

Return to : John Hancock Life Insurance Company  
Fixed Products Operations, S-8  
380 Stuart Street  
Boston, MA 02117



Toll Free # : 1-800-624-5155

## Address / Name Changes

Contract Number: GAC \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### **Address Change** (please print clearly)

Please check off the appropriate box(es) which apply:

Home Address (legal residence)

Check Mailing Address

*\* This form should not be used when changing bank locations or account numbers for direct deposit. Please use John Hancock's Enrollment Form for Direct Deposit of Your Annuity Payments.*

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_

New Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This change is effective: Month \_\_\_\_\_ Year \_\_\_\_\_

### **Name Change\*** (please print clearly)

It is hereby requested that the following change be made to my name on Company records in regards to the above contract :

Old Name : \_\_\_\_\_

New Name : \_\_\_\_\_

Reason : \_\_\_\_\_

*\* Documentary evidence is required for name changes. Accepted legal documents include Marriage Certificate, Divorce Decree, etc.*

### **Authorization**

Signature : \_\_\_\_\_ Date : \_\_\_\_\_