


Introduction


Instructions

Please use this form for non-retirement Manulife John Hancock Investments mutual fund accounts. This form allows you to make a one-time withdrawal or a future systematic withdrawal from your non-retirement account(s). 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

Please enter your current account information.

Existing owner(s) or account title

Home Mobile

Phone number

2. Account and distribution amount

Please complete either Part A or Part B. Please enter the information for the account(s) you wish to distribute. If more space is needed for additional fund and account numbers, please copy this page or attach an additional sheet.

Fund name or number (required)

Account number (required)

A. Immediate payments

Select one of the following:

- Total distribution and account termination**
 Partial distribution: Amount: \$ _____ or number of shares: _____

For Class B and Class C shares subject to a contingent deferred sales charge (CDSC), please select one of the following. If you don't select either option, your withdrawal will be processed as gross.

- Net:** The applicable CDSC is taken from your account balance. Your check will be issued for the amount requested, minus applicable taxes and fees.
 Gross: The applicable CDSC is taken from the requested amount. Your check will be issued for the amount requested, minus the applicable CDSC, taxes, and fees.

B. Future payments: New payment request Update existing payment

- Systematic withdrawal payments:** Payments in the amount of \$ _____ will be made on the _____ day of each month.
 (If a specific day isn't selected, your payment will be distributed on the 25th of each month.)

Date payments are to begin: _____ Specify frequency: Monthly Quarterly Semiannually Annually
 Month/year



2. Account and distribution amount (continued)

Fund name or number (required)

Account number (required)

A. Immediate payments

Select one of the following:

Total distribution and account termination

Partial distribution: Amount: \$ _____ or number of shares: _____

For Class B and Class C shares subject to a contingent deferred sales charge (CDSC), please select one of the following. If you don't select either option, your withdrawal will be processed as gross.

Net: The applicable CDSC is taken from your account balance. Your check will be issued for the amount requested, minus applicable taxes and fees.

Gross: The applicable CDSC is taken from the requested amount. Your check will be issued for the amount requested, minus the applicable CDSC, taxes, and fees.

B. Future payments: New payment request Update existing payment

Systematic withdrawal payments: Payments in the amount of \$ _____ will be made on the _____ day of each month.
(If a specific day isn't selected, your payment will be distributed on the 25th of each month.)

Date payments are to begin: _____ Specify frequency: Monthly Quarterly Semiannually Annually
Month/year

3. Cost basis method (for partial distributions)

Unless otherwise noted, the cost basis method that is currently on your account will be used to deplete the shares for partial distributions. If you currently have specific lot identification (SLID), please indicate the lots to distribute in the space provided below. If additional space is needed, please copy this page or attach a separate sheet. If the share amount doesn't cover the depletion of your withdrawal, your secondary method may be used to complete the transaction.

Fund and account number

Fund and account number

Date of purchase

Number of shares

Date of purchase

Number of shares

Date of purchase

Number of shares

Date of purchase

Number of shares

Date of purchase

Number of shares

Date of purchase

Number of shares

4. Method of payment

Please select one of the following payee options. If no method is selected, the proceeds of your distribution will be sent to your address of record.

Mail the check directly to me at my address of record.

Mail the check directly to me at my address of record using express mail. (A \$20.00 fee will be assessed. This option would deliver the check to you two business days after the trade date.)

Mail the check to an alternate payee or alternate address listed below. (Your signature must be Medallion signature guaranteed in Section 5.)

Please use the **existing** bank information on file and make the distribution by:

Direct deposit to my existing bank account using the Automated Clearing House (ACH) system. (This option would deliver the funds to your bank within two to three business days of the trade date, free of charge.)

Wire to my existing bank account. (This option would deliver the funds to your bank by the end of the business day after the trade date. A \$15.00 fee will be assessed for wires. Your bank may also charge an additional fee.)

Please add **new** bank information and make the distribution by:

Direct deposit to my new bank account using the Automated Clearing House (ACH) system. (This option would deliver the funds to your bank within two to three business days of the trade date, free of charge.)

Wire to my new bank account. (This option would deliver the funds to your bank by the end of the business day after the trade date. A \$15.00 fee will be assessed for wires. Your bank may also charge an additional fee.)

Note: For existing bank accounts, your bank must be in place at least 15 calendar days before it can be used for an outgoing wire. For new bank accounts, please include a preprinted voided check. Please note that this bank information will be added to your account for future transactions, unless it belongs to a third party. Redemptions to a new bank account require a Medallion signature guarantee in Section 5.

5. Signature(s)

If you're acting on behalf of the owner, please check the appropriate capacity in which you're acting. If not listed, please check "Other" and specify your capacity.

Failure to indicate your capacity may result in processing delays.

- Executor(trix) Surviving tenant Trustee Attorney-in-fact Custodian
 Former minor Transfer on death beneficiary Other (please specify): _____

By signing below, I authorize the distribution of account assets as indicated on this form. I understand the redemption cannot be postdated, or specify a particular date, price, or other condition. If the redemption request is received in good order, the trade will be executed at the next net asset value (NAV) to be calculated. I assume complete responsibility for the tax consequences of the transaction I'm requesting. If I'm a power of attorney or estate representative for the account owner(s) listed in Section 1, I certify that I'm authorized to act on the account and provide the information regarding the cost basis method of shares as listed in Section 3.

SIGN HERE _____
Signature of owner/authorized individual Date signed (MM/DD/YYYY)

SIGN HERE _____
Signature of owner/authorized individual Date signed (MM/DD/YYYY)

Important: The signature must correspond exactly and without alteration with the name as printed on your account statement. If you're acting in a special capacity, it must be indicated after your signature, and additional documentation may be required. Please call a customer service representative at 800-225-5291 for more information.

Note: If you elected to have your distribution sent to an alternate payee, alternate address, or a new bank account in Section 4, or your distribution is over \$100,000.00, your signature must be Medallion signature guaranteed in the presence of an authorized guarantor. A Medallion signature guarantee is available from a bank, broker-dealer, credit union (if authorized under your state's law), or a securities exchange. The Medallion signature guarantee stamp provides proof of identity and must be issued by a member of the Medallion Signature Guarantee Program. It must contain the appropriate bar coding and must also contain the letter prefix (A, B, C, D, E, F, X, Y, or Z) that identifies the grantor's maximum surety amount, which must be sufficient to cover the amount of the requested transaction. A notary public cannot provide a signature guarantee. We cannot accept a notarization in lieu of a signature guarantee.

Place Medallion signature guarantee stamp in above box
Note: The Medallion signature guarantee should not be dated.

6. Mail

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

- | | | | |
|---|--|---------------------|--|
| <input checked="" type="checkbox"/> 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, MA, 02116, 800-225-5291, jhinvestments.com
NOT FDIC INSURED. MAY LOSE VALUE. NO BANK GUARANTEE. NOT INSURED BY ANY GOVERNMENT AGENCY.