



# Beneficiary Designation

## Important Information about this Form

- If you choose to name more than two Primary and/or Contingent Beneficiary(ies), please attach a separate sheet of paper with your additional designations. You must also sign and date the additional sheet of paper.
- If you are married and designate additional primary beneficiaries, your spouse's certification must be notarized by a Notary Public or witnessed by a Plan Representative.
- None of the information provided on this form will be maintained or acted upon by John Hancock Retirement Plan Services ("John Hancock").
- This form is provided solely for the convenience of the Plan Administrator. The form will be retained by the Plan Administrator and does not need to be submitted to John Hancock.

## 1. General Information

<b>The Trustee of</b> Contractholder Name	<b>Plan ("the Plan")</b> Contract Number
_____	_____
Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)	Participant Social Security Number (Full SSN Required)
_____	_____
Participant Address – Street Address	Date of Birth
_____	Month      Day      Year
_____	Participant Phone No.
City, State, Zip Code, Country	_____

## 2. Primary Beneficiary Designation

**Marital Status:**    Married       Not Married or Widowed       Divorced

If I am married and have not designated my spouse as my sole primary beneficiary, this designation of beneficiary will not be effective unless consented to by my spouse below. If I am not married on the date I sign this Beneficiary Designation Form, but subsequently become married prior to benefit commencement, I understand that this designation of beneficiary shall cease to be effective upon my marriage. I hereby agree to notify the Plan Administrator in writing in the event my marital status changes.

I hereby designate as my beneficiary the person(s) listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated. I understand that if I designate more than one beneficiary below, the percentages MUST add up to 100%. If more than one person is listed and no percentages are indicated, or the percentages do not add up to 100%, benefits shall be paid in equal shares to my primary beneficiary(ies) who survive me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentages shown for such beneficiary(ies) below.

1 \_\_\_\_\_  
 Name (Last Name, First Name, Initial) Social Security Number  
 \_\_\_\_\_ % \_\_\_\_\_  
 Percentage Relationship Date of Birth \_\_\_\_\_  
 Month Day Year  
 \_\_\_\_\_  
 Address, City, State, Zip Code, Country

2 \_\_\_\_\_  
 Name (Last Name, First Name, Initial) Social Security Number  
 \_\_\_\_\_ % \_\_\_\_\_  
 Percentage Relationship Date of Birth \_\_\_\_\_  
 Month Day Year  
 \_\_\_\_\_  
 Address, City, State, Zip Code, Country

**3. Spousal Consent**

I hereby consent to my spouse's designation of the beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

\_\_\_\_\_  
 Signature of Participant's Spouse Name - please print Date

**Witnessed by Notary Public**

State of \_\_\_\_\_ County of \_\_\_\_\_, ss. On this, the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_,  
 Before me personally appeared \_\_\_\_\_ known (or satisfactorily proven)  
 To me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
 Signature of Notary  
 My commission expires: \_\_\_\_\_  
 Month Day Year

(SEAL)

**OR**

**Witnessed by Plan Representative**

Signed on \_\_\_\_\_, 20 \_\_\_\_\_ in the presence of: \_\_\_\_\_

## 4. Contingent Beneficiary Designation

If no primary beneficiary listed above survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, **the percentages must add up to 100%**. Payment to secondary beneficiaries will be made according to the rules of succession described for Primary Beneficiary.

① \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Name (Last Name, First Name, Initial) \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Percentage Relationship \_\_\_\_\_ Month Day Year  
\_\_\_\_\_  
Address, City, State, Zip Code, Country

② \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Name (Last Name, First Name, Initial) \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Percentage Relationship \_\_\_\_\_ Month Day Year  
\_\_\_\_\_  
Address, City, State, Zip Code, Country

## 5. Signature

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan. I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.

\_\_\_\_\_  
Signature of Participant Name - please print Date