

Introduction

Instructions

Please use this form to certify who is authorized to act on behalf of your business/organization or to change the authorized individual previously provided. Please print in all capital letters and use black ink.

Questions about this form?

☎ 800-225-5291

Contact us:

☎ 800-225-5291

🌐 jhinvestments.com

See the end of this document for return instructions

1. Type of request

Please indicate the purpose of your request:

Certify a new business/organization account(s) Certify an existing business/organization account(s) Amend an existing business/organization account(s)

2. Account information

Name of business/organization

Business/organization taxpayer identification number

Name of officer(s)/individual(s) authorized to act on account

Authorized signer name (First) (MI) (Last)

Authorized signer name (First) (MI) (Last)

Authorized signer name (First) (MI) (Last)

Business/organization (Street address/A.P.O., F.P.O., or Box/Apt. #)

City State Zip code

Mailing address, if different from above (Street address/A.P.O., F.P.O., or P.O. Box/Apt. #)

City State Zip code

Type of business/organization (check one):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> S Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> LLC Taxed as C Corporation | <input type="checkbox"/> LLC Taxed as S Corporation | <input type="checkbox"/> LLC Taxed as Partnership | |
| <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Other | |

3. Fund and account number

Complete this section if you are certifying or amending an existing account.

Fund name or number Account number

Fund name or number Account number

Fund name or number Account number

4. Authorized signer amendment

Complete this section only if you are replacing the authorized individual on an existing account. If more space is needed, please attach an additional sheet.

Name of authorized individual being removed (First) _____ (MI) _____ (Last) _____

Reason for removal: (Check one and attach a letter of instruction signed by the remaining/new authorized individual. The letter must be medallion signature guaranteed.)

- Resignation Death Incapacitation

Name of new authorized individual (First) _____ (MI) _____ (Last) _____

5. Additional required documentation

One of the following documents is required to certify your account. Submit the document that best fits the type of account you are establishing. If this documentation is not provided, your account may be restricted. The following documents can be used to certify accounts registered as an entity:

Corporations

- A copy of the Corporate Resolution

Partnerships

- A copy of the Partnership Agreement

Nonprofit organizations

- A copy of the Resolution of Governing Body, or
 A copy of the Certificate of Incumbency

6. Signatures

The undersigned officer(s)/individual(s) certifies that the following items are true:

The officer(s)/individual(s) of the above-named business has the authority, either by the terms of the business bylaws or applicable state law, to own and purchase mutual fund shares. The officer(s)/individual(s) named herein has sufficient authority to act on behalf of the business.

The bylaws containing the terms of the business, including the names of the officer(s)/individual(s), are in full force and effect and existed prior to the time the mutual fund application was signed by the above. They have not been revoked, amended, or modified in any manner that would cause the certification herein to be incorrect.

The officer(s)/individual(s) named above is authorized to purchase, sell, exchange, and transfer shares, and perform any necessary actions in conjunction with the bylaws.

By signing this certificate, the officer(s)/individual(s) verifies that all information contained herein is true and complete. I(we) agree to indemnify John Hancock Investment Management, John Hancock Investment Management Distributors LLC, John Hancock Signature Services, Inc., and their respective affiliates, and hold them harmless from and against liability as a result of claims, demands, or judgments against them arising from effecting any mutual fund transactions in reliance of this certification. I(we) agree to inform the transfer agent, in writing, of any amendments, changes of authorized individuals, or any other event that could alter the certification made above. All officers/individuals must sign below.

SIGN
HERE

Signature of authorized officer/individual

Date signed (MM/DD/YYYY)

SIGN
HERE

Signature of authorized officer/individual

Date signed (MM/DD/YYYY)

SIGN
HERE

Signature of authorized officer/individual

Date signed (MM/DD/YYYY)

SIGN
HERE

Signature of authorized officer/individual

Date signed (MM/DD/YYYY)

This certification will remain in effect until John Hancock Signature Services, Inc. is notified in writing to the contrary. John Hancock Signature Services, Inc. reserves the right to require additional documentation, including a certified copy of the bylaws, at any time.

7. Mail

Please enclose and mail to



Regular Mail

John Hancock Signature Services, Inc.
P.O. Box 219909
Kansas City, MO 64121-9909



Express Mail

John Hancock Signature Services, Inc.
430 West 7th Street
Suite 219909
Kansas City, MO 64105-1407



John Hancock Investment Management Distributors LLC ■ Member FINRA, SIPC
200 Berkeley Street ■ Boston, MA 02116 ■ 800-225-5291 ■ jhinvestments.com
NOT FDIC INSURED. MAY LOSE VALUE. NO BANK GUARANTEE. NOT INSURED BY ANY GOVERNMENT AGENCY.