Primary Phone Number ______________ Gender: ☐ Male ☐ Female

2 Beneficiary Name ______________________ ______ ______________________
(First) (MI) (Last)

Beneficiary Address ____

Date of Birth ______________ Relationship ______________ % of Proceeds ________
(MM/DD/YYYY)

Social Security Number ______________ Primary Phone Number ______________ Gender: ☐ Male ☐ Female

Section 8. Extended Beneficiary Distribution Frequency

Complete this section only if you elected an Extended Beneficiary Account (Stretch IRA) in Section 3. You must elect a distribution frequency. **Distributions must begin by December 31 of the year following the deceased's date of death.** Distributions must continue uninterrupted until all death benefits have been distributed.

Select ONLY ONE distribution frequency:

☐ Monthly (Default) ☐ Quarterly ☐ Semi-Annually ☐ Annually

Start distributions on ______________________________ (Please select a day of the month between the 1st and the 28th.)
(MM/DD/YYYY)

If the form is received after January 1 following the deceased's date of death and no distribution date is selected, distribution will begin on the next business day after this form and all claim documents are received in good order.

Section 9. Trust as the New Contract Owner

Complete this section only if you elected an Extended Beneficiary Account (Stretch IRA) and you are claiming the death proceeds for a Trust. This section is required by John Hancock when a trust is the current beneficiary of an existing IRA annuity contract and is requesting the contract be re-registered in the name of the trust. A new annuitant must be designated by the trustee(s).

New Annuitant Name ______________________________ ______ ______________________________
(First) (MI) (Last)

Address ____
(If mailing to a PO Box address, a physical street address is also required.)

City ____________________ State ____________ Zip ________ Primary Phone Number ____________________

Date of Birth ______________________________ Social Security Number ______________________________
(MM/DD/YYYY)

New Annuitant Disclosure and Trustee Indemnification

The undersigned Trustees hereby designate the individual named above, who is alive, as the new annuitant for the IRA annuity, and we understand that this designation cannot be changed. Furthermore, we certify that this designation is in accordance with the terms of the Trust and in compliance with the Internal Revenue Code and the tax regulations governing required minimum distributions.

Important Note

The undersigned Trustees acknowledge that the Trust, and not John Hancock, is responsible for calculating any and all Required Minimum Distributions (RMDs) from the IRA annuity. We also understand that RMD requests must be in writing and for specific dollar amounts. On behalf of the Trust, and in our individual capacities, we hereby release and hold harmless John Hancock from any and all liability related to RMDs.

Section 10. Certification and Signature — The signature of the Beneficiary is required before processing this claim

All beneficiaries must complete this section.

I hereby certify to the best of my knowledge and belief that:

For Variable Annuity Contracts

I understand the investment subaccounts will remain in their current allocations until the claim is settled.

If a Spousal Continuation, Extended Beneficiary Account (Stretch IRA), or 5-Year Settlement Account was elected in Section 3, I understand that the annuity distributions and other values are based on the investment experience of the variable investment options under the contract and are not guaranteed.

If a John Hancock Safe Access Account was elected in Section 4, I agree with the terms and conditions set forth in the John Hancock Safe Access Account Supplemental Contract, which together with this Claim form constitute the entire agreement between John Hancock and me.

For All Contracts

I understand that the contract is not FDIC or SIPC insured.

This form is provided at my request and is not to be considered as an admission of the validity of any claim, nor a waiver of any of the Company's rights or defenses.

I understand that any person who, knowingly and with the intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime subject to criminal prosecution and/or civil penalties. Additionally, I certify that I have read the applicable State Fraud Warnings on page 10 and 11.

SIGN HERE

Signature of Beneficiary/Trustee

Print First and Last Name of Beneficiary/Trustee

Today's Date (MM/DD/YYYY)

Title

SIGN HERE

Signature of Beneficiary/Co-Trustee

Print First and Last Name of Beneficiary/Co-Trustee

Today's Date (MM/DD/YYYY)

Title

ADDITIONAL REQUIREMENTS:

- **If your name has changed, please provide a marriage certificate or divorce decree or other legal documentation of a name change.**
- **If you are signing on behalf of another individual or entity, please indicate your title (i.e., Trustee, Executor, Guardian, Holder of Power of Attorney, Corporate Officer).**
- **If the beneficiary is a trust, you must also complete the Trustee Certification Form included with the package.**
- **If there is more than one trustee, all must sign.**

