

Shareholder account change request

Introduction Instructions Please use this form to request changes to your Manulife John Hancock Investments mutual fund account(s). Please print in all capital letters and use black ink. Questions about this form? Website Return instructions Phone 800-225-5291 See the end of this document for return instructions jhinvestments.com 1. Shareholder information Owner's name (First) (MI) (Last) Mobile Owner's Social Security number or account number (Required) Owner's phone number Joint owner's name (First) (MI) (Last) Joint owner's Social Security number Email address Go paperless □ I consent to receiving electronic delivery of account documents as described below. By checking the box above, I consent to receiving electronic delivery of Manulife John Hancock Investments mutual fund and account documents, and 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 Manulife John Hancock Investments 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 Manulife John Hancock Investments 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. Fund name/number and account number Fund name or number Account number

Account number

SRFM (04/25) Page 1 of 2

Fund name or number

2. Relationship to a	account holder					
Complete this section if yo	ou're acting on behalf of the account l	nolder or you're th	ne beneficiary/heir of t	he account(s) re	eferenced in Section	1.
Name (First)		(MI)	(Last)			
Address						
City				State	Zip code	
Phone number		Relationship to account owner				
3. Change details						
I/We, the undersigned, he	reby request the following:					
4 Ciamatumaa						
4. Signatures						
	ohn Hancock Investments to make th	ese changes on t	ne account(s) listed a	DOVe.		
Signature of owner	r, estate representative, or beneficiary	Capacity of ror	recentative if applicable	o (o a lovocutor a	dministrator trustoo)	Date signed (MM/DD/YYYY)
SIGN HERE	, estate representative, or beneficially	Capacity of representative, if applicable (e.g., executor, administrator, trustee)			Date signed (MIM/DD/1111)	
	r, estate representative, or beneficiary	Capacity of rep	resentative, if applicable	e (e.g., executor, a	dministrator, trustee)	Date signed (MM/DD/YYYY)
Medallion signature guaranteed by (if applicable):			Medallion sign	ature guaranteed	by (if applicable):	
Note: Medallion signature g	guarantee should not be dated.		Note: Medallio	on signature gua	rantee should not be	dated.
proof of identity and must be B, C, D, E, F, X, Y, or Z) that brokers, dealers, or credit un	ction requests may require a Medallion s issued by a member of the Medallion Signition identifies the grantor's maximum surety strong that are members of the Medallion strong that are members of the Medallion strong other notation will invalidate the Medal	gnature Guarantee amount, which mus Signature Guarante	Program. It must contain t be sufficient to cover the Program can provide	n the appropriate he amount of the r	bar coding and must a equested transaction.	lso contain the letter prefix (A, Banks, savings associations,
5. Mail						
Please enclose and ma	iil to:					
_			_			
Regular mail	John Hancock Signature Servic P.O. Box 219909	es, Inc.	Express mail		lancock Signature Sennsylvania Avenue	ervices, Inc.

| Manulife | John Hancock

Kansas City, MO 64121-9909

Suite 219909

Kansas City, MO 64105-1307