

Account services form


Before you begin


Instructions

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

Contact us

 **Website**
jhinvestments.com/529

 **Phone**
866-222-7498

 **Return instructions**
See the end of this form for return instructions.

1. Account Information

Account Holder's name	Social Security number or taxpayer identification number	Date of birth (MM/DD/YYYY)
Account number	Portfolio name	
Name of the Custodian or trustee (if applicable)	Beneficiary's name	

2. Address of Account Holder

Check here to change the Account Holder's address or contact information.

Street address	City	State	Zip code
Mailing address (if different from above)	City	State	Zip code
Mailing address of Custodian, trustee, or authorized representative (if applicable)	City	State	Zip code
Daytime phone number	Evening phone number	Email address	

3. Request statements and confirmations to be sent to an interested third party

- Check here to have statements sent to an interested third party.
- Check here to have transaction confirmations sent to an interested third party.

Name

Mailing address

City

State

Zip code



4. Automatic Purchase Program

There is a minimum contribution of \$50 or more, on a monthly basis, through the Automatic Purchase Program. 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 in more than two portfolios, please attach additional instructions.

This authorizes systematic monthly investments into your Account(s) from your financial institution. Indicate your automatic purchase choices below. **Please complete the authorization for electronic transactions information in Section 7.**

- Check this box to begin or change your contributions through the Automatic Purchase Program.
- Check this box to cancel your contributions through the Automatic Purchase Program.

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

5. Systematic exchange or redemption

Automatically exchange money from one account to an identically registered Account. There is a minimum of \$50 per exchange.

Adding or changing a systematic exchange option will count toward 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 unit class.

- Check this box to change or add systematic exchange.
- Check this box to change or add systematic redemption.
- Check this box to cancel systematic exchange or redemption.

Initiate on the _____ day of each month **or** quarterly **or** annually, beginning _____
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 following month.

I authorize John Hancock Freedom 529 to exchange or redeem:

From portfolio	Account number or "New"	Amount
		\$
To portfolio (only applicable for systematic exchange)	Unit class	Account number or "New"

6. Payroll deduction

This funding method is only available if John Hancock Freedom 529 is offered through your employer. The minimum contribution is \$50 per month, \$25 per pay period if paid biweekly, or \$12.50 per pay period if paid weekly. Please indicate your allocations below. We will mail you instructions to activate this service.

- Check this box to invest through payroll deduction.
- Check this box to change the allocation of your payroll deduction contributions. Indicate the new allocations below. The total must equal 100%.

Employer code (provided by your financial professional or human resources department) _____ Employer name _____

I authorize John Hancock Freedom 529 to invest:

%		%	
Percentage	Portfolio name	Percentage	Portfolio name
%		%	
Percentage	Portfolio name	Percentage	Portfolio name

If you would like to contribute through payroll deduction to additional portfolios, please attach additional instructions.

Termination of employment. Upon termination of employment, your account will be transferred to non-employee account status. A non-employee account holder is subject to a \$15 annual account maintenance fee.

- Check this box if you have terminated employment with the employer who currently offers John Hancock Freedom 529 with payroll deduction.



7. Authorization for electric transactions

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

There is a 7-day verification period before this service takes effect, unless you obtain a Medallion signature guarantee in Section 8.

- Check here if you have changed financial institutions and are using this form to update your electronic transfer information. Existing automatic purchase program allocations will be carried over to this new bank information unless new allocations were provided in Section 4.
- Check here to add this new bank information, but also keep existing bank information on file.

Type of account: Checking **or** Savings (The checks must be preprinted. We cannot accept starter checks.)

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 here and obtain a Medallion signature guarantee to authorize withdrawals from your financial institution.

SIGN
HERE

Signature of contributor

PRINT
HERE

Print contributor's name here

8. Medallion signature guarantee (if necessary)

A Medallion signature guarantee is required if you have requested electronic transfer services in Section 7 and you are not the account holder registered on this account.

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 covers the dollar amount of the transaction, or it may be rejected.

Name of guarantor institution

Medallion signature guarantee stamp



9. 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 or account number and name

Social Security or account number and name

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 and contributing to an existing LOI.
- I have made contributions within the past 90 days to be applied toward this LOI.

10. Signature of Account Holder

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 by me for any service authorized on this form, including telephone/computer services. 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 understand that anyone who can properly identify my account(s) can make telephone/computer transactions on my behalf. All services are subject to conditions set forth in the Plan Disclosure Document. I agree to hold harmless John Hancock Freedom 529, the Program Manager, and the Trust for any claims arising as a result of untrue or inaccurate information supplied by me.

By completing Section 7, I authorize John Hancock Freedom 529 to initiate debit entries to my account at the financial institution indicated and for the financial institution to debit the same to such account through the Automated Clearing House (ACH) system, subject to the rules of the financial institution, ACH, and John Hancock Freedom 529. John Hancock Freedom 529 and/or the Program Manager may correct any transaction error with a debit or credit to my financial institution account and/or John Hancock Freedom 529 account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify John Hancock Freedom 529 of its revocation by telephone or in writing and John Hancock Freedom 529 has had sufficient time to act on it.

SIGN
HERE

Signature of Account Holder

Date (MM/DD/YYYY)

PRINT
HERE

Print your name here.



11. Mail

Please submit your completed and signed form through one of the following:



Regular Mail

John Hancock Freedom
529 P.O. Box 17603
Baltimore, MD 21297-1603

Overnight Mail

John Hancock Freedom 529
c/o T. Rowe Price
Mail Code 17603
4515 Painters Mill Road
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 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.

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 Investment Management

John Hancock Investment Management Distributors LLC, Member FINRA, SIPC, 200 Berkeley Street, Boston, MA 02116, 800-225-6020, jhinvestments.com
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