Contact Information

Mailing Address:
John Hancock Annuities Service Center
PO Box 55444
Boston, MA 02205-5444

Overnight Deliveries:
John Hancock Annuities Service Center
30 Dan Road, STE. 55444
Canton, MA 02021-2809

Annuities Service Center:
1-877-543-2363

Annuities Claim Center:
www.jhannuities.com

Fax all forms to:
1-617-663-3389

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)

Alaska:
A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona:
For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California:
For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado:
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware:
Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia:
Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida:
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii:
For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho:
Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Indiana:
A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky:
Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Additional information: If the decedent was a resident of Louisiana at the time of his or her death, the Inheritance Tax Waiver & Consent to Release form is required only when the date of death was prior to July 1, 2004. If the contract is nonqualified, all beneficiaries must submit the form; if the account is qualified, the form is required only if the Estate is the beneficiary.

Maine:
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota:
A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire:
Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey:
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Addition information: If the decedent was a resident of New Jersey at the time of his or her death and the beneficiary is not the decedent's spouse, information regarding death claim payments is being supplied to the state pursuant to the requirements of the New Jersey Division of Taxation, and it is the position of the New Jersey Division of Taxation that a beneficiary or beneficiaries may be personally liable for any and all inheritance and/or estate taxes until paid.

To learn more about this requirement, please contact the New Jersey Division of Taxation's Taxpayer Customer Service Center at 1-609-292-6400 or, visit the Division of Taxation's website at www.nj.gov/treasury/taxation.

New Mexico:
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York:
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio:
Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Additional information: If the decedent was a resident of Ohio at the time of his or her death and the date of death was prior to January 1, 2013, the Ohio Estate Tax form is required. This form must be filled out and forwarded to the county auditor for approval. Once approved, the form must be returned to John Hancock with the required claim forms. This form is not required when the beneficiary is the surviving spouse, the date of death value is $25,000 or less, regardless of beneficiary, or the date of death is on or after January 1, 2013.

If you have any questions regarding the Ohio Estate Tax Form please contact the Ohio Department of Taxation at 1-800-977-7711 or at www.state.oh.us/tax.

Oklahoma:
WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Additional information: If the decedent was a resident of Oklahoma at the time of his or her death, and if the amounts payable by reason of his or her death add up to $2,500 or more, the Company is required upon receiving notice of the death to file an information return with the Oklahoma Tax Commission giving details of the contract or contracts covering the decedent and the amounts payable. John Hancock will only file the information return with the Oklahoma Tax Commission when the deceased's date of death was prior to January 1, 2010.

Oregon:
Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent act, which is a crime.

Pennsylvania:
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico:
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand ($5,000) dollars and not more than then thousand ($10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island:
Additional Information: If the decedent was a resident of Rhode Island at the time of his or her death, the Company must notify the Rhode Island Tax Administrator of payments to be made by reason of his or her death if such payments add up to $50,000 or more.

Tennessee:
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

Additional Information: If the decedent was a resident of Tennessee at the time of his or her death, information regarding death claim payments will be supplied to the state pursuant to the requirements of Tennessee law.

Texas:
Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia:
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

West Virginia:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

John Hancock ANNUITIES

Trustee Certification

Important Information

TRUSTEE AND INDEMNIFICATION

This form must be completed and submitted with the Annuity Claim Form if the beneficiary(ies) claiming the proceeds of the annuity is a Trust.

The undersigned Trustee(s) of the Trust named below represent, warrant, and certify that the representations made in this certification are true, complete, and accurate; that the Trust is in full force and effect; and that the Trust Agreement (as defined below) has not been revoked, modified, or amended in any manner which would cause the representations contained in this certification to be inaccurate or incorrect.

John Hancock will rely on this certification and will not be held liable for any act taken by it pursuant to and reliant upon this certification and upon the representations made herein unless and until it receives a written Trust amendment, written notice of changed Trustee(s), or any amendment or modification to the Trust Agreement which would cause the representations contained in this certification to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the Trust's revocability, the Trustee powers, or any representations made in this certification. The undersigned Trustee(s) hereby individually, jointly, and severally indemnify John Hancock and each of its affiliated officers, directors, employees, and agents from and hold such persons harmless against any claims, losses, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including but not limited to attorney fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such Trustee's instructions in its capacity as beneficiary of the annuity contract.

