



Employee Information Change Request

Important Information about this Form

Use this form to change an employee's personal information and/or ongoing contribution instruction information.

Instructions for Employee

- Please print.
- Return this completed form directly to the Plan Administrator at your company. Contact your Plan Administrator to make any other information changes not provided for by this form.
- If you wish to change your investments, please log onto our participant website at www.myplan.johnhancock.com, call our toll free service number 1-800-395-1113, or complete an *Investment Change* form and submit it to your Plan Administrator.

Instructions for Plan Administrator

- For SSN changes, submit this form to John Hancock.
- For all other changes indicated below (except SSN), you may report these to John Hancock through a census file submission, through your next Payroll Path submission, or on the Plan Sponsor website. It is not necessary to submit this form to John Hancock unless you do not have access to make the change electronically.
- This form can be authorized by a Trustee, Authorized Signer, Administrative Contact or Plan Consultant (TPA) with the ability to submit and/or update census information.
- You must ensure that your next census or Payroll Path submission reflects the revised employee information below to avoid that submission superseding the information supplied on this form. If you have Payroll 360, you must let your payroll provider know of changes provided by this form as such changes are not automatically sent by John Hancock to your payroll provider.

This request is subject to the processing and procedure guidelines contained in John Hancock's Administrative Guidelines for Financial Transactions ("AGFT"). The latest AGFT is available on the John Hancock plan sponsor website or you may contact your John Hancock representative for a copy.

All changes (including numbers crossed out or changed using correction fluid) must be initialed in pen.

1. General Information

The Trustee of

Contractholder Name

Plan ("the Plan")

Contract Number

Participant Name as displayed on your Social Security Card (Last Name, First Name, Initial)

Participant Social Security Number (Full SSN Required)

2. Change of Personal Information – Only complete the parts of this section that require changes.

Current Employee Name of Record (Last Name, First Name, Initial)

Current Social Security Number (Full SSN Required)

Revised Employee Name of Record (Last Name, First Name, Initial)

Revised Social Security Number (Full SSN Required)

Revised Date of Birth

Month Day Year

3. Change Ongoing Contribution Instructions – Only complete this section if changes are required.

Pre-Tax Contributions

**I elect
to defer**

or

%

\$

from my salary/wages per pay period as ongoing contributions (Not to exceed current Plan and/or IRS limitations.)

AND/OR (if applicable)

Roth 401(k) After Tax Contributions

**I elect
to defer**

or

%

\$

from my salary/wages per pay period as ongoing contributions (Not to exceed current Plan and/or IRS limitations.)

I elect not to defer at this time

4. Authorization

Signature of Employee

Name - please print

Date

I hereby certify that the information on this form is correct and direct and authorize John Hancock to implement the instructions specified in this form.

If the employee is under the age of 18, I certify that consent to this request has been obtained from the parent or legal guardian authorized to act on the employee's behalf.

On behalf of the Plan sponsor, the Plan and its related trust, I agree to indemnify and hold harmless John Hancock, its affiliates, and each of their employees, agents, directors, and officers from and against any and all losses, liabilities, penalties, or taxes that they may incur as a result of implementing the instructions provided in this form.

Signature of Trustee or Authorized Signer

Name - please print

Date