



Beneficiary Designation

Introduction

Use this form to nominate or change a beneficiary for certain refunds of premium upon death of the policyholder. It can be completed by clients who:

- purchase an optional Return of Premium Benefit rider (if available), or
- are eligible for the Return of Premium upon Death Under Age 65 Benefit.

Otherwise, such refunds will be made payable to a surviving spouse/partner (if any), or to your estate. This is **NOT** an assignment of benefits for claims reimbursement.

Questions about this form?

1-800-377-7311

To email this form:

LTCForms@jhancock.com

See the end of this document for return instructions

1. Policyholder Information

Insured's Name:

First

Middle

Last

Insured's Address:

Street

City

State

Zip

Policy Number(s):

Phone Number:

Email Address:

2. Beneficiary Information

New Beneficiary

Change Beneficiary

Name:

First

Middle

Last

Address:

Street

City

State

Zip

Social Security Number or TIN:

Date of Birth:

MM/DD/YYYY

Phone Number:

3. Authorization

SIGN
HERE

Insured's Signature

Today's Date (MM/DD/YYYY)

Submission Instructions

To mail this form:

John Hancock Financial Services
PO Box 55978
Boston, MA 02205

To email this form:

LTCForms@jhancock.com

To fax this form:

1-617-572-6010

Need more information? Call:

Monday through Friday
8:00 A.M. to 6:00 P.M. Eastern Time
John Hancock Long-Term Care: 1-800-377-7311
TTD Hearing/Speech Impaired: 1-800-832-5282

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