John Hancock

Request to Change
Client Contact and Website Access Information

- *To complete this form, please read the following instructions.*
- *This form cannot be used for Intermediaries (i.e.: Broker, TPA, RIA)*

Instructions for Completing the Form

Section A - General Information

Provide the Contractholder Name (Trustee) and the Contract Number

Section B - Other Existing Contract Information (if applicable)

List other existing Defined Benefit and/or Defined Contribution contract(s) with John Hancock USA.

The information provided in Section C and/or Section D will NOT apply to the contract(s) listed in Section B.

Section C - Addition(s) of and/or changes to Client Contact(s)

Complete this section to designate or make changes to individual(s) in your company who are responsible for the administration of your plan and contract. Changes include new contacts, contact information change (i.e.: name change, role change), and deletions. By completing the Client Contacts information, you can designate the individual(s) to whom John Hancock USA will grant website access and make plan level and participant account level information available, including information on:

- contract details
- account balance
- daily unit value and interest rate
- investment options and allocations
- information on financial transactions
- account administration
- employee census information

Please assign each individual to only one of the following roles: Trustee, Authorized Signor, Administrative Contact, or Payroll Administrator. The following is a description of the privileges associated with each of these roles.

Trustees

This role must be assigned to the Plan Trustee(s). Trustees can provide directions on any administrative matters and approve any types of financial transactions allowed under your contract, whether conducted via paper, electronic media, and/or any other means acceptable to John Hancock USA. Trustees, if website users, have full website access privileges, including providing direction with respect to the ACH Bank account(s) provided on this form. They may set TPA Firm's permissions and manage the profile of all other contacts. **In addition, only the Trustee may authorize if a Client Contact can provide instructions with respect to the ACH Bank Account(s) provided on this form.**

Authorized Signors

This role should be assigned to the Plan's representative(s) who are authorized to submit and update your employees' census information, and provide administrative directions and approve financial transactions allowed under your contract, whether conducted via paper, electronic media, and/or any other means acceptable to John Hancock USA. **They may set TPA Firm's permissions and manage the profile of all Administrative Contacts and Payroll Administrators.**

Administrative Contacts

This role should be assigned to the Plan's representative(s) who are authorized to submit and update your employees' census information and provide administrative directions under your contract, whether conducted via paper, electronic media, and/or any other means acceptable to John Hancock USA. **They may set TPA Firm's permissions and manage the profile of all Administrative Contacts and Payroll Administrators.**

Payroll Administrators

This role should be assigned to individuals responsible for only submitting contribution and your employee's census information. Such individuals will have access to name and social security number information of all participants and access to the contract cash account to fund contribution submissions. They will not have access to plan level and participant level financial information available on the website.

Important Information

Only one person must be assigned to each of the following:

1. Primary Contact - The primary contact for administration of your Plan and contract.
2. Mail Recipient - The individual who will be the recipient of all plan sponsor correspondence from John Hancock USA.

To provide website access to any of the individuals listed on the attached form, you MUST provide their email address and Social Security Number (SSN) information. The email address will be used by John Hancock USA for communications with these individuals.

Each of the individuals designated on the attached form will receive an email (to the email addresses provided) containing a unique temporary registration PIN and instructions on how to register onto the plan sponsor website. Each such individual is required to maintain his/her own userid and the password used for accessing the plan sponsor website in his or her own safekeeping. The use of the userid and password by these individuals or any other users, whether authorized or unauthorized, will be sufficient authorization for John Hancock USA to act on information and instructions provided by them or to process transactions requested by them. John Hancock USA is not responsible for any loss or damages to the Plans, its participants and beneficiaries, for relying and acting on such information, instructions or requests, even if the individual providing the information, instruction, or request is not an individual designated on this form.

All website users will have the ability to update on the website their email preferences, their email address and their name.

Indicate whether the individual listed is authorized to provide directions with respect to the Automated Clearing House ACH Bank Account(s) and indicate the account name and number.

You must provide a specimen signature for Trustee(s) and Authorized Signor(s).

All of the contacts (except Payroll Administrators) listed will have the ability to receive and/or download information from the website that includes a full display of Social Security Numbers.

Section D - Deletion of Client Contacts

List the contacts that are to be deleted from all John Hancock USA records. If you have selected a new Primary Contact or Mail recipient, it is important to indicate if the existing assigned contacts are to be deleted as client contacts from all John Hancock USA records as well.

Section E - Authorization

Existing Trustees , Authorized Signors and Administrative Contacts can manage the specific profiles designated on page 2 in accordance with the privileges assigned to the individual's role described above. An existing Trustee must sign this form if additions, changes or deletions to the role of a contact are for a trustee or authorized signor and if the designated Client Contact is to be provided with authorization to provide instructions with respect to the ACH Bank Account(s) listed on this form.

