Reset Form

John Hancock Investment Management

JOHN HANCOCK FREEDOM 529 OFFERED BY EDUCATION TRUST OF ALASKA

Beneficiary change form

Before you begin

Instructions

Please use this form to change a Beneficiary.

Note: If the Account is funded from UGMA or UTMA proceeds, the Custodian may not change the Account Holder or Beneficiary.

Contact us

Website
jhinvestments.com/529

Phone
866-222-7498

See the end of this form for return instructions.

1. Account Information

Complete 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.

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 Non-Qualified 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 with the below.

Successor Account Holder (if updating) ______________________

3. Investment selection

Investment Options will remain the same as the originating Account unless you complete this section. Review your Investment Options to make sure it is appropriate for this Beneficiary. Investment Options can be found in the Plan Disclosure Document or at jhinvestments.com/529.

Note: Investment Options can be changed at the same time as a Beneficiary change, otherwise Investment Options 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 Program

If Section 3 is blank or if full account is checked in Section 3, any existing Automatic Purchase Program will be carried over to the new Account. If partial account is checked in Section 3, any existing Automatic Purchase Program will remain on the current Account. To request otherwise check a box below.

☐ Transfer Automatic Purchase Program/payroll deduction to the new Account.

☐ Stop Automatic Purchase Program. (For payroll deduction, contact your employer.)

5. Signature

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. 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 phone/computer transactions on my behalf. I agree to hold harmless John Hancock Freedom 529, the Program Manager, and the Education Trust of Alaska for any claims arising as a result of untrue or inaccurate information supplied by me.

Signature and date required

SIGN HERE ______________________________ ______________

Account Holder's or Custodian's/trustee's (if applicable) signature Date (MM/DD/YYYY)

6. How to contact us

Customer service information
866-222-7498

Web address
jhinvestments.com/529

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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John Hancock 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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