

Account Holder change form and agreement

Please complete a separate form for each Account that is not identically registered (form may be duplicated). All Accounts with the same Account Holder and Beneficiary are considered identically registered.

1. Account information (as shown on your current Account statement)

Account Holder name	Social Security number or taxpayer identification number	Date of birth (MM/DD/YYYY)
Account number	Portfolio name	Daytime phone number
Name of custodian or trustee (if applicable)	Beneficiary name	

Check this box to apply changes indicated on this form to all Accounts that are identically registered. (Accounts with the same Account Holder and Beneficiary are considered identically registered.)

2. Change or add Successor Account Holder (optional)

This designation will replace any Successor Account Holder already on file for any identically registered existing Accounts.

Successor Account Holder name or name of trust, corporation, or other entity	Social Security number or taxpayer identification number
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. resident alien	

3. Signature of current Account Holder

The current Account Holder must authorize changes by signing below.

By signing below, I authorize John Hancock Freedom 529, their affiliates and agents, the Program Manager, and the Education Trust of Alaska (Trust) to act on any instructions believed to be genuine and from me. John Hancock Freedom 529, 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, the Program Manager, and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I agree to hold harmless John Hancock Freedom 529, 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.

**SIGN
HERE** 

Account Holder signature	Date signed (MM/DD/YYYY)
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A Medallion signature guarantee is required for:

- Account Holder changes of \$50,000 or more
- Electronic transfers to financial institution accounts in the name of the Account Holder and/or Beneficiary that we do not already have on file

If a signature guarantee is required, you must sign this form in the presence of a guarantor that is a participant in a Medallion signature guarantee Program. You can obtain a Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from other guarantors, nor from notaries public or organizations, that do not provide reimbursement in the case of fraud as would a Medallion signature guarantor. When obtaining a Medallion signature guarantee, please discuss with the guarantor the dollar amount of your proposed transaction. It is important that the level of coverage provided by the guarantor's stamp cover the dollar amount of the transaction, or it may be rejected.

Medallion signature guarantee stamp



4. New Account Holder

Generally, the Account Holder is a parent or guardian and is the only person authorized to act on the Account. For accounts established with a trust, corporation, or other entity as the Account Holder, please see Section 11 for additional documents.

Name	Social Security number or taxpayer identification number	Date of birth (MM/DD/YYYY)	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. resident alien			
Residential address (P.O. boxes cannot be accepted)	City	State	Zip code
Mailing address (if different from above)	City	State	Zip code
Daytime phone number	Evening phone number	Email address	

5. Custodian or trustee (if applicable)

A trustee is required if the Account Holder is a trust. A Custodian is required if (1) the Account Holder is a minor or (2) the Account is being funded with the proceeds from an UGMA/UTMA account.

Check here if the Account is funded with proceeds from an UGMA/UTMA account.

Name	Social Security number or taxpayer identification number	Date of birth (MM/DD/YYYY)	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. resident alien			
<input type="checkbox"/> Check this box if the address is the same as the Account Holder's address and skip the address section below.			
Residential address (P.O. boxes cannot be accepted)	City	State	Zip code
Mailing address (if different from above)	City	State	Zip code
Daytime phone number	Evening phone number	Email address	

6. Successor Account Holder information (optional)

Please provide your Successor Account Holder's information (in the event of the Account Holder's death or legal incompetence)

Successor Account Holder's name	Social Security number or taxpayer identification number	Date of birth (MM/DD/YYYY)
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All identically registered Accounts must have the same Successor Account Holder.

7. Options for reducing sales charges (available for Class A units only)

Rights of accumulation (ROA)

The Account Holder, spouse, and minor children can aggregate accounts to reduce sales charges. Certain other accounts or contributions may be eligible. Please see the Plan Disclosure Document for details.

Social Security number or account number and name	Social Security number or account number and name
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Note: If needed, include a separate sheet of paper with additional accounts.

Letter of Intent (LOI) See the Plan Disclosure Document for additional details and escrow information.

I plan to invest a minimum of \$50,000 over a 13-month period in one or more Class A Investment Option. If I do not invest the intended amount within 13 months, the sales charge will be adjusted. The aggregate amount will be at least:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

I am already an Account Holder contributing to an existing LOI.