Once the form is properly completed and signed, send it to your John Hancock USA client account representative. **If you have any questions, please call our toll-free service line at 1-800-333-0963.** If you require additional space for addition of client contacts, please submit additional copies of this form.

John Hancock

Request to Change Client Contact and Website Access Information

- *To complete this form, please read the instruction page attached to this form.*
- *This form cannot be used for Intermediaries (i.e.: Broker, TPA, RIA)*

Section A - General Information

Contractholder Name (Trustee)

Trustee of **Plan (the "Plan")**

Contract Number

Section B - Other Existing Contract Information

List other existing Defined Benefit and/or Defined Contribution contract(s) with John Hancock USA. Contract No. Contract No. Contract No.

The information provided in Section C and/or Section D below will NOT apply to the contract(s) listed in Section B.

Section C - Addition(s) of and/or changes to Client Contact(s)

Contact 1 - ☐ **Add New Contact** ☐ **Change to Existing Contact Information (To any of the fields below i.e.: name, role, email address)**

1 - Role - Select Only One ➔ ☐ Plan Trustee ☐ Authorized Signor ☐ Administrative Contact ☐ Payroll Administrator

Name

Specimen Signature - Only required for Trustee and/or Authorized Signor

Phone Number

Fax Number

For website access, email address and SSN are mandatory. ➔ Email address

Social Security Number **(SSN)**

If applicable, indicate the ACH Bank Account(s) this contact can have access to direct. 1. Bank Name / Account No. 2. Bank Name / Account No.

Unless otherwise directed, if the contact listed above currently has access to ACH Bank Account(s), they will continue to have the same access privilege currently in place.

Contact 2 - ☐ **Add New Contact** ☐ **Change to Existing Contact Information (To any of the fields below i.e.: name, role, email address)**

2 - Role - Select Only One ➔ ☐ Plan Trustee ☐ Authorized Signor ☐ Administrative Contact ☐ Payroll Administrator

Name

Specimen Signature - Only required for Trustee and/or Authorized Signor

Phone Number

Fax Number

For website access, email address and SSN are mandatory. ➔ Email address

Social Security Number **(SSN)**

If applicable, indicate the ACH Bank Account(s) this contact can have access to direct. 1. Bank Name / Account No. 2. Bank Name / Account No.

Unless otherwise directed, if the contact listed above currently has access to ACH Bank Account(s), they will continue to have the same access privilege currently in place.

To change the Primary Contact and/or Mail recipient to one of the contacts listed above, complete the following information.

Primary Contact (can only select one contact) ☐ Contact 1 ☐ Contact 2 Mail Recipient (can only select one contact) ☐ Contact 1 ☐ Contact 2

Section D - Deletions of Client Contacts

The following contacts will be deleted from all John Hancock USA records.

Name

Name

Section E - Authorization

I authorize John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA") to grant access to the plan sponsor website to the Client Contacts that I designate above and with respect to whom I have provided to John Hancock USA their email addresses and Social Security Numbers. I acknowledge that if my contract has been set up with Automated Clearing House (ACH) payment feature, all Client Contacts listed with respect to whom Access to ACH Bank Account has been granted will be authorized to use this feature. I have reviewed the instruction page of this form and agree to the privileges associated with each role and granted to each of the Client Contact that I designate above. I, for myself and on behalf of each Client Contact designated above, agree to each maintain our userid and password used for accessing the plan sponsor website in our own safekeeping, and further agree that the use of such userid and password by the designated Client Contacts or any other users, whether authorized or unauthorized, will be sufficient authorization for John Hancock USA to act on information and instructions provided by them or to process transactions requested by them.

John Hancock USA will not be responsible to the Plan, the trustee(s), the Plan sponsor, participants or beneficiaries for any expense or investment loss resulting from the use of the website access by any such Client Contacts or users, whether authorized or unauthorized, or from incorrect or erroneous information transmitted by them. I understand that I may change or terminate the appointment or assigned role of a Client Contact at any time by giving prior written notice and other required information to John Hancock USA.

Existing Trustees, Authorized Signors and Administrative Contacts can manage the specific profiles designated above in accordance with the privileges assigned to the individual's role described on the instruction page of this form. An existing Trustee must sign this form if additions, changes or deletions to the role of a contact are for a trustee or authorized signor and/or if the designated Client Contact is to be provided with authorization to provide instructions with respect to the ACH Bank Account(s) listed on this form.

Signature	Name	Role	Date