

# Beneficiary Designation of Plan Participant

- This Form is provided solely for the convenience of the Plan Administrator.
- None of the information provided in this Form shall be maintained or acted upon by John Hancock Retirement Plan Services.
- This Form will be retained by the Plan Administrator and need not be submitted to John Hancock Retirement Plan Services.

## 1. General Information

### The Trustee of

### Plan (the "Plan")

Contractholder Name \_\_\_\_\_

Contract Number \_\_\_\_\_

Participant Name (Last Name, First Name, Initial) \_\_\_\_\_

Participant Social Security Number \_\_\_\_\_

## 2. Beneficiary Designation

Married Participant I understand that I must elect my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please see your Plan Administrator for a Spousal Consent Form if naming a Primary Beneficiary other than your spouse.)

Unmarried Participant I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

I understand that if I outlive my Primary Beneficiary(ies), benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). For additional space, please attach a separate page providing all designation information and the percentage share for each.

### A - Primary Beneficiary

Name (Last Name, First Name, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

Relationship to Participant \_\_\_\_\_

Share \_\_\_\_\_ %

Street Address, City, State, Zip Code \_\_\_\_\_

### B - Contingent Beneficiary(ies)

1. Name (Last Name, First Name, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

Relationship to Participant \_\_\_\_\_

Share \_\_\_\_\_ %

Street Address, City, State, Zip Code \_\_\_\_\_

2. Name (Last Name, First Name, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

Relationship to Participant \_\_\_\_\_

Share \_\_\_\_\_ %

Street Address, City, State, Zip Code \_\_\_\_\_

3. Name (Last Name, First Name, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

Relationship to Participant \_\_\_\_\_

Share \_\_\_\_\_ %

Street Address, City, State, Zip Code \_\_\_\_\_

## 3. Authorization

Signature of Employee \_\_\_\_\_

Name - please print \_\_\_\_\_

Date \_\_\_\_\_

Both John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York do business under certain instances using the John Hancock Retirement Plan Services name. Group annuity contracts and recordkeeping agreements are issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595. Product features and availability may differ by state. Plan administrative services may be provided by John Hancock Retirement Plan Services LLC or a plan consultant selected by the Plan.