

Non-retirement account application

Introduction

Instructions

Please use this form to establish a non-retirement mutual fund account. Please don't use this application to open an IRA or other retirement account. Please print in all capital letters and use black ink.

Special considerations

Shares of a fund generally may be sold only to U.S. citizens, U.S. residents and U.S. domestic corporations, partnerships, trusts, or estates. For the purpose
of this policy, both the residential address and the mailing address provided must be U.S. addresses. We're unable to establish your account using a
foreign address.

If you would like to add a benefit	ciary to your individu	al or joint account, please	e also complete th	ne transfer on death (TOD) benefi	ciary designation form	
Contact us						
Website jhinvestments.com	R	Phone 800-225-5291		Return instructions See the end of this form for return	instructions.	
1. Fund selection						
Select the fund(s), share class(es), a investment is \$1,000 per fund and additional to the selection of the						um
third-party checks.						e class one only
Fund name			\$ Ir	vestment amount	A	C
						e class one only
			\$_			
Fund name			Ir	vestment amount	А	С
						e class one only
Fund name			\$ Ir	vestment amount	A	C
						e class one only
Fund name			\$_ Ir	vestment amount		C

Cost basis reporting method

The Internal Revenue Service (IRS) requires mutual fund companies to track the cost basis for certain mutual fund shares acquired on or after January 1, 2012, and to report that cost basis to shareholders and the IRS. Manulife John Hancock Investments will apply the default cost basis reporting method of average cost to all applicable funds and accounts that are subject to IRS Form 1099-B reporting. Average cost for an account is calculated by adding up the cost of all covered purchases in the account (purchases made on or after January 1, 2012) and dividing that total by the number of covered shares in the account. Under this method, shares will be redeemed in a first-in, first-out order, but the cost basis for all shares will be the calculated average cost. If you don't wish to use the average cost method for your covered shares, you may select another method by completing and returning a cost basis election form or by accessing your account on our website at jhinvestments.com. We encourage you to consult with your legal and/or tax advisor to determine which accounting method is best for you. Manulife John Hancock Investments cannot offer tax advice.

2. Account information		0.51.4		
Select the type of account you wish to establish by completing Se	ction A, B,	or C. Print y	our name as shown on your income-tax return.	
Section A				
☐ Individual or ☐ Joint account* ☐ Mr. ☐ Mrs. ☐	Ms.			
Trouble words on (First)	(NAI)			(0, #;)
Taxable owner's name (First)	(MI)	(Last)		(Suffix)
Social Security number	Date of b	oirth (MM/DE	/YYYY)	
Joint owner's name (First)	(MI)	(Last)		(Suffix)
Social Security number	Date of b	oirth (MM/DE	/YYYY)	
* Joint accounts will be registered as joint tenants with rights of su				
Joint accounts in Louisiana will be registered as tenants in comn	non (TEN (COM) unless	otherwise indicated in this space:	
Section B Gift/transfer to a minor (UGMA/UTMA)*				
- Shuttansier to a minor (OGMA/OTMA)				
Custodian's name (First)	(MI)	(Last)		(Suffix)
Custodian's Social Security number	Custodia	n's date of b	irth (MM/DD/YYYY)	
Minor's name* (First)		(Last)	(Last)	
Minor's Social Security number	Donor's	 state Date	of birth (MM/DD/YYYY)	
* An UGMA/UTMA account established for a minor is an irrevocable gift. A	ssets may b	e accessed b	y the minor upon reaching the age of 18 or 21 (depending on the state	e).
Section C				
☐ Individual/sole proprietor ☐ C corporation ☐ S	corporatio	on 🗆 P	artnership 🗆 Trust 🗆 Estate	
☐ LLC taxed as C corporation ☐ LLC taxed as S corpor	ation	☐ LLC tax	ed as partnership Unincorporated association	
Other (e.g., nonprofit, charity)				
Supporting documentation will be required for account establishme organizations and estates subsection on the following page or che you've included the necessary paperwork.				
Name of trust, corporation, partnership, estate, or organization				
Trustee or authorized signer's name (First)	(N	Л I)	(Last)	
Authorized co-signer's name (First)	(N	Л I)	(Last)	
Trust date (if applicable)(MM/DD/YYYY)	 Ta	xpayer ident	ification number (For trust, corporation, partnership, estate, or	organization)

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2. Account information (Continued)

Additional documentation for trusts, corporations, partnerships, nonprofit organizations and estates:

To help the government fight the funding of terrorism and money laundering activities, the *USA Patriot Act of 2001* requires all financial institutions to obtain, verify, and record information that identifies each person or entity that opens an account. Additional documentation is required for the account types listed below. **We'll be unable to establish your account without this required documentation.**

