



## Introduction


### Instructions

Please use this form to add bank information to a John Hancock Investment Management mutual fund account. Please print in all capital letters and use black ink.

## Contact us

 **Website**  
jhinvestments.com

 **Phone**  
800-225-5291

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

## 1. Shareholder information

Owner's name (First)	MI	Last	
Owner's Social Security number	Owner's phone number	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile
Joint owner's name (First)	MI	Last	
Joint owner's Social Security number			
Email address			

### Go paperless

I consent to receiving electronic delivery of account documents as described below:

By checking the box above, I consent to receiving electronic delivery of John Hancock Investment Management mutual fund and account documents, notices, and communications, including, but not limited to, confirmation and quarterly account statements, tax information and notices, annual/semiannual reports, prospectuses, and other required and informational notices (account documents) instead of in paper form by regular mail. My consent will remain in effect until revoked. I understand that John Hancock will send me an email when account documents are available for viewing, downloading, and printing. Each email will provide a link to [jhinvestments.com](http://jhinvestments.com), which will allow me to access my account documents online. Accessing account documents online requires minimum technical requirements, including (i) access to the internet, (ii) a valid email address, and (iii) installation of Adobe Acrobat Reader on my computer. (Adobe Acrobat Reader can be downloaded, free of charge, at [adobe.com](http://adobe.com).) I understand that no confidential data will be sent through email, and John Hancock does not charge a fee for providing electronic documents; however, I may incur internet access charges, telephone charges, and other third-party charges when receiving electronic documents or downloading required software. I understand that I can receive a free paper copy of account documents, revoke my consent, and/or update my email address at any time by calling 800-225-5291 or by visiting [jhinvestments.com](http://jhinvestments.com).

## 2. Bank information

Attach a voided check or bank deposit slip, preprinted with your account information (starter checks will not be accepted). The bank information will be added to all mutual fund accounts found under the Social Security number(s) provided in Section 1. For security purposes, the bank account should match the name(s) provided in Section 1 and must be in place at least 15 calendar days before it can be used for an outgoing wire. All owners of the mutual fund(s) account must have their signatures notarized in Section 3. In addition, any third-party bank account owners not appearing on the mutual fund account must have their signatures notarized in Section 4. If you do not have a preprinted voided check or bank deposit slip, please include a letter from your financial institution (on their letterhead) that indicates the following information: the routing/ABA number, the account number, the account type (checking or savings), and the owner(s) of the bank account. The letter must be signed by an authorized party at the financial institution.

Establish the service(s) between my fund account and my:

- Checking account** (please attach a void check) **Note:** For Automated Clearing House (ACH) system transactions, your bank must be a member.
- NOW/money market/savings account** (please attach a personalized deposit slip, if available).

## 2. Bank information (continued)

Bank name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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

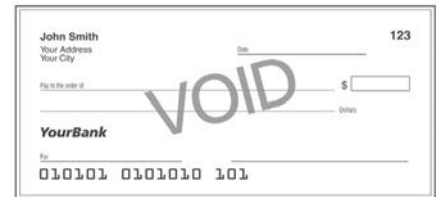
Bank routing number \_\_\_\_\_

Bank account number \_\_\_\_\_

Name(s) of all bank account owners as shown on bank statements \_\_\_\_\_

**Check the box(es) below if applicable to your account. This form cannot be used to establish a new systematic withdrawal or purchase. This form cannot be used if your current dividends/capital gains are set to reinvest. See [jhinvestments.com](http://jhinvestments.com) for the applicable forms.**

- Please update my existing systematic withdrawal/purchase with the bank information provided above.
- Please direct my current cash dividends and/or capital gains to the bank provided above.
- Please delete any existing bank information on my account.



Please enclose a voided check or preprinted bank deposit slip. Do not staple.

## 3. Mutual fund account owner's signatures

All owner(s) of the mutual fund account(s) must sign below and have their signatures notarized. If more space is needed to notarize additional signatures, please copy this page or attach an additional sheet. Signers may also have their signatures witnessed by a member of the Signature Validation Program (SVP) in lieu of a notarization.

