

Beneficiary Designation of Plan Participant

- This Form is provided solely for the convenience of the Plan Administrator.
- None of the information provided in this Form shall be maintained or acted upon by John Hancock Retirement Plan Services.
- This Form will be retained by the Plan Administrator and need not be submitted to John Hancock Retirement Plan Services.

1 General Information

The Trustee of _____ **Plan (the "Plan")** _____
Contractholder Name Contract Number

Participant Name (Last Name, First Name, Initial) _____ Participant Social Security Number _____

2 Beneficiary Designation

- Married Participant I understand that I must elect my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please see your Plan Administrator for a Spousal Consent Form if naming a Primary Beneficiary other than your spouse.)
- Unmarried Participant I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

I understand that if I outlive my Primary Beneficiary(ies), benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). For additional space, please attach a separate page providing all designation information and the percentage share for each.

A - Primary Beneficiary

Name (Last Name, First Name, Initial) _____ Social Security Number _____

Date of Birth _____ Relationship to Participant _____ Share _____ %
Month Day Year

Street Address, City, State, Zip Code _____

B - Contingent Beneficiary(ies)

1. Name (Last Name, First Name, Initial) _____ Social Security Number _____

Date of Birth _____ Relationship to Participant _____ Share _____ %
Month Day Year

Street Address, City, State, Zip Code _____

2. Name (Last Name, First Name, Initial) _____ Social Security Number _____

Date of Birth _____ Relationship to Participant _____ Share _____ %
Month Day Year

Street Address, City, State, Zip Code _____

3. Name (Last Name, First Name, Initial) _____ Social Security Number _____

Date of Birth _____ Relationship to Participant _____ Share _____ %
Month Day Year

Street Address, City, State, Zip Code _____

3 Authorization

Signature of Employee _____ Name _____ Date _____