

## Introduction

### Instructions

Please use this form only if you are updating the investment professional information on an existing John Hancock account. Please print in all capital letters and use black ink.

### Questions about this form?

☎ 800-225-5291

### Contact us:

☎ 800-225-5291

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

See the end of this document for return instructions

## 1. Shareholder information

Owner's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Joint owner's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

### Please check one:

- This change applies to all my accounts (list one account below).
- This change applies only to the accounts listed below.

Fund name or number \_\_\_\_\_ Account number (Required) \_\_\_\_\_

Check one share class  
 A  B  C  I  R

Fund name or number \_\_\_\_\_ Account number (Required) \_\_\_\_\_

A  B  C  I  R

Fund name or number \_\_\_\_\_ Account number (Required) \_\_\_\_\_

A  B  C  I  R

Fund name or number \_\_\_\_\_ Account number (Required) \_\_\_\_\_

A  B  C  I  R

Fund name or number \_\_\_\_\_ Account number (Required) \_\_\_\_\_

A  B  C  I  R

**2. New investment professional designation**

You are authorized to act as our agent in connection with transactions under the authorization referred to below.

Investment professional's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Name of firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Branch/agency number (If applicable) \_\_\_\_\_ Investment professional's number \_\_\_\_\_ Phone number \_\_\_\_\_

**SIGN  
HERE**

Investment professional's signature \_\_\_\_\_

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

**3. Signature(s) (If shares are held in more than one name, all must sign)**

I authorize you to make the following changes in designation of investment broker-dealer and/or professional through whom John Hancock Investment Management is authorized to purchase shares of the fund(s) designated in Section 1. This change does not otherwise alter the terms and provisions of such account, and the new investment professional, by his or her signature in Section 2, agrees to act as the broker-dealer in accordance therewith.

**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) \_\_\_\_\_

**4. 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 7<sup>th</sup> 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.