

Introduction

Instructions

Please use this form to certify a power of attorney on a mutual fund account. 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. Current account information

Please enter your current account information:

Name of account owner as listed on quarterly statements (First)

(MI)

(Last)

Mailing address of account owner

City

State

Zip code

Phone number

Fund and account number

Note: Use a separate sheet if necessary.

Fund number

Account number

Fund number

Account number

2. Additional required documentation

John Hancock Signature Services, Inc. requires the following documentation in order to authorize a power of attorney to transact business on behalf of a shareholder. John Hancock Signature Services, Inc. requires this documentation to be recertified every 12 months or any change of circumstance that affects the validity of the information found on the documents previously provided.

I have included a copy of the power of attorney document.

3. Signature and certification

The undersigned power of attorney certifies that the following items are true:

The power of attorney document attached is in full force and effect, is a true and accurate copy of the original, and the grantor is still alive. The power of attorney has not been modified or revoked and my authority to act has not been terminated. The power of attorney agrees to inform the transfer agent, in writing, of any changes to the power of attorney agreement or any other event that could alter the certifications made above.

By signing this document, the power of attorney verifies that all information contained here is true and complete. The power of attorney agrees to indemnify Manulife John Hancock Investments, John Hancock Investment Management Distributors LLC, John Hancock Signature Services, Inc., and their respective affiliates, and to hold them harmless from and against all liability as a result of claims, demands, or judgments against them arising from any mutual fund transaction in reliance on this certification.

SIGN
HERE

Signature of power of attorney

Date signed (MM/DD/YYYY)

PRINT
HERE

Printed name of power of attorney

4. Mail

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

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.