This indemnification is made by the undersigned Trustee(s), both in their capacities as Trustees and in their individual capacities, and shall not be limited by the Trustee's provision to John Hancock of independent documentation concerning the representations made herein.

1. Trust Information

Annuity Contract Number ______________________________

Name of Trust ______________________________ Date of Trust ______________ (MM/DD/YYYY)

City and State Assigned ______________________________ Tax ID Number ______________

The agreement creating the above Trust as amended, is referred to herein as the "Trust Agreement."

2. Trustee(s) Signature (If there is more than one Trustee, all Trustees must sign)

As of the date of this certification the Trustee(s) below are and continue to be all of the Trustees of the Trust.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Signed and sworn under the penalties of perjury. I/We certify that the information contained in this Trustee Certification is true, correct, and complete.

SIGN HERE ______________________________
Signature of Trustee

____
Print First and Last Name of Trustee

____
Date of Trust (MM/DD/YYYY)

SIGN HERE ______________________________
Signature of Trustee

____
Print First and Last Name of Trustee

____
Date of Trust (MM/DD/YYYY)

SIGN HERE ______________________________
Signature of Trustee

____
Print First and Last Name of Trustee

____
Date of Trust (MM/DD/YYYY)

SIGN HERE ______________________________
Signature of Trustee

____
Print First and Last Name of Trustee

____
Date of Trust (MM/DD/YYYY)

Return instructions: If this form is applicable, it must be returned with the Annuity Claim Form in order for your claim to be processed.

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)
Issuer in New York: John Hancock Life Insurance Company of New York, Valhalla, NY

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ________

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) ________

Exemption from FATCA reporting code (if any) ________

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien;

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

• An estate (other than a foreign estate); or

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the “Limited Liability Company” box and enter “P” in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the “Limited Liability Company” box and in the space provided enter “C” for C corporation or “S” for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the “Limited Liability Company” box; instead check the first box in line 3 “Individual/sole proprietor or single-member LLC.”

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity[4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Authorization to Defer Maturity Date

Introduction

Instructions
Use this form to defer annuitization by extending the contract's Maturity Date up to age 100, subject to the terms and conditions of your contract. By extending the Maturity Date the contract will remain in the accumulation phase.

Questions about this form?
☎ 1-800-824-0335

Contact us:
FAX 1-617-663-3160

See the end of this document for return instructions

1. Contract Information

Owner(s):

Contract Number ____ Contract Owner's Phone Number ____ Owner's Date of Birth ____

Owner's Name/Custodian (First) ____ (MI) ____ (Last) ____

Owner's Address (Street) ____ City ____ State ____ Zip ____

Co-Owner's Name ____ Co-Owner's Address ____

Co-Owner's Phone Number ____ Co-Owner's Date of Birth ____

Annuitant(s):

Annuitant's Name ____ Annuitant's Phone Number ____ Annuitant's Date of Birth ____

Annuitant's Address (Street) ____ City ____ State ____ Zip ____

Co-Annuitant's Name ____ Co-Annuitant's Address ____

Co-Annuitant's Phone Number ____ Co-Annuitant's Date of Birth ____

Financial Advisor's Name (if applicable) ____ Financial Advisor's Phone Number ____

2. Defer Maturity Date

I request that the Maturity Date of the contract be deferred until the first day of the month following the date the oldest annuitant attains age 100, unless a younger age is provided below.

Alternate Age to Annuitize Contract: ____________________

IMPORTANT NOTE: The contract may contain limits on your ability to defer the Maturity Date. John Hancock will provide a written confirmation of the approved Maturity Date change to you at the address on file.

Contract Number:

3. Authorization

All Owners Must Sign: All individual owners must sign. If the contract is owned by a trust, all trustees must sign. If the contract is owned by a corporation or other business entity, all authorized representatives must sign, and a corporate resolution (or similar) must be attached to this form.

Power of Attorney: If this form is signed by an attorney-in-fact or agent appointed by an owner in a power of attorney, a complete copy of the power of attorney must be attached to this form (unless previously submitted). In addition, if the power of attorney was executed more than 24 months prior to John Hancock's receipt of this form, the attorney-in-fact must also submit our Power of Attorney Affidavit and Indemnification Form.

Guardians and Conservators: If this form is signed by the guardian or conservator of a contract owner, a complete copy of the court appointment must be attached to this form (unless previously submitted). John Hancock reserves the right to request proof that the authority of the guardian or conservator is still in effect.

