

## Non-retirement asset transfer

## Before you begin

## Instructions

Please use this form to roll over or transfer assets to your Manulife John Hancock Investments non-retirement account. Please don't use this form to open or transfer an IRA. Please print in all capital letters and use black ink.

Contact us								
<b>Website</b> jhinvestments.com	Q.	<b>Phone</b> 800-225-5291		Return instructions See the end of this form for return instructions.				
1. Manulife John Hand	cock Investments accoun	t information						
Account owner's name (First)			MI	Last				
Social Security number				Date of birth (MM/DD/YYYY)				
Joint account owner's name (First)			MI	Last				
Social Security number				Joint account owner's date of birth (MM/DD/YYYY)				
Street address/A.P.O. or F.P.O	box/apt.#							
City				State Zip	code			
Phone number				Email				
2. Asset transfer infor	mation							
Please check one of the	following:							
	count and have attached a Ma							
☐ Please deposit procee	ds of this transfer into my exi	-		ccount(s), listed below:				
		Share						
Fund name	Account number	A	C Inve	estment amount \$	% to each fund			
	_							
3. Your current accou	nt							
Account registration: Ple My account is transferring	ease attach a current accou from:	nt statement from the res	igning institutio	on.				
Name of current financial institution			Contact phone	Contact phone number				
Fund name (if applicable)			- Account number					

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3. Your current accou	unt (continued)						
Financial institution address							
City				State	Zip code		
Account owner's name (First)			11	Last			
Joint account owner's name (	(First)		11	Last			
To the resigning trustee	or custodian:	or nort/\$	١.	of the accounts list	nd below and transfer the precede to my need		
•	non-retirement account  immediately o	•			ed below, and transfer the proceeds to my he	w	
If you have more than or	ne account, please list all account numbers	s below:					
Account number		All or pa	ırt \$	Liqu	uidation/maturity date (MM/DD/YYYY)	lation/maturity date (MM/DD/YYYY)	
Signature Services Inc.  4. Asset authorization	norize the transfer of your assets. Please					ock	
SIGN HERE					Medallion signature guaranteed by:		
Signature SIGN HERE	Signature Date signed (MM/DD/YYYY)						
Signature	e Date signed (MM/DD/YYYY)						
for requirements prior to sublicredit union (if authorized un	und company may require that your signature(s) b mitting this request. A signature guarantee is avail der state law), or a securities exchange. A notary ignature will not be accepted in lieu of a signature be required.	able from a bank, broker-dea public can't provide a signatu	iler, re				
5. Mail							
	ompleted and signed form through one of	the following:					
Regular mail	John Hancock Signature Services, Inc. P.O. Box 219909	-		ohn Hancock Sig 01 Pennsylvania	nature Services, Inc.		
	Kansas City MO 64121-9909			uite 219909	Aveilue		



Kansas City, MO 64105-1307