I authorize John Hancock Signature Services, Inc. to credit or debit the bank account referenced in Section 2 according to the instructions provided on this form or otherwise. This authority is to remain in effect until I revoke it, either in writing or by phone, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such transactions. If any credit or debit should be dishonored, whether with or without cause and whether intentionally or inadvertently, John Hancock Signature Services, Inc. shall be under no liability whatsoever.

By signing below, I am providing written permission for John Hancock Signature Services, Inc. to obtain a consumer report about me as part of its process to authenticate my identity and to protect against fraud. This consumer report will be used solely to validate that I am an authorized holder, user, or signatory of the account used or to be used in connection with the current or future transfer of funds. John Hancock will notify me if any adverse action is taken on the basis of such a report.

SIGN  
HERE

\_\_\_\_\_  
Signature of **owner** (Sign exactly as name appears in Section 1)

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

SIGN  
HERE

\_\_\_\_\_  
Signature of **joint owner** (Sign exactly as name appears in Section 1)

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

County of \_\_\_\_\_ State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came \_\_\_\_\_

and \_\_\_\_\_, known to me (or satisfactorily proven) to be the person/people described in and who executed the foregoing instrument, and he/she/they duly acknowledge to me that he/she/they executed the same.

SIGN  
HERE

\_\_\_\_\_  
Notary public signature and seal (If required by state)

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

#### 4. Joint bank account or third-party bank account owner's signatures

This section should only be completed if the bank information you provided belongs to a third party. The signature(s) of the bank account owner(s)/authorized signer(s) must be provided below. All signatures in this section must be signed in the presence of a notary public. If more space is needed to notarize additional signatures, please copy this page or attach an additional sheet. Signers may also have their signatures witnessed by a member of the Signature Validation Program (SVP) in lieu of a notarization.

I/We, the undersigned are the bank account owner(s)/authorized signer(s) of the bank account identified in Section 2. I/We authorize you to charge the account checks made payable to John Hancock Signature Services, Inc. I/We are aware that your rights with respect to each check shall be the same as if I/we had signed the check personally and drawn it on John Hancock Signature Services, Inc. I/We authorize you to make credit entries to the bank account identified in Section 2. This authority is to remain in effect until I/we or the mutual fund account owner(s) listed in Section 1 revoke it in writing, and until you actually receive such notice, I/we agree that you shall be fully protected in honoring the check. If any check should be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

By signing below, I am providing written permission for John Hancock Signature Services, Inc. to obtain a consumer report about me as part of its process to authenticate my identity and to protect against fraud. This consumer report will be used solely to validate that I am an authorized holder, user, or signatory of the account used or to be used in connection with the current or future transfer of funds. John Hancock will notify me if any adverse action is taken on the basis of such a report.

**SIGN HERE** \_\_\_\_\_  
Signature of **bank account owner** \_\_\_\_\_  
Date signed (MM/DD/YYYY)

**SIGN HERE** \_\_\_\_\_  
Signature of **bank account owner** \_\_\_\_\_  
Date signed (MM/DD/YYYY)

County of \_\_\_\_\_ State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came \_\_\_\_\_

and \_\_\_\_\_, known to me (or satisfactorily proven) to be the person/people described in and who executed the foregoing instrument, and he/she/they duly acknowledge to me that he/she/they executed the same.

**SIGN HERE** \_\_\_\_\_  
Notary public signature and seal (If required by state) \_\_\_\_\_  
Date signed (MM/DD/YYYY)

#### 5. Mail

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

- |   |  |                     |   |
|---|--|---------------------|---|
| <input checked="" type="checkbox"/> <b>Regular mail</b> | John Hancock Signature Services, Inc.<br>P.O. Box 219909<br>Kansas City, MO 64121-9909 | <b>Express mail</b> | John Hancock Signature Services, Inc.<br>430 W 7 <sup>th</sup> Street, Suite 219909<br>Kansas City, MO 64105-1407 |
|---|--|---------------------|---|