I (or We) request John Hancock make the above changes to the specified contract, and I (or We) agree to submit additional information upon request if such information, in the discretion of John Hancock, is necessary to implement the changes on this form. I (or We) also understand that the instructions on this form are subject to the terms and conditions of the contract (and prospectus, if applicable).

I (or We) understand that Maturity Dates that occur when the annuitant is at an advanced age, e.g., past age 90, may have adverse tax consequences.

SIGN HERE

Signature of Owner (or Trustee)

Today's Date (MM/DD/YYYY)

SIGN HERE

Signature of Co-Owner (or Co-Trustee)

Today's Date (MM/DD/YYYY)

Submission Instructions

Please enclose and mail to:

National Contracts
John Hancock Annuities
Service Center
P.O. Box 55444
Boston, MA 02205-5444

Questions:
1-800-344-1029

New York Contracts
John Hancock Annuities
Service Center
PO Box 55445
Boston, MA 02205-5445

Questions (NY Contracts):
1-800-551-2078

All Contracts
Overnight Deliveries
John Hancock Annuities
Service Center
30 Dan Road, STE. 55444
Canton, MA 02021-2809

To fax this form:
1-617-663-3160

www.jhannuities.com

eDelivery

Your account at your fingertips
Register at www.jhannuities.com.

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)
Issuer in NY: John Hancock Life Insurance Company of New York, Valhalla, NY

John Hancock ANNUITIES

Trade Authorization Agreement

Introduction

Instructions

Use this form to authorize the contract owner(s) and agent of record to make telephone/electronic trades among various investment portfolios within the listed variable annuity contract.

- A separate form should be used for requests on any additional contracts.

Questions about this form?
1-800-824-0335

Contact us:
FAX 1-617-663-3160

See the end of this document for return instructions

1. Contract Information

Owner(s):

Contract Number ______ Contract Owner's Phone Number ______ Owner's Date of Birth ______

Owner's Name (First) ______ (MI) ______ (Last) ______

Owner's Address (Street) ______ City ______ State ______ Zip ______

Co-Owner's Name (if applicable) ______ Co-Owner's Phone Number ______ Co-Owner's Date of Birth ______

Co-Owner's Address (Street) ______ City ______ State ______ ______

Financial Advisor's Name (if applicable) ______ Financial Advisor's Phone Number ______

2. Agreement

Please note the following:

- Trade conversations may be recorded without disclosure at the time of the call.
- Trade instructions received by John Hancock by telephone before 4:00 PM Eastern Time* will be made in accordance with the unit value for that day. Trade instructions received after 4:00 PM Eastern Time* will be made in accordance with the unit value for the next valuation period. Only one set of trade instructions will be accepted per valuation period.
- Instructions may be given by calling 1-877-543-3676 on regular business days or by accessing www.jhannuities.com.**
- In the event that proper identification is not provided, John Hancock reserves the right to refuse to act on trade instructions.
- All trade instructions received must be within the terms of the contract and be sufficiently complete and clear that we do not need to exercise any discretion to follow them (i.e., in "good order").
- At the time trade instructions are given, the intention for the trade to apply to future payment allocations must be confirmed.

***Or the closing of the NYSE, whichever is earlier.**

****Some products and broker dealers do not allow Internet trading.**

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York)
Issuer in NY: John Hancock Life Insurance Company of New York, Valhalla, NY

Contract Number:

3. Authorization

I/We authorize John Hancock to act on trade instructions given over the telephone/fax/written request/internet by:

☐ **Option 1 (Default):** Myself as the Owner and Co-Owner (if applicable).

☐ **Option 2:** Myself as the Owner and Co-Owner and the Agent of Record (if applicable).

I/We understand and agree to the following:

This authorization will remain in effect until the following: John Hancock receives a written notice from me, via either letter or fax, stating otherwise, and John Hancock has had a reasonable chance to act upon such notice, or until John Hancock discontinues trades by telephone, web, or any other means. Neither John Hancock not any person authorized by John Hancock will be responsible for any claim, loss, liability or expense in connection with a trade if John Hancock or such other person acted on trade instructions in good faith in reliance on this authorization.

By signing below you agree to accept and comply with the procedures established by John Hancock.

