

Rollover Form

Instructions


Use this form to rollover education savings plan assets directly from your current 529 plan to John Hancock Freedom 529.


Complete a separate form for each differently registered Account being rolled over.


If you are funding an Account with the proceeds from an UGMA/UTMA or you are rolling over from a Coverdell Education Savings Account, qualified U.S. savings bond, or a distribution that has already been made from another 529 plan, do not use this form. Please complete a New Account Agreement.

Please note: You can rollover assets from another 529 plan for the same Beneficiary once every 12 months or at any time if you are also changing the Beneficiary to another family member. Be sure to also complete a New Account Agreement if you are opening a new Account with John Hancock Freedom 529. Upon receipt of this request, in good order, we will contact your current 529 program manager to initiate the rollover process.

Questions about this form? Contact us:

 866-222-7498

 jhinvestments.com/529

 See the end of this form for return instructions.

1. Current 529 plan information

Complete this section with information as it appears on your non-John Hancock Freedom 529 statement. John Hancock Freedom 529 will forward this rollover form to this address to initiate the rollover process.

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

Custodian's or trustee's name (if applicable)

Account Holder's Social Security number or taxpayer identification number

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

Social Security number

Name of current 529 program manager

Telephone number

Street address (P.O. boxes cannot be accepted)

City

State

Zip code

2. Rollover from an existing 529 plan

I am requesting a direct rollover from an existing 529 plan into the account of:

Same Beneficiary New/different Beneficiary

Name of new Beneficiary

Relationship of new Beneficiary to the current Beneficiary

To avoid delays, if your rollover request will result in a change of Beneficiary, please contact your current program manager to fulfill any special requirements to facilitate such rollover requests.

I am rolling over assets from more than one 529 program manager for the Beneficiary named above. (A separate form is required for each 529 program manager from which you intend to rollover assets.)

Note: You can only rollover assets from another 529 plan for the same Beneficiary once every 12 months (even if more than one Account Holder has an Account for the Beneficiary) or at any time if you are also changing the Beneficiary to another family member. Rollover requests for more than one Account for the same Beneficiary submitted at the same time will be considered as one rollover for that Beneficiary.



3. Instructions to current program manager

List the assets you are rolling over to John Hancock Freedom 529. To rollover assets from more than three funds, please attach additional rollover instructions.

Portfolio/fund name Account number
Select one of two options: Liquidate in full Partial liquidation of _____ % of the account or \$ _____

Portfolio/fund name Account number
Select one of two options: Liquidate in full Partial liquidation of _____ % of the account or \$ _____

Portfolio/fund name Account number
Select one of two options: Liquidate in full Partial liquidation of _____ % of the account or \$ _____

4. John Hancock Freedom 529 investment selection

Please be sure to complete a New Account Agreement if you are opening a new Account with John Hancock Freedom 529.

John Hancock Freedom 529 portfolio name Existing account number or "New"
_____ % of assets being rolled over* or \$ _____

John Hancock Freedom 529 portfolio name Existing account number or "New"
_____ % of assets being rolled over* or \$ _____

John Hancock Freedom 529 portfolio name Existing account number or "New"
_____ % of assets being rolled over* or \$ _____

* **Note:** Values entered in the "% of assets being rolled over" fields must equal a combined total of 100%.

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

Rights of Accumulation (ROA)

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.

Account Holder name Social Security number or taxpayer identification number

Account Holder name Social Security number or taxpayer identification number

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 John Hancock Freedom 529 Class A unit Accounts. 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.



6. Financial professional information (all information is required)

Financial professional's name _____ Daytime phone number _____ Financial professional's Social Security number _____

Email address _____ Branch number _____ Rep number _____

Name of broker-dealer firm _____

Branch address _____ City _____ State _____ Zip code _____

SIGN
HERE

Financial professional's signature _____

BIN _____

7. Client certification and signature

- I certify that if this rollover is for the same Beneficiary, there have been no other rollovers between 529 plans for the same Beneficiary in the previous 12 months. I certify that if this rollover is for a different Beneficiary, the Beneficiary on the John Hancock Freedom 529 plan account is a member of the family (as defined by federal law and described in the John Hancock Freedom 529 Plan Disclosure Document) of the Beneficiary on the current 529 plan account I am rolling over. I hereby authorize this rollover and acknowledge that if my current 529 program manager fails to provide the applicable earnings, the entire rollover contribution will be treated as accumulated earnings. I agree to indemnify and hold harmless John Hancock Freedom 529, the Education Trust of Alaska, and the Program Manager, and any entity designated by it to provide services, for any claims arising as a result of untrue or inaccurate information supplied by me.
- If I have elected the Letter of Intent (LOI) 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 LOI 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 statement been in effect.

SIGN
HERE

Signature of Account Holder or individual(s) opening the Account _____

Date (MM/DD/YYYY) _____

Your resigning 529 program manager may require a Medallion signature guarantee in order to process the rollover, so please check before sending us this rollover form. Most 529 program managers accept eligible guarantor institutions as defined by the *Securities Exchange Act of 1934*, such as commercial banks that are FDIC members, trust companies that are members of a domestic stock exchange, and foreign branches of any of the above. A notary public is not an acceptable guarantor.

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



Letter of Acceptance (No Account Holder action is necessary in this section. For internal use only.)

John Hancock Freedom 529 will maintain an Account under IRS Section 529 for this Account Holder and will deposit the rolled over assets into the same type of Account.

Authorized agent of John Hancock Freedom 529

Date (MM/DD/YYYY)

Please provide us with an account statement and the following information:

\$ _____ + \$ _____ = \$ _____
Contribution portion Earnings portion Total amount being transferred

Please make check payable to: John Hancock Freedom 529 FBO (Beneficiary name)

Send redemption proceeds by check to:

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
4515 Painters Mill Road
Mail Code OM-17603
Owings Mills, MD 21117-4903

How to contact us

Customer service information

866-222-7498

Website

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
4515 Painters Mill Road
Mail Code OM-17603
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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