I have made contributions within the past 90 days to be applied toward this LOI.



8. Optional services

Automatic Purchase Program

The minimum initial contribution of \$250 is waived if you are systematically investing \$50 or more on a monthly basis, through automatic purchase. If no day is selected, or you select the 29th, 30th, or 31st, the contribution will default to the first business day of the following month. To invest automatically into more than two portfolios, please attach additional instructions.

This authorizes systematic monthly investments into your Account(s) from your financial institution. Indicate your automatic investment choices below.

Automatic purchase amount	Unit class	Portfolio name	Day of month
Automatic purchase amount	Unit class	Portfolio name	Day of month

Please complete the banking information section below.

Dollar cost averaging/systematic exchange

Automatically exchange money from one Account to an identically registered Account. Minimum of \$50 per exchange. By initiating this service at the time you establish your Account it will not constitute your twice-per-calendar-year investment strategy change for this beneficiary. The systematic exchange allocation instructions can be altered or terminated twice in a calendar year and then only if no other reallocations have taken place in the Account during that calendar year.

Exchanges can only occur between portfolios of the same class.

Initiate on the _____ day of each month or quarterly or annually, beginning in _____ month

If no day is selected, or you select the 29th, 30th, or 31st, the deduction will default to the first business day of the next month.

I authorize John Hancock Freedom 529 to exchange:

From portfolio	Account number or "New"	Amount
To portfolio	Unit class	Account number or "New"

Payroll deduction

This funding method is only available if John Hancock Freedom 529 is offered through your employer. The minimum contribution is \$50.00 per month, \$25.00 per pay period if paid biweekly, or \$12.50 per pay period if paid weekly. Please indicate your allocation below. We will mail you instructions to activate this service.

Employer code (provided by your financial professional or human resource department)		Employer name	
_____ %	_____ %	_____ %	_____ %
Percentage	Portfolio name	Percentage	Portfolio name
_____ %	_____ %	_____ %	_____ %
Percentage	Portfolio name	Percentage	Portfolio name

If you would like to contribute through payroll deduction to more Investment Options, please attach additional instructions.

Banking information authorization for electronic transactions

This service allows you to electronically move money between your financial institution account and your John Hancock Freedom 529 Account. Transfers will only occur when you initiate them (minimum of \$50).

Please indicate the type of account: Checking (The check must be preprinted. We cannot accept starter or third-party checks.) Savings

There is a 7-day verification period before this service takes effect.

Enclose a voided check or letter from your bank, on bank letterhead, signed by an officer of the bank, that provides the account number and Automated Clearing House instructions.

If you are the contributor and are not the Account Holder registered on this Account, you must sign below and obtain a Medallion signature guarantee to authorize withdrawals from your financial institution.

**SIGN
HERE**

Signature of contributor

**PRINT
HERE**

Please print name

If a signature guarantee is required, you must sign this form in the presence of a guarantor that is a participant in a Medallion signature guarantee Program. You can obtain a Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from other guarantors, nor from notaries public or organizations, that do not provide reimbursement in the case of fraud as would a Medallion signature guarantor. When obtaining a Medallion signature guarantee, please discuss with the guarantor the dollar amount of your proposed transaction. It is important that the level of coverage provided by the guarantor's stamp cover the dollar amount of the transaction, or it may be rejected.

Medallion signature guarantee stamp



9. Financial professional information (all information is required)

- Check here to keep the same financial professional listed on the Account.
- Check here to change the financial professional and complete this section. (All information is required.)

