Reset Form

John Hancock INVESTMENTS

JOHN HANCOCK FREEDOM 529 OFFERED BY EDUCATION TRUST OF ALASKA

BENEFICIARY CHANGE FORM

Instructions

Please use this form to change a beneficiary.

NOTE: If the account is funded from UGMA/UTMA proceeds, the custodian may not change the account holder or beneficiary.

Questions about this form?

866-222-7498

Contact us:

866-222-7498

johnhancockfreedom529.com

See the end of this form for return instructions.

1. Account information

Please complete this section as shown on your statement. The full balance of all portfolios under the same account holder and beneficiary will be changed to the new beneficiary unless you complete Section 3.

Account holder name _____ Social Security number _____

Current beneficiary's name _____ Social Security number _____

Custodian or trustee name (if applicable) _____ Daytime phone number _____

2. New beneficiary information

Provide the new beneficiary information. A new account number may be assigned unless there is an existing account with the same account holder and this new beneficiary.

Is the new beneficiary a family member of the former beneficiary as defined in the Plan Disclosure Document?

Check one: (required)

☐ Yes, the new beneficiary is a family member.

☐ No, I understand this will be a nonqualified distribution.

Name _____ **Citizenship:** ☐ U.S. citizen ☐ U.S. resident alien

Social Security number _____ Date of birth (MM/DD/YYYY) _____

☐ Check this box if the address is the same as the account holder's address and skip the address section below.

Address _____

City _____ State _____ Zip code _____

If there is a named successor account holder, it will carry over or replace any named successor account holder for the new beneficiary on an existing account unless a box is checked below.

☐ Do not change any existing named successor account holder.

☐ Name the successor account holder below.

Successor account holder (if updating) _____

3. Investment selection

Portfolios will remain the same as the originating account unless you complete this section. Review your portfolio options to make sure it is appropriate for this beneficiary. Portfolios can be found in the Plan Disclosure Document or at johnhancockfreedom529.com.

NOTE: Portfolios can be changed at the same time as a beneficiary change; otherwise, portfolios can only be changed twice per calendar year for each beneficiary.

From portfolio _____ Account number _____

☐ Full account ☐ Partial account: $_____ or _____%

Receiving portfolio (if applicable) _____

From portfolio _____ Account number _____

☐ Full account ☐ Partial account: $_____ or _____%

Receiving portfolio (if applicable) _____

☐ For more accounts, check this box and attach a separate page.

4. Automatic purchase

If Section 3 is blank or if "Full account" is checked in Section 3, any existing automatic purchase will be carried over to the new account. If "Partial account" is checked in Section 3, any existing automatic purchase will remain on the current account. To request otherwise, check one of the boxes below.

☐ Transfer automatic purchase/payroll deduction to the new account.

☐ Stop automatic purchase. (For payroll deduction, contact your employer.)

5. Signature

By signing below, I authorize John Hancock Freedom 529, their affiliates and agents, John Hancock Distributors LLC, the program manager, and the Education Trust of Alaska (Trust) to act on any instructions believed to be genuine and from me. The program manager and the Trust use procedures designed to verify the authenticity of the account holder or custodian. If these procedures are followed, John Hancock Freedom 529, their affiliates and agents, John Hancock Distributors LLC, the program manager, and the Trust will not be liable for any loss that may result from acting on unauthorized instructions.

I understand that anyone who can properly identify my account(s) can make phone/computer transactions on my behalf. I agree to hold harmless John Hancock Freedom 529, their affiliates and agents, John Hancock Distributors LLC, the program manager, and the Trust for any claims arising as a result of untrue or inaccurate information supplied by me.

Signature and date required

SIGN HERE _____ _____

Account holder or custodian/trustee (if applicable) signature — Date (MM/DD/YYYY)

HOW TO CONTACT US

Customer service information
866-222-7498

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Owings Mills, MD 21117-4903

If your state or your designated beneficiary's state offers a 529 plan, you may want to consider what, if any, potential state income-tax or other benefits it offers before investing. State tax or other benefits should be one of many factors to be considered prior to making an investment decision. Please consult with your financial, tax, or other advisor about how these state benefits, if any, may apply to your specific circumstances. You may also contact your state 529 plan or any other 529 college savings plan to learn more about their features. **Please contact your financial consultant or call 866-222-7498 to obtain a Plan Disclosure Document or prospectus for any of the underlying funds. The Plan Disclosure Document contains complete details on investment objectives, risks, fees, charges, and expenses, as well as more information about municipal fund securities and the underlying investment companies that should be considered before investing. Please read the Plan Disclosure Document carefully prior to investing.**

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