SIGN HERE

Signature of Owner

Today's Date (MM/DD/YYYY)

SIGN HERE

Signature of Co-Owner

Today's Date (MM/DD/YYYY)

Submission Instructions

Please enclose and mail to:

National Contracts
John Hancock Annuities
Service Center
P.O. Box 55444
Boston, MA 02205-5444

Questions:
1-800-344-1029

New York Contracts
John Hancock Annuities
Service Center
PO Box 55445
Boston, MA 02205-5445

Questions (NY Contracts):
1-800-551-2078

All Contracts
Overnight Deliveries
John Hancock Annuities
Service Center
30 Dan Road, STE. 55444
Canton, MA 02021-2809

To fax this form:
1-617-663-3160

www.jhannuities.com

eDelivery

Your account at your fingertips
Register at www.jhannuities.com.

JohnHancock ANNUITIES

Special Tax Notice

For Individual Beneficiaries

Your Rollover Options

You are receiving this notice because all or a portion of the payment you will receive from a tax-qualified annuity contract ("Contract") with John Hancock is eligible to be rolled over to an IRA. If you are the surviving spouse of the annuitant covered by the Contract, you may also be able to roll over the payment to an employer plan in which you participate. This notice is intended to help you decide whether to do such a rollover. Please read the following information carefully. Although many of the rules are the same, there are differences between what is available to a surviving spouse and what is available for an individual beneficiary who is not the annuitant's surviving spouse.

You have 30 days after receiving this notice to decide whether to do a direct rollover as outlined below or to receive your benefit subject to 20% federal withholding. In general, we cannot roll over or distribute your benefit during this 30-day period. However, if you reach a decision and do not want to wait until the 30-day notice period ends, you may waive the notice period by making an election on the Annuity Claim Form instructing us either to do a direct rollover of your benefit or to distribute it to you. We will then process your benefit in accordance with your election as soon as practical after all required paperwork is received in good order.

Rules that apply to most payments from a tax-qualified annuity are described in the "General Information About Rollovers" section. Special rules that apply only in certain circumstances are described in the "Special Rules and Options" section.

General Information About Rollovers

How can a rollover affect my taxes?
You will be taxed on a payment from the Contract if you do not roll it over. However, if you do a rollover, you will not have to pay tax until you receive payments later.

Where may I roll over the payment?
If you are the surviving spouse of the annuitant covered by the Contract, you may roll over the payment either to an IRA (individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover.

If you are the surviving spouse, then depending on your circumstances, you may be able to roll over your payment to a SIMPLE retirement account ("SIMPLE IRA") in which you are a participant. The SIMPLE IRA must be eligible to accept a rollover. In addition, federal tax law provides that you can do a rollover to a SIMPLE IRA only after the end of the 2-year period beginning on the date you first participated in that SIMPLE IRA or any other SIMPLE IRA maintained by the same employer. If you have not participated in the SIMPLE IRA for at least 2 years, you cannot do a rollover. Before attempting a rollover, you should check with the employer sponsoring your SIMPLE IRA whether the plan is eligible to accept a rollover and whether you have met the 2-year participation requirement. Any amount rolled over will become subject to the terms of the SIMPLE IRA and the tax rules that apply to SIMPLE IRAs.

If you are not the surviving spouse of the annuitant covered by the Contract, you may roll over the payment to an Inherited IRA (individual retirement account or individual retirement annuity) that will accept the rollover.

The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

How do I do a rollover if I am the annuitant's surviving spouse?
There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

- *If you do a direct rollover,* we will make the payment directly to your IRA or to an employer plan that will accept the rollover. You may also do a direct rollover to an inherited IRA. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover. If you do a direct rollover to an inherited IRA, that IRA will be subject to the same rules described below for inherited IRAs for non-spouse beneficiaries.
- *If you do not do a direct rollover,* you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, we are required to withhold 20% of the payment for federal income taxes. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed.

How do I do a rollover if I am not the annuitant's surviving spouse?
The only rollover option you have is to do a direct rollover to an inherited IRA.

General Information About Rollovers (continued)

What is an inherited IRA?
It is an IRA for the benefit of an individual who acquired the IRA by reason of the death of another individual. An inherited IRA is set up and maintained in the name of the decedent but for the benefit of the beneficiary. An inherited IRA would be purchased by a direct rollover of the amount payable to you under the Contract as a result of the annuitant's death. As the beneficiary, you cannot treat the inherited IRA as your own IRA. That means you cannot make regular IRA contributions to the inherited IRA. You cannot make additional rollover contributions to the inherited IRA from other sources, such as from your own employer plan or IRA. After a direct rollover to an inherited IRA, you must receive distributions from the inherited IRA under the rules for distributions that apply to beneficiaries.

