

Introduction

Instructions

Please use this form to select John Hancock Investment Management as the investment vehicle for your existing retirement plan while using your current trustee for recordkeeping, tax withholding, and reporting. 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 are unable to establish your account using a foreign address.

Questions about this form?

☎ 800-225-5291

Contact us:

☎ 800-225-5291

🌐 jhinvestments.com

✉ See the end of this document for return instructions

1. Fund selection

Select the fund(s), share class,* and the amount you would like to invest. The minimum investment is \$1,000. If your retirement plan is using salary deduction or another similar group method of payment, there is no minimum investment amount.

_____	\$ _____	Check one share class*
Fund name	Investment amount	<input type="checkbox"/> A <input type="checkbox"/> C
_____	\$ _____	<input type="checkbox"/> A <input type="checkbox"/> C
Fund name	Investment amount	
_____	\$ _____	<input type="checkbox"/> A <input type="checkbox"/> C
Fund name	Investment amount	
_____	\$ _____	<input type="checkbox"/> A <input type="checkbox"/> C
Fund name	Investment amount	

Checks must be made payable to **John Hancock Signature Services, Inc.** We cannot accept starter or third-party checks. If no check is enclosed, please indicate the expected date of your first deferral or group payment: _____.

* After December 31, 2012, Class A shares are not available to group retirement plans that do not currently hold Class A shares of a fund and that are eligible to invest in other share classes. Such plans generally include, but are not limited to, defined benefit plans, 401(k) plans, 457 plans, 403(b)(7) plans, pension and profit-sharing plans, and nonqualified deferred compensation plans. Please see the prospectus for full details. If you are selecting Class A shares, please indicate your existing plan number in Section 2 below. If you select Class A shares and you are not part of an existing plan as described above, your account will not be established.

2. Account information

Please indicate type of plan: 401(k) Profit sharing Money purchase pension Defined benefit Other _____

Existing plan number _____

Name of retirement plan _____

Tax identification number (Required) _____

Trustee name (First) _____ (MI) _____ (Last) _____ (Suffix) _____

Trustee name (First) _____ (MI) _____ (Last) _____ (Suffix) _____

For benefit of (First) _____ (MI) _____ (Last) _____ (Suffix) _____

Beneficial owner's Social Security number _____

Note: Only the trustee(s) named above will have the authority to act on behalf of the account(s).

3. Address (All information is required)

Principal place of business (no P.O. boxes except A.P.O. or F.P.O. boxes) The address cannot be the beneficial owner's address.

Note: Both the residential address and the mailing address provided must be U.S. addresses. We will be unable to establish your account using a foreign address.

Street address/A.P.O. or F.P.O. box/apt. #

City

State

Zip code

Phone number

Email address

eDelivery

I consent to receiving electronic delivery of account documents as described below:

By checking the box above, I consent to receiving electronic delivery of John Hancock Investment Management mutual fund and account documents, notices, and communications, including, but not limited to, confirmation and quarterly account statements, tax information and notices, annual/semiannual reports, prospectuses, and other required and informational notices (account documents) instead of in paper form by regular mail. My consent will remain in effect until revoked. I understand that John Hancock will send me an email when account documents are available for viewing, downloading, and printing. Each email will provide a link to jhinvestments.com, which will allow me to access my account documents online. Accessing account documents online requires minimum technical requirements, including (i) access to the internet, (ii) a valid email address, and (iii) installation of Adobe Acrobat Reader on my computer. (Adobe Acrobat Reader can be downloaded, free of charge, at adobe.com.) I understand that no confidential data will be sent through email, and John Hancock Investment Management does not charge a fee for providing electronic documents; however, I may incur internet access charges, telephone charges, and other third-party charges when receiving electronic documents or downloading required software. I understand that I can receive a free paper copy of account documents, revoke my consent, and/or update my email address at any time by calling 800-225-5291 or by visiting jhinvestments.com.

Mailing address (If different from above)

Street address/A.P.O. or F.P.O. box/apt. #

City

State

Zip code

4. Options for reducing sales charges

John Hancock Signature Services will automatically link certain accounts registered in the same client name, with the same tax identification number, for the purpose of qualifying you for lower initial sales charge rates.

Letter of intention

Available only to individual investors using the funds as the investment vehicle for their retirement plan. (See the Statement of Additional Information (SAI) for details.)

Over the next 13 months, I plan to invest at least:

\$50,000 \$100,000 \$250,000 \$500,000 \$1 million

Net asset value privilege

Available for Class A shares to the following, as described in the SAI. Please check the box that applies.

- I am an employee of John Hancock.
- I am an employee of the firm named below, which maintains a selling agreement with John Hancock.
- I am an investment professional and have completed Section 7.
- I am a family member of the employee or investment professional named below. (Investment professionals must complete Section 7.)
- I am transferring assets from an existing account that I acquired as a result of a reorganization of the fund into John Hancock and have terminated my relationship with the prior financial institution. I am attaching a non-retirement asset transfer form.

Employee's or investment professional's name

John Hancock department, affiliated firm name,
or broker-dealer name

Relationship to employee or
investment professional

5. Systematic investments

Complete 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.

Withdraw \$ _____ per month from the bank account in Section 6 below, and invest it in

John Hancock _____ Fund.

Initiate withdrawals on the _____ day of each month or quarterly, beginning _____ .
Date (MM/DD/YYYY)

If a specific day is not selected, your investment will be pulled on the 15th of the month. The minimum monthly investment must be \$25 per account.

6. Bank information

Please attach a voided check or bank deposit slip, preprinted with your account information, if you have requested a systematic investment in Section 5 or would like the ability to move money between your bank account and mutual fund account(s) 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 am 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 am 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 am 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 will notify me if any adverse action is taken on the basis of such a report.

7. Investment professional information

Investment professional name (First) _____ (MI) _____ (Last) _____

Firm name _____

Address _____

City _____ State _____ Zip code _____

Branch/agency number (If applicable) _____ Investment professional number _____ Phone number _____

**SIGN
HERE** 

Investment professional signature _____ Date signed (MM/DD/YYYY) _____

8. 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 its agents. If verification is unsuccessful, John Hancock 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 am of legal age and acknowledge that I have received and read the prospectus for each fund in which I am investing.

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,
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am 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 am no longer subject to backup withholding,
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Please note that, by signing this form, you declare that you make the above certifications under penalties of perjury. Under penalties of perjury, I certify the above statements.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

SIGN
HERE

Signature of trustee
(Sign exactly as name appears in Section 2)

Date signed (MM/DD/YYYY)

SIGN
HERE

Signature of trustee
(Sign exactly as name appears in Section 2)

Date signed (MM/DD/YYYY)

PRINT
HERE

Retirement plan employer tax identification number
as entered in Section 2 (Required to establish your account)

PRINT
HERE

Print name of retirement plan as shown in Section 2

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

Exemptions: See IRS Form W-9 instructions for exemption rules and exemption codes. Enter codes below, only if applicable. Generally, individuals are not exempt from backup withholding. FATCA codes apply to persons submitting this form for accounts maintained outside the United States by certain foreign financial institutions. If you are submitting this form for an account you hold in the United States, you may leave this field blank.

Exempt payee code (if any): _____

Exempt payee code (if any): _____

Exemption from FATCA reporting code (if any): _____

Exemption from FATCA reporting code (if any): _____

Additional documentation

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 will be required.

To open a retirement plan investment account, you must provide John Hancock Signature Services, Inc. with a copy of the entire plan document that pertains to the plan you are establishing, unless it has been previously provided.

9. 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.
430 West 7th Street
Suite 219909
Kansas City, MO 64105-1407


Investment Management

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.