

Beneficiary Designation Form

Beneficiary designation information below is solely for the benefit of the plan administrator of PLAN FIDUCIARY SERVICES, INC.. This information shall not be maintained or acted upon by John Hancock USA. Report any change to this information directly to the plan administrator at your company.

Note: Your plan may be subject to the joint and survivor annuity requirement. If it is, check with your plan administrator, as a different beneficiary form may be required. Your plan administrator can tell you if this requirement applies to your plan. For other plans, you must elect your spouse as sole Primary Beneficiary, unless he/she consents in writing to your naming another Primary Beneficiary.

CONTRACT NUMBER

145780

SOCIAL SECURITY NUMBER

Name (Last Name, First Name, Initial) – PLEASE PRINT

XXXX-XX-XXXX

- 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. (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.

BENEFICIARY DESIGNATION

PRIMARY BENEFICIARY

Name (Last Name, First Name, Initial) – PLEASE PRINT

Telephone number

Social security number

Date of birth

Relationship to participant

% Share

XXXX-XX-XXXX

mmm / dd / yyyy

Address

City

State

Zip code

CONTINGENT BENEFICIARY

Name (Last Name, First Name, Initial) – PLEASE PRINT

Telephone number

Social security number

Date of birth

Relationship to participant

% Share

XXXX-XX-XXXX

mmm / dd / yyyy

Address

City

State

Zip code

- Extra Page for Additional Beneficiaries Attached.** If you require additional space to include more primary and/or contingent beneficiaries, please attach a separate page providing all the above designation information and the percentage of each beneficiary. Note: Percentage shares must equal 100% for both primary and contingent beneficiaries.

SIGNATURE

I hereby designate the above individual(s) as my beneficiary(ies) to receive the benefit payable (if any) under this plan in respect of my death. 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).

X

Signature of Participant

mmm / dd / yyyy

Date

Return to your plan administrator. Do **NOT** return to John Hancock.