

CHANGING YOUR ADDRESS



STRUCTURED SETTLEMENTS

NOTE: SEND THIS ADDRESS CHANGE AND ANY OTHER CORRESPONDENCE TO:

Benefit Control Unit, T-24
John Hancock Life Insurance Co.
P.O. Box 111
Boston, Massachusetts 02117-0111

Contract Number _____

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

- #1 Home Address (legal residence)
- #2 Check Mailing Address

Please print clearly

Last Name _____ First Name _____

Middle Initial _____

New Address _____

This change is effective: Month _____ Year _____

Your Phone # (_____) _____ - _____

Signature _____ Date _____