Financial professional's name Daytime phone number Branch number Rep number

Name of broker-dealer firm BIN

Branch address City State Zip code

SIGN
HERE

Signature of financial professional

10. Client certification and signature of new Account Holder or Custodian

Client certification

- I am applying for an Account in John Hancock Freedom 529 (Plan) and consent and agree to all the terms and conditions of the Plan Disclosure Document, including all fees and expenses, the Education Trust of Alaska (Trust), Declaration of Trust (Declaration), and the Plan, all of which are expressly incorporated by reference herein. Capitalized terms used but not defined in this New Account Agreement have the meanings specified in the Declaration. I acknowledge and agree that this agreement and incorporated documents will govern all aspects of my participation in the Plan. (For a copy of the complete Declaration and incorporated documents, please call a John Hancock Freedom 529 customer service representative at 866-222-7498.) I further acknowledge that this agreement shall be construed, governed, and interpreted in accordance with the laws of the state of Alaska.
- The Plan Disclosure Document outlines the features of John Hancock Freedom 529. I have read and understand the Plan Disclosure Document. I represent that the information I have provided in this New Account Agreement is accurate. I agree to hold harmless the Trust, the trustee, John Hancock Freedom 529, the program manager, its agents and affiliates, and the University of Alaska and its affiliates and employees for any losses arising from any misrepresentations made by me or breach of acknowledgments contained in this agreement, as described in Section 6.15 of the Declaration. I agree that the Plan can freeze my Account(s) and suspend Account services when notice has been received of a dispute involving the Account Holder, Beneficiary, or Custodian, or there is reason to believe a fraudulent transaction may occur. If such actions are taken, the Trust, the University of Alaska, program manager (including its affiliates and agents), and John Hancock Distributors LLC (including its affiliates and agents) will not be liable for any resulting losses.
- The *Alaska College Savings Act* requires that the name, address, and other information identifying a person as an Account Holder or Beneficiary in the Trust be confidential. The Declaration provides that this information must not be released by the Trust or the program manager to other persons except as specified in the Declaration, such as in connection with servicing or maintaining my Account may be permitted or required by law (e.g., *USA Patriot Act*), or in accordance with my consent. I hereby authorize the Trust and the program manager to release such information in accordance with the privacy policy of the Plan as may be amended from time to time, including disclosure to regulatory agencies, authorized auditors, and compliance personnel when necessary and appropriate for regulatory, audit, or compliance agency purposes and to third parties for performance of administrative and marketing services relating to the Plan. The Trust may in the future use the information collected about me to identify and send me, the Account Holder, information about savings or investment programs offered by the Trust (or in conjunction with a third party), or information about higher education at the University of Alaska. I understand that I may contact a John Hancock Freedom 529 customer service representative if I do not wish to receive such information.
- Notwithstanding the foregoing, as required by the *USA Patriot Act*, all financial institutions must obtain, verify, and record information that identifies each person who opens an Account (and any person opening an Account on behalf of the Account Holder, such as a Custodian, agent under power of attorney, trustee, or officer). I acknowledge and authorize the Trust and/or the program manager to verify my identity and, if applicable, the identity of any person opening an Account on behalf of the Account Holder using the name, street address, date of birth, taxpayer identification number, and any other identifying information provided in this New Account Agreement.
- If I am executing this agreement on behalf of a minor Account Holder, I certify that I am of legal age in my state of residence and am legally authorized to act on behalf of such minor.
- If I am funding this Account with proceeds from the sale of assets held in an UGMA/UTMA, the Beneficiary and Account Holder identified in this agreement are the same as the minor on the prior UGMA/UTMA account. If I am funding this Account from a prior 529 plan distribution for the same Beneficiary, there have been no other rollovers for the same Beneficiary in the previous 12 months. Any future contributions to this Account that are rollovers from a Coverdell Education Savings Account, qualified U.S. savings bond, or a prior 529 plan distribution will be disclosed as such and the applicable earnings and basis information will be provided.
- I authorize John Hancock Freedom 529, the program manager, or any other entity designated by it to provide services, and the Trust to act on any instructions believed to be genuine and from me for any service authorized in this New Account Agreement including telephone and/or computer services. 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, 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 telephone and/or computer transactions on my behalf.



