

**CONTRACT NO.** \_\_\_\_\_

**PAYEE NAME** \_\_\_\_\_

I, \_\_\_\_\_, hereby revoke all previous beneficiary designations under the above contract number and designate the following beneficiary (or beneficiaries) effective on or after \_\_\_\_\_ (mm/dd/yy) to receive any death benefit payable under the terms of the above contract. I reserve the right to make further beneficiary designations.

**Primary  
Beneficiary**

Last Name	First Name	Middle Initial
Relationship	Date of Birth	Social Security #

**Contingent  
Beneficiary**

Last Name	First Name	Middle Initial
Relationship	Date of Birth	Social Security #

If more than one beneficiary is designated, then a settlement will be made in equal shares to such of the designated beneficiaries as survived by me, unless otherwise provided herein.

This change of beneficiary shall take effect upon receipt of this document by John Hancock and when so received, the change shall be operative as the date specified above whether or not I am alive at the time of such receipt.

Signature of Payee \_\_\_\_\_ Date \_\_\_\_\_



**Mailing Address**

Fixed Product Administration  
John Hancock  
P.O. Box 55446  
Boston, MA 02205-5446



**Website**

[www.jhstructures.com](http://www.jhstructures.com)



**Phone**

800-624-5155



**Fax**

617-572-0355

**0812:SSBENE**

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.), Bloomfield Hills, MI 48604 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595, herein collectively referred to as John Hancock.