How much may I roll over?
If you wish to do a rollover, you may roll over all or a part of the amount eligible for rollover. Generally, any lump sum payment from the Contract is eligible for rollover.

What if the payment is only a small amount?
If the total amount payable is less than $200, we are not required to withhold federal income tax from the payment. We are also not required to allow you to do a direct rollover. If you are the annuitant's surviving spouse, you may do a 60-day rollover of the amount you receive.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?
No, the payment you receive from the Contract is made on account of the death of the annuitant and is not subject to the additional 10% tax.

If I am a surviving spouse and do a rollover to my employer plan, will the 10% additional income tax apply to early distributions from the plan?
If you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions from the employer plan, unless you roll over that early distribution or you qualify for an exception under Internal Revenue Code (Code) section 72(t). The 10% tax is in addition to the regular income tax on the distribution from your employer plan.

If I am a surviving spouse and do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?
The answer depends on whether you treat the IRA as your own or as an inherited IRA. An IRA you treat as your own is like any other IRA of yours. Payments made to you before you reach age 59 ½ will be subject to the 10% additional income tax on early distributions, unless an exception under Code section 72(t) applies. Required minimum distributions from your IRA do not have to start until after you reach age 70 ½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the annuitant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the annuitant had not started taking required minimum distributions, you will not have to receive required minimum distributions from the inherited IRA until the year the annuitant would have been age 70 ½.

If I am not a surviving spouse and I do a direct rollover to an inherited IRA, will the 10% additional income tax apply to distributions from the inherited IRA?
Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. However, you will have to receive required minimum distributions from the inherited IRA.

Will I owe State Income taxes?
This notice does not describe any State or local income tax rules (including withholding rules).

Special Rules and Options

What rules apply if the annuitant had after-tax contributions in the Contract?

- *If you are the annuitant's surviving spouse:*
    - You may roll over to your own IRA a payment that includes after-tax contributions, through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all your IRAs in order to determine your taxable income for later payments from the IRAs. If you do a direct rollover of only a portion of the amount paid from the Contract and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of $12,000, of which $2,000 is after-tax contributions. In this case, if you directly roll over $10,000 to an IRA that is not a Roth IRA, no amount is taxable because the $2,000 not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Contract to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

Special Rules and Options (Continued)

- If you do a 60-day rollover to your own IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you receive a complete distribution of $12,000, of which $2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you do a 60-day rollover of $10,000 to your own IRA that is not a Roth IRA, no amount is taxable because the $2,000 amount not rolled over is treated as being after-tax contributions.
- You may also roll over to an employer plan all of a payment that includes after-tax contributions, but can do so only through a direct rollover. This option is available only if the receiving plan separately accounts for after-tax contributions and is NOT a governmental section 457(b) plan. You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but the rollover cannot exceed the amount of the payment that would be taxable if not rolled over.
- You may do a direct rollover to an inherited IRA. You will then be subject to the rules described in the next bullet.

- *If you are not the annuitant's surviving spouse,* you can do a direct rollover only to an inherited IRA. You must keep track of the aggregate amount of after-tax contributions in the inherited IRA separate from any after-tax contributions in any other IRAs that you own. You may not aggregate the inherited IRA with your other IRAs when determining the taxable portion of any distribution. If you do a direct rollover of only a portion of the amount paid from the Contract and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of$12,000, of which $2,000 is after-tax contributions. In this case, if you directly roll over $10,000 to an inherited IRA that is not an inherited Roth IRA, no amount is taxable because the $2,000 not directly rolled over is treated as being after-tax contributions.

What happens if a surviving spouse elects not to do a direct rollover and later misses the 60-day rollover deadline?
Generally, the 60-day deadline for indirect rollovers cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

Can I do a rollover to a Roth IRA?
Yes, you can do a rollover to a Roth IRA. An annuitant's surviving spouse can elect to treat the Roth IRA as his or her own or to establish the Roth IRA in the name of the annuitant with the surviving spouse as the beneficiary (an "inherited" Roth IRA). A beneficiary who is not the annuitant's surviving spouse can do only a direct rollover to an inherited Roth IRA.