- By selecting the electronic transfer service, I hereby authorize the program manager to initiate debit entries to the Account at the financial institution indicated and for the financial institution to debit such Account through the Automated Clearing House (ACH) network, subject to the rules of the financial institution, ACH, and the program manager. The program manager may correct any transaction errors with a debit or credit to my financial institution account and/or Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify the program manager of its revocation by telephone or in writing and the program manager has had sufficient time to act on it.
- If I have elected the payroll deduction funding method, I understand that the Plan is a voluntary benefit made available to the employee Account Holder by my employer and that a financial professional is available to answer questions concerning the Plan, to assist with the establishment of the Account, investment allocation decisions, and any other questions that may arise in connection with maintaining the Account. The employer assumes no liability or accountability for the operation or design of the Plan or the Plan's suitability to individual employees' financial or other circumstances.
- If I have elected the Letter of Intent option, I agree to the terms as disclosed in the Plan Disclosure Document. I understand that units in my Accounts representing 5% of the total amount reflected in the statement must be held in escrow. I understand that I am under no obligation to invest the aggregate intended amount. If the aggregate intended amount is not invested by the end of the 13-month period, I understand that I will be responsible for the difference between the sales charge that is paid and that which otherwise would have been due had no Letter of Intent been in effect.
- I agree that computer and/or phone exchange and redemption services will be activated automatically when my Account is opened. If I do not want these services, I will contact John Hancock Freedom 529 to terminate these services.
- By having John Hancock Freedom 529 accept delivery of this New Account Agreement executed by me and in good order, I acknowledge that I am bound in accordance with the terms and conditions of the Trust.

By signing this agreement, I hereby certify that I have read and agree to the terms indicated in this agreement.

**SIGN
HERE**

 *Signature of Account Holder or individual(s) opening the Account on behalf of
 the Account Holder (required to establish the Account)

 Date (MM/DD/YYYY)

**PRINT
HERE**

 Print your name here.

***Required.** We cannot open your Account without your signature.

11. Documents required for entity-registered accounts

Trust—To open a trust Account, the following documentation will be required:

- A copy of the trust agreement, which must include at least the title page indicating the title and date of the trust and the page with all the trustees' signatures
- If the trust has more than one trustee, all trustees are required to provide the information indicated in Section 5 and sign the New Account Agreement even if the trust permits them to act independently.

Corporation—To open an Account for a corporation, please supply the following:

- A copy of the articles of incorporation and a corporate resolution certified within 60 days, showing who can sign on behalf of the corporation

501(c)(3)—To open an Account for a 501(c)(3), please supply the following:

- A copy of the determination letter of 501(c)(3) status from the IRS
- A resolution, certified within 60 days, showing who can sign on behalf of the organization

Other entity—To open an Account for an other entity, please supply the following:

- Appropriate documentation identifying the entity and its establishment and supporting who can sign on its behalf, certified within 60 days (Examples include a partnership agreement, bylaws, and certificate of trade name registration.)






12. USA Patriot Act Requirement

Helping the government fight the funding of terrorism and money laundering activities.

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. In this New Account Agreement, we ask for the name, street address, date of birth, and Social Security number or taxpayer identification number of the Account Holder (and any person opening an Account on behalf of the Account Holder, such as a Custodian, agent under power of attorney, trustees, or officers). This will allow us to verify the identity of the Account Holder or different person(s) opening the Account on the Account Holder's behalf. **We will not be able to open your Account until we receive all of the required information and documentation verifying the identity of the Account Holder.**



How to contact us

 Regular mail	John Hancock Freedom 529 P.O. Box 17603 Baltimore, MD 21297-1603	 Customer service	866-222-7498
Overnight mail	John Hancock Freedom 529 c/o T. Rowe Price Mail Code 17603 4515 Painters Mill Road Owings Mills, MD 21117-4903	 Fax	410-581-5174
		 Website	www.jhinvestments.com/529
		 Email address	johnhancockfreedom529@troweprice.com

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 state benefits it offers, such as financial aid, scholarship funds, and protection from creditors, 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 professional 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 education savings plan to learn more about their features. Please contact your financial professional 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.

 Investment Management

John Hancock Freedom 529 is an education savings plan offered by the Education Trust of Alaska, managed by T. Rowe Price, and distributed by John Hancock Distributors LLC through other broker dealers that have a selling agreement with John Hancock Distributors LLC. John Hancock Distributors LLC is a member of FINRA and is listed with the Municipal Securities Rulemaking Board (MSRB). © 2021 John Hancock. All rights reserved. Information included in this material is believed to be accurate as of the printing date.

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