


Introduction

Instructions

Please use this form to request archived materials such as transcripts, tax forms, and check copies from your Manulife John Hancock Investments mutual fund account. Please print in all capital letters and use black ink.

Questions about this form?

 **Website**
jhinvestments.com

 **Phone**
800-225-5291

Return instructions
See the end of this document for return instructions.

1. Shareholder information

Registered account owner's name (First)	(MI)	(Last)
Social Security/tax ID number (Required if account number is unknown)	Account open date, if known (MM/DD/YYYY)	
Account number	Account number	
Account number	Account number	

2. Select requested materials

Account transcripts: One transcript represents the transaction history of one account for one year.

All transcripts Selected years (please indicate years): _____

Check copies

<input type="checkbox"/> Redemption	<input type="checkbox"/> Dividend	<input type="checkbox"/> Money market
Check number (if known): _____	Check amount: \$ _____	Check number (if known): _____
<input type="checkbox"/> Redemption	<input type="checkbox"/> Dividend	<input type="checkbox"/> Money market
Check number (if known): _____	Check amount: \$ _____	Check number (if known): _____
<input type="checkbox"/> Redemption	<input type="checkbox"/> Dividend	<input type="checkbox"/> Money market
Check number (if known): _____	Check amount: \$ _____	Check number (if known): _____

Tax forms: Please indicate years: _____

1099-R 1099-B 1099-DIV 5498 Other: _____

Other (please provide as much detail as possible): _____

2. Select requested materials (continued)

3. Delivery method

Please select one of the following mailing options below. Your request will be mailed out within 5-7 business days from the day it's received.

- Mail my research request documents to my address of record.
- Mail my research request documents to an alternative address.

Name (First) _____ (MI) _____ (Last) _____

Address 1 _____

Address 2 _____

City _____

4. Signature

I'm the owner or the legally authorized fiduciary or investment advisor for the account listed in Section 1. I understand that if I'm not the registered owner, John Hancock Signature Services, Inc. may require me to provide additional documentation.

SIGN HERE _____
Signature of authorized requestor Date signed (MM/DD/YYYY) Phone number

PRINT HERE _____
Print name of authorized requestor

5. Mail

Please enclose and mail to:

- | | | | |
|---|--|---------------------|--|
| <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 |
|---|--|---------------------|--|



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