Trust		Nonprofit organization
$\hfill \square$ A copy of the page of the trust agreement that shows the r	name of the trust, the	trust
date, and a listing of all trustees and their signatures, and		☐ A completed Manulife John Hancock Investments business/organization
A completed Manulife John Hancock Investments trust cert	tification form.	certification form, and
Corporation		☐ A completed Manulife John Hancock Investments legal entity beneficial ownership
$\hfill \square$ A copy of the Articles of Incorporation, state issued charter	, or certificate of goo	d standing, certification form.
☐ A completed Manulife John Hancock Investments business form, and	s/organization certific	ation Estate A copy of the probate document certified within the past 12 months or a small
A completed Manulife John Hancock Investments legal ent certification form.	ity beneficial owners	
Partnership		
☐ A copy of the Partnership Agreement,		
☐ A completed Manulife John Hancock Investments business form, and	s/organization certific	ation
☐ A completed Manulife John Hancock Investments legal ent certification form.	ity beneficial owners	nip
3. Address (All information is required)		
Note: Both the residential address and the mailing addres	s provided must be	U.S. addresses. We're unable to establish your account using a foreign address.
Residential address or principal place of business (No P.C). boxes except A.P	O. or F.P.O. boxes).
Street address/A.P.O., F.P.O. box/apt. #		
City	State	Zip code
Oity	_	·
Phone number	☐ Home ☐ Mo	oile ————————————————————————————————————
Go paperless		
☐ I consent to receiving electronic delivery of Account	Documents as de	scribed below:
By checking the box above, I consent to receiving electronic d including but not limited to, confirmation and quarterly account notices (Account Documents) instead of in paper form by regu an email when Account Documents are available for viewing, Occuments online. Accessing Account Documents online reques Adobe Acrobat Reader on my computer. (Adobe Acrobat Reader and Manulife John Hancock Investments doesn't charge a fee	elivery of Manulife J i statements, tax info llar mail. My consent downloading, and pri ires minimum techni der can be download for providing electro ading required softw	thin Hancock Investments mutual fund and Account Documents, and notices and communications, mation and notices, annual/semiannual reports, prospectuses, and other required and informational will remain in effect until revoked. I understand that Manulife John Hancock Investments will send menting. Each email will provide a link to jhinvestments.com, which will allow me to access my Account all requirements, including (i) access to the internet, (ii) a valid email address, and (iii) installation of ed, free of charge, at adobe.com.) I understand that no confidential data will be sent through email, nic documents; however, I may incur internet access charges, telephone charges, and other third-ire. I understand that I can receive a free paper copy of Account Documents, revoke my consent and/
Mailing address (if different from above)		
3 ,		
Street address/A.P.O., F.P.O., or P.O. box/apt. #		
City	State	Zip code
4. Options for reducing sales charges		
	haraa hawayar ali	shows also as a many has a represented in a secondarias with the Chatemant of Additional
Information (SAI).	nares; nowever, an	share classes may be aggregated in accordance with the Statement of Additional
☐ Accumulation and combination privilege		
		hn Hancock mutual fund account(s) owned by me, my spouse, and my children under 21. If assets int account statement. See the SAI for details.
Fund account number		Fund account number
Fund account number		Fund account number

	Letter of Intention							
	Over the next 13 months, I plan to invest at least:							
	□ \$50,000 □ \$100,000 □ \$250,000 □ \$500,000 □ \$1 million							
Ш	Net asset value privilege							
	Available for Class A shares to the following, as described in the SAI. Please check the box that applies.							
	i'm an employee of John Hancock.							
	I'm an employee of the affiliated firm named below, which maintains a selling agreement with John Hancock.							
	I'm an investment professional and have completed Section 8.							
	l'm a family member of the employee or investment professional named below (investment professionals must complete Section 8).							
	I'm rolling over or have rolled over assets held in a qualified plan product with John Hancock, a qualified plan product of which the trustee or custodian has retained John Hancock Retirement Plan Services (JHRPS) to act as a service provider, a John Hancock managed IRA, John Hancock Annuities IRA or other John Hancock branded IRA offered through Manulife/John Hancock Brokerage Services LLC that invests in John Hancock funds, or I'm an immediate family member of such person (see the fund's prospectus for eligibility).							
	I'm a former employee/associate of John Hancock, its affiliates, or agencies and I'm rolling over or have rolled over assets from a John Hancock Investment-Incentive Plan,							
	John Hancock Savings Plan, or John Hancock Pension Plan, or I'm an immediate family member of such person (see fund's prospectus for eligibility).							
	Employee's or investment professional's name John Hancock department, affiliated firm name, Relationship to employee or investment professional							
	or broker-dealer name							
	5. Dividends and capital gains							
lf y	you don't make a selection, dividends and capital gains will be reinvested.							
Div	vidends: Reinvest Cash							
Ca	upital gains: ☐ Reinvest ☐ Cash							
	Reinvest my dividends from my Fund to my Fund. (Must be the same class of shares.)							
Ш	Send all dividends directly to my address of record.							
	6. Systematic investments							
Co	emplete this section if you would like to establish a systematic investment into your mutual fund account. A systematic investment cannot be used for initial account funding.							
	thdraw \$ per month from the bank account in Section 7 below, and invest it in							
	hn Hancock Fund.							
Ini	tiate withdrawals on the day of: ach month, or quarterly beginning							
	Date (MM/DD/YYYY)							
	If a specific day isn't selected, your investment will be pulled on the 15th of the month. Minimum monthly investment must be \$25 per account. I would like my investments deducted from my payroll, Social Security, or federal government check. Please send the appropriate forms to me.							

