

# Distribution form

## Instructions


Use this form to request a distribution from your Account.


The distribution can be made payable to the Account Holder, the Beneficiary, the educational institution for the benefit of (FBO) the Beneficiary, or to the estate of the Beneficiary. It is your responsibility to substantiate a qualified distribution to the IRS. Therefore, you should maintain accurate records and save all receipts related to educational expenses. Please see the Plan Disclosure Document for details on qualified and nonqualified distributions. Discuss any associated tax and penalties with your financial or tax professional.


If the Account Holder is a trust, corporation, or other entity, please provide paperwork that indicates who can act on behalf of the Account.

If you are requesting payment to the estate of the Beneficiary, you must include a certified copy of the death certificate.

## Questions about this form? Contact us:

 866-222-7498

 [jhinvestments.com/529](http://jhinvestments.com/529)

 See the end of this form for return instructions.

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

Account Holder's name (first /middle initial/ last) or name of trust, corporation, or other entity

Name of Custodian or trustee (if applicable)

Account Holder's Social Security number or taxpayer identification number

Daytime phone number

Beneficiary's name (first /middle initial/ last)

Beneficiary's Social Security number

## 2. Distribution information

If the total amount requested is \$50,000 or more, you must have your signature guaranteed in Section 6.

Portfolio name \_\_\_\_\_ Account number \_\_\_\_\_  Gross **or**  Net

**Select one option:**  Partial distribution of \$ \_\_\_\_\_ **or**  
 Distribution in full (your entire balance will be liquidated and the Account will be closed)

Portfolio name \_\_\_\_\_ Account number \_\_\_\_\_  Gross **or**  Net

**Select one option:**  Partial distribution of \$ \_\_\_\_\_ **or**  
 Distribution in full (your entire balance will be liquidated and the Account will be closed)

**Total amount requested:** \$ \_\_\_\_\_

## 3. Payee instructions

For distributions payable to the Account Holder, the Account Holder's Social Security number or taxpayer identification number will be used for tax reporting. For all other payees, the Beneficiary's Social Security number will be used for tax reporting.

Payee	Payable amount	
Account Holder	\$ _____	
Beneficiary	\$ _____	
Educational institution FBO the Beneficiary	\$ _____	_____
Estate of the Beneficiary	\$ _____	Name of educational institution
<b>Total amount requested</b> (must equal the total in Section 2)	\$ _____	



#### 4. Payee method

Please select only one option.

**By check**, mailed to:

**Account Holder**

Payments will be mailed to the address of record on the Account. If mailing to a different address, a Medallion signature guarantee is required in Section 6.

**Beneficiary**

Provide the Beneficiary's current mailing address below.

**Estate of the Beneficiary**

A Medallion signature guarantee is required in Section 6 if a check is being mailed to the personal representative or executor of the estate of the beneficiary.

**Educational institution**

Student ID number is required: \_\_\_\_\_

If the student ID number is not provided, the last four digits of the Beneficiary's Social Security number will be included to ensure proper crediting of payment. This option is only available for checks payable to the educational institution FBO the Beneficiary.

**Mailing address** (please complete if mailing to an address other than the address of record on the Account)

\_\_\_\_\_  
Name of mail recipient

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

**Electronically**

This service allows you to electronically move money from your John Hancock Freedom 529 Account to your financial institution either by wire or through the Automated Clearing House (ACH) network. Proceeds can only be sent electronically to a financial institution account previously established and registered to the Account Holder or Beneficiary. If John Hancock Freedom 529 does not already have this financial institution account on file, please contact John Hancock Freedom 529 for more information on how to establish this feature.

#### 5. Signature of Account Holder

I hereby certify that the information contained in this distribution form and in any attachments to this form is true, complete, and correct. I authorize this distribution from my account based on this information. I further certify and warrant that all signatures on this form are genuine signatures of the respective individual or his/her legal guardian. If I am requesting a distribution of my entire account balance, I understand that my account will be closed.

**SIGN  
HERE** → \_\_\_\_\_

Account Holder or Custodian signature

\_\_\_\_\_  
Date signed (MM/DD/YYYY)

**PRINT  
HERE** → \_\_\_\_\_

Print name

#### 6. Medallion signature guarantee (if necessary)

**A Medallion signature guarantee is required for distributions of \$50,000 or more, and for 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 other 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.

Medallion signature guarantee stamp






\_\_\_\_\_  
Name of guarantor institution

**SIGN  
HERE** → \_\_\_\_\_

Authorized signature



## How to contact us

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

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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