Unlike a rollover to an employer plan or a traditional IRA, the amount rolled over to a Roth IRA (reduced by any after-tax amounts) is taxable as income for the year the rollover occurs. However, the 10% additional income tax on early distributions will not apply to the rollover. If you do a roll over to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment (a) made after you have had the Roth IRA for at least 5 years; and (b) made after you reach age 59 ½, or after your death or disability, or as a qualified first-time homebuyer distribution up to $10,000. In applying this 5-year rule, you count from January 1 of the year for which the first contribution was made to the Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings accrued in the Roth IRA after the rollover, and the 10% additional income tax on early distributions may apply to the taxable portion of the distribution. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)* and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*.

Can I do a rollover to a designated Roth account in an employer plan?
You cannot roll over a payment to a designated Roth account in an employer plan.

What rules apply to payments made under a qualified domestic relations order?
If you are the spouse or former spouse of the annuitant and receive a payment from the Contract under a qualified domestic relations order (QDRO), you generally have the same options the annuitant would have. For example, you may roll over the payment to your own IRA or to an eligible employer plan that will accept it. Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

What if the annuitant was born on or before January 1, 1936?
If you are the annuitant's surviving spouse and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of tax on the payment might apply to you. Those special rules do not apply if the holder of the Contract was a governmental section 457(b) plan. For more information, see IRS Publication 575, *Pension and Annuity Income.*

Special Rules and Options (Continued)

What rules apply if I am a nonresident alien?

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, we must generally withhold 30% of the taxable portion of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040-NR with the IRS, attaching the Form 1042-S which you will receive from us next March. See Form W-8BEN if you can claim that you are entitled to a reduced rate of withholding under an income tax treaty between the U.S. and your country of residence. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens,* and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities.*

Additional Information

You may wish to consult with the Plan administrator or a professional tax advisor, before taking a payment from the Contract. Also, you can find more detailed information on the federal tax treatment of payments from employer plans and annuity contracts issued with respect to such plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs);* and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs).* These publications and others mentioned above are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.

Welcome to the John Hancock Safe Access Account

Take the time you need to make a well-planned financial decision

As a beneficiary of a John Hancock annuity contract, you may select to have your claim deposited into a John Hancock Safe Access Account.[2] The Safe Access Account is an interest-bearing checking account[3] that is fully guaranteed by John Hancock.[4] **You can choose to write a check immediately for the entire account balance without any fees or penalties.** The account is tailored to give you, the beneficiary, assurance that your money is easily accessible, while simultaneously earning an attractive interest rate.

Current interest rate 1.25%[1]

The John Hancock Safe Access Account Offers

Accessibility	Immediate access to funds.
Convenience	You are provided an account checkbook through the Safe Access Account. Simply write a check to access your funds.
Flexibility	You have the freedom to write unlimited checks of any amount, up to the entire account balance.
Value	The Safe Access Account provides checks, check processing and monthly statements, all with no service charges.
Growth	An attractive variable interest rate that reflects current economic factors and trends.

John Hancock Safe Access Account

Your Time. Your Decisions. Your Future.

Call 1-800-248-6110 for more details.

[1] The current interest rate applied to all funds in a John Hancock Safe Access Account is 1.25%. Interest is compounded daily and paid monthly, which is equivalent to an annual percentage yield of 1.258%. Rate is subject to change. Check your monthly statement for the current rate.

[2] See your claim form for other payment options available.

Note: Safe Access Account is not available on policies issued in the state of New York or to beneficiaries residing in New York.

[3] John Hancock's Safe Access Account is not a bank account and is not insured by the FDIC; however protection is afforded by the State Guaranty Associations. For information about coverage limitations in your state, you may contact the National Organization of Life and Health Insurance Guaranty Associations at www.nolhga.com.

[4] The guarantees are backed by the claims-paying ability of the issuing company. Safe Access Account balances remain in the issuing company's general account and are subject to the claims of the issuing company's creditors.

MLI070313017 0816:140720

Supplemental Contract

This agreement is between you and John Hancock. The entire contract consists of your completed Annuity Claim Form together with the Terms and Conditions set forth in this Supplemental Contract.

You have the right to receive a lump-sum payment in the form of a check. Also, other claim settlement options may be available depending on the terms of the annuity contract. To receive a lump-sum by check or to inquire whether other settlement options are available, contact your local John Hancock representative or call the toll free Customer Service number listed in your Annuity Claim Form.

