



# IRA and retirement plan beneficiary designation

## Introduction

### Instructions

Use this form for John Hancock custodial accounts. This form allows you to designate or amend your beneficiary for all IRA types, Coverdell ESAs, and retirement plan accounts. This form supersedes all previous designations. This beneficiary designation will apply to all of your John Hancock mutual funds within the account type(s) indicated by you below. Please print in all capital letters and use black ink.

### Questions about this form?

800-225-5291

### Contact us:

800-225-5291

[jhinvestments.com](http://jhinvestments.com)

See the end of this document for return instructions

## 1. Shareholder information (For Coverdell ESAs, please use child's information)

Owner's name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Social Security number \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_  Please update my current address on file to the new address listed here.

## 2. Account type

- Traditional IRA
- Roth IRA
- SIMPLE IRA
- SEP/SARSEP
- Add to all retirement accounts
- Coverdell ESA
- Money purchase plan
- Profit-sharing plan
- 403(b)(7)

## 3. Beneficiary designation

Designating beneficiaries is an important part of the estate planning process. Please take care in choosing your beneficiaries and, of course, make plans to periodically review your beneficiary designation to make sure no updates are needed. We have provided some basic information about this process below; however, if you have specific questions regarding how this will affect your estate plan, we recommend that you contact your tax advisor or estate attorney.

- You may change your beneficiary(ies) at any time after the initial designation by notifying John Hancock Signature Services, Inc., in writing, at the address provided on this form.
- If no beneficiaries are designated, or if there are no beneficiaries living at the time of your death, your estate will generally be entitled to your account assets.
- Percentages for beneficiaries must total 100 for each section. If not, transfers shall be made proportionally on the percentages stated. If no percentages are indicated, each primary beneficiary who survives you will receive equal percentages of your account.
- If multiple beneficiaries are listed and a beneficiary does not survive you, his or her percentage will be divided equally among the remaining beneficiaries, unless previously stated otherwise.
- Contingent beneficiaries are entitled to receive your account only if there are no surviving primary beneficiaries at the time of your death.
- For trusts, please list the trust name, the name of the trustees, and the trust establishment date.
- For Coverdell ESA accounts, if a named designated death beneficiary is a qualified family member under the age of 30 on the date of the designated beneficiary's death, then the designated death beneficiary shall assume the ESA as his/her own. Consequently, the ESA retains its status, and no tax consequences will result from the transfer. The age 30 limitation may be waived for a designated death beneficiary with special needs.
- John Hancock Investments allows you to place certain restrictions on distributions made to your named IRA beneficiaries. In order to take advantage of this feature, please leave this section blank and complete the John Hancock Investments IRA restricted beneficiary form, available by calling John Hancock Signature Services, Inc. at 800-225-5291 or by visiting our website at [jhinvestments.com](http://jhinvestments.com).
- John Hancock Investments reserves the right to round up fractional share distributions.

### 3. Beneficiary designation (continued)

#### ALL INFORMATION MUST BE COMPLETED.

Name of primary beneficiary(ies)	SSN/tax ID#	% share	Date of birth/trust	Relationship to owner	Name of custodian if beneficiary is a minor
_____	_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____
_____	_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____
_____	_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____

TOTAL: \_\_\_\_\_ (Must add up to 100%)

Name of contingent beneficiary(ies)	SSN/tax ID#	% share	Date of birth/trust	Relationship to owner	Name of custodian if beneficiary is a minor
_____	_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____
_____	_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____
_____	_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	_____

TOTAL: \_\_\_\_\_ (Must add up to 100%)

### 4. Spousal consent

Spousal consent is required if your spouse is not named as sole beneficiary and your account is a money purchase plan or profit-sharing plan. Spousal consent is also required if your spouse is not named as sole beneficiary and you reside in a community or marital property state. Your signature must be notarized.

As the spouse of the account owner named in Section 1, I hereby waive my right to be the sole primary beneficiary of this account. I understand that by waiving my right, account assets will be paid to the primary or contingent beneficiary(ies) listed on the death of my spouse. I hereby consent to the beneficiary designation(s) stated in Section 3.

**SIGN HERE**

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Date (MM/DD/YYYY)

On \_\_\_\_\_, 20\_\_\_\_\_, before me, \_\_\_\_\_, notary public, personally appeared  
Notary's name

\_\_\_\_\_  
Spouse's name who has satisfactorily identified him/herself as the signer of the above.

**SIGN HERE**

\_\_\_\_\_  
Notary signature

**Affix notary stamp here**

My commission expires \_\_\_\_\_.

### 5. Signature

The terms and conditions of this beneficiary designation are construed and administered according to the laws of the Commonwealth of Massachusetts. Any addition to, deletion from, or change to this form is void unless approved in writing by John Hancock Investments. Beneficiary designations become effective when delivered to and received by John Hancock Signature Services, Inc., and will remain in effect until we are notified otherwise in writing.

Each of the undersigned agrees to indemnify John Hancock Signature Services, Inc. and John Hancock Funds, LLC against any loss, claim, or expense (including reasonable attorney's fees) to the extent that any transfer effected pursuant to these instructions is alleged or found for any reason to have been invalid or ineffective, and transfer is subject to the condition that John Hancock Signature Services, Inc. and John Hancock Funds, LLC will be entitled to attach or debit the account of the beneficiary to the extent necessary to enforce their rights to this indemnity.

**SIGN HERE**

\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Date (MM/DD/YYYY)

### 6. Mail

Please enclose and mail to:



**Regular mail**  
John Hancock Signature Services, Inc.  
P.O. Box 55913  
Boston, MA 02205-5913



**Express mail**  
John Hancock Signature Services, Inc.  
Suite 55913  
30 Dan Road  
Canton, MA 02021



John Hancock Funds, LLC ■ Member FINRA, SIPC  
601 Congress Street ■ Boston, MA 02210-2805 ■ 800-225-5291 ■ [jhinvestments.com](http://jhinvestments.com)

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