

# 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

<b>The Trustee of</b>	<b>Plan (the "Plan")</b>
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
Month Day Year	Share %
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
Month Day Year	Share %
Street Address, City, State, Zip Code	

2. Name (Last Name, First Name, Initial)	Social Security Number
Date of Birth	Relationship to Participant
Month Day Year	Share %
Street Address, City, State, Zip Code	

3. Name (Last Name, First Name, Initial)	Social Security Number
Date of Birth	Relationship to Participant
Month Day Year	Share %
Street Address, City, State, Zip Code	

## 3 Authorization

Signature of Employee	Name	Date
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