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4. Options for reducing sales charges (continued)

Bank information (Attach voided check or bank deposit slip preprinted with your account information) Attach a voided check or bank deposit slip preprinted with your account information if you've requested a systematic investment in Section 6 or would like the ability to move money between your bank account and mutual fund account in the future. For security purposes, the bank account should match the name(s) provided in Section 2 and must be in place at least 15 calendar days before it can be used for an outgoing wire. If another individual exists on your bank account or the bank account belongs to a third party, all parties should complete the adding bank information form found at jhinvestments.com. Establish the service(s) between my fund account and my: checking account NOW/money market/savings account By signing this application, I authorize you to charge to my account checks made payable to the order of John Hancock Signature Services, Inc. I'm aware that your rights with respect to each check shall be the same as if I had signed the check personally and drawn it on John Hancock Signature Services, Inc. This authority is to remain in effect until I revoke it in writing, and until you actually receive such notice, I 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. I'm 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'm 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 Signature Services, Inc. will notify me if any adverse action is taken on the basis of such a report. Investment professional information Investment professional name (First) (MI) (Last) Firm name Address State City Zip code Branch/agency number (If applicable) Investment professional number Phone number

Date signed (MM/DD/YYYY)

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Investment professional signature

9. Signature, taxpayer identification number, and certification

Note: All account owners must sign and enter their taxpayer identification number below. Your account cannot be established without this required information.

I acknowledge that identifying information is required before the account can be opened and is subject to verification by my financial professional, the fund or the fund's agents. If verification is unsuccessful, Manulife John Hancock Investments may close my account, redeem my shares at the next net asset value, minus any applicable sales charges, and take other steps that it deems reasonable.

I understand that under certain circumstances, if no activity occurs in my account within a time period specified by state law, my shares may be transferred to the appropriate state. Note: The rules for transferring abandoned property vary state by state, so we suggest you contact your state's department of abandoned property if you have any questions regarding requirements.

I'm of legal age and acknowledge that I've received and read the prospectus for each fund listed in Section 1. I assume complete responsibility for the tax consequences of the cost basis method election(s) I've made.

Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).

Under penalties of perjury, I certify that:

- 1. The number shown below is my correct taxpayer identification number.
- I'm not subject to backup withholding because: (a) I'm exempt from backup withholding, or (b) I haven't been notified by the Internal Revenue Service
 (IRS) that I'm subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I'm no longer
 subject to backup withholding.
- 3. I'm a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Note: Cross out item 2 above if you've been notified by the IRS that you're currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service doesn't require your consent to any provision of this document other than the certification required to avoid backup withholding.

SIGN HERE			
	Signature of owner, custodian, trustee, or organization representative (Sign exactly as name appears in Section 2)	Date signed (MM/DD/YYYY)	
PRINT HERE		PRINT HERE	
	Print name as shown in Section 2 (For UGMA/UTMA accounts print the minor's name; for entity accounts, print the entity name)	Social Security number/taxpayer identification number as entered in Section 2 (For UGMA/UTMA accounts, enter minor's Social Security number; for trusts, corporations, estates, partnerships, or organizations, enter the employer identification number) Required to establish your account.	d
SIGN HERE		_	
	Signature of joint owner, co-trustee, or organization representative (Sign exactly as name appears in Section 2)	Date signed (MM/DD/YYYY)	
PRINT HERE		PRINT HERE	
	Print name as shown in Section 2	Social Security number/taxpayer identification number as entered in Section 2 Required to establish your account	

If more space is needed for additional signatures, please make a copy of this page and attach it to your application.

10. 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. 801 Pennsylvania Avenue Suite 219909 Kansas City, MO 64105-1307



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.