

Introduction

Instructions

Please use this form to enroll in John Hancock Simple Pay or to update an existing plan. John Hancock Simple Pay allows plan administrators to manage and submit SIMPLE IRA plan contributions to John Hancock Signature Services, Inc. (John Hancock) over a secure internet site. Please visit jhinvestments.com or call 800-231-0376 for more information and step-by-step instructions on using the system.

Special considerations

If you wish to amend company details previously provided, please call us at the number shown for instructions.

Questions about this form?

☎ 800-231-0376

Contact us:

☎ 800-231-0376

🌐 jhinvestments.com

☑ See the end of this document for return instructions

1. Type of request

Please indicate the purpose of your request by marking the appropriate box below.

- Establish new access to John Hancock Simple Pay
 Amend bank information on an existing plan
 Update plan administrator on existing plan

2. Company information

Company name

Street address

City

State

Zip code

Plan name

Plan ID number, if existing plan

3. Adding access

Please add and extend access to the individual named below. All fields should be completed. If you would like to provide access to multiple individuals, please copy this page and attach as an additional sheet.

Plan administrator's name (First)

(Last)

Title

Department

Email address

Phone number

4. Removing access

Please remove the following individual from having access. All fields should be completed.

Plan administrator's name (First)

(Last)

Title

Department

Email address

Phone number

5. Bank information

Attach a pre-printed voided check or bank deposit slip, pre-printed with your account information (starter checks will not be accepted). For security purposes, the bank account should match the company or plan name provided in Section 2. If you do not have a pre-printed voided check or bank deposit slip, please include a letter from your financial institution (on their letterhead) that indicates the following information: the routing/ABA number, the account number, the account type (checking or savings), and the owner(s) of the bank account. The letter must be signed by an authorized party at the financial institution along with all account owner(s) to certify that the information provided is correct. Note: For Automated Clearing House (ACH) system transactions, your bank must be a member.

Establish the service(s) between the accounts identified and my:

- Checking account
 NOW/money market/savings account.

Bank name _____

Street address _____

City _____

State _____

Zip code _____

Bank routing number _____

Bank account number _____

- I have included a pre-printed voided check or bank deposit slip, pre-printed with my account information.

6. Signature

I certify that I am an authorized signer for the company listed in Section 2. I approve and designate the individual(s) named above as plan administrator(s) and authorize their access to manage and submit plan contributions. I acknowledge and understand that users are bound to comply with the Terms and Conditions accepted at first login. As the authorized signer of the bank account referenced in Section 5, I authorize John Hancock to credit or debit the the bank account according to the instructions provided on this form or otherwise. 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 any such transactions. If any credit or debit should be dishonored, whether with or without cause and whether intentionally or inadvertently, John Hancock shall be under no liability whatsoever. John Hancock shall not have any obligation to verify or determine the accuracy, validity, or completeness of the information provided by the plan administrator(s), and shall not be held responsible for errors resulting from the receipt of inaccurate, invalid, or incomplete information. I will notify John Hancock immediately if a user is not to have access or has terminated employment with the company. John Hancock will not be held liable for the misuse of these services.

PRINT
HERE

Print name and title of authorized signer

SIGN
HERE

Signature of authorized signer

Date (MM/DD/YYYY)

7. Mail

This form may be sent to us by fax, at the fax number shown below. Alternatively, you may also enclose and mail it to us. If you are establishing a new plan, you can expect to receive an operator ID and temporary password via the email address provided in Section 3, within 10 business days of our receipt.



Fax
888-524-6160



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.