Terms and Conditions

Your **John Hancock Safe Access Account** is an interest bearing account accessible via drafts. A draft is written and processed similar to a check. We sometimes refer to our Safe Access Account drafts as "checks" in this Supplemental Contract and in our marketing and other materials for ease of reference. John Hancock's Safe Access Account is not a bank account and is **not insured by the FDIC; however protection is afforded by the State Guaranty Associations.** For information about coverage limitations in your state, you may contact the National Organization of Life and Health Insurance Guaranty Associations at www.nolhga.com. **John Hancock accomplishes payment of the full benefit amount by depositing your claim into an account and by sending you a check book. John Hancock or one of its affiliates may receive a benefit from all amounts left in the Safe Access Account after covering program expenses. Safe Access Account balances remain in John Hancock's general account and are subject to the claims of our creditors.**

A Interest

(1) Interest Rate. Interest is earned on the proceeds in the John Hancock Safe Access Account from the date your account is opened until the date checks are cleared. Your balance will earn interest at a rate determined by John Hancock which is subject to change. We will calculate your interest based on the balance in your account at the end of each day.

(2) Crediting Interest. The interest you earn will be compounded daily and credited to your account monthly. This interest will be available for withdrawal on the day after it has been credited.

B Minimum Balance Requirements

If the balance in your account falls below $250, your account will be closed. The balance in the account will be sent to you, together with any interest earned.

C Accessing Funds

You may access funds in your account at any time by writing a check for any amount up to the entire account balance, including interest. Checks drawn on the John Hancock Safe Access Account are payable through The Bank of New York Mellon, Pittsburgh, PA and clear through Federal Reserve Banks or other channels. A check which exceeds the funds available in your account will not be paid and you may be subject to a returned check fee (see "Special Fees" below).

D Account Statements

Each month an account statement will be mailed to you showing your account balance, account activity, interest earned and the current interest rate. You can also view and download your account statements online at **www.johnhancock.com/saa.** Cancelled checks are not returned with your account statement but are available upon request.

E Special Fees

Except for the special fees described below, checks and checking services are provided to you at no charge. Your account will be charged the special fees in the following situations:

(1) $10.00 for each check returned by bank as unpaid, e.g. insufficient funds.

(2) $12.00 for each stop payment order.

F Deposits

No deposits can be made into your account.

G Beneficiary Designation

You may name a beneficiary to whom the money in this account will be paid in the event of your death. If you choose not to name a beneficiary, the balance will be paid to your estate. You may wish to consult with a tax advisor regarding your beneficiary designation(s).

H Ownership Rights

You are the owner of this account. The owner alone has the right to write checks against the account balance and to exercise all the rights and privileges provided by this account or allowed by the issuing John Hancock company. John Hancock may permit the owner to designate one or more Attorneys in Fact to act in place and stead of the owner by submitting an appropriate form of Power of Attorney. John Hancock assumes no responsibility or liability for any act or omission by the owner or his or her Attorney(s) in Fact.

I How to Order Additional Personalized Checks

Should you require additional checks, please use the form contained in your checkbook or call us toll-free at **1-800-248-6110.** Additional checks will be sent to you at no cost.

J Tax Reporting

A form 1099 showing the amount of interest earned on your account will be mailed to you annually. You should consult with your tax advisor if you have any questions regarding taxation of the interest earned.

K Restrictions

Assignability. The funds available through this account cannot be assigned or used as collateral. Any attempted assignment will not be binding on John Hancock, its service providers, The Bank of New York Mellon or any of their successors.

L If You Want to Close Your Account

If you wish to close your account, you may simply write a check for your remaining balance and deposit it into your regular bank account; or send a signed request to:

John Hancock Safe Access Account, C-5
P.O. Box 790
Boston, MA 02117-0790

We will mail you a check for the balance, including any accrued interest remaining in your account.

M Inactivity

If there is no activity on your account after 3 years, John Hancock will consider your account inactive and will attempt to contact you at least one time by letter. If John Hancock's attempts to contact you are not successful, we may be required by law to ultimately escheat any balance in your John Hancock Safe Access Account to the State Treasurer of your state of residence.

N How to Obtain More Information

You may contact us by telephone at **1-800-248-6110** or online at **www.johnhancock.com/saa**. Our address is **John Hancock Safe Access Account, C-5 P.O. Box 790 Boston, MA 02117-0790.**

FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.

John Hancock reserves the right to make changes in the terms and conditions of this account. Notice of such changes will be furnished to each account holder.