

Introduction

Instructions

Please use this form to certify who is authorized to act on behalf of your trust account or to change the trust/trustee information previously provided. 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. Type of request

Please indicate the purpose of your request.

- ☐ Certify a new trust account(s) ☐ Certify an existing trust account(s) ☐ Amend an existing trust account(s)

2. Current trust account information

Name of trust

Trustee name (First)

(MI)

(Last)

Trustee name (First)

(MI)

(Last)

Trust taxpayer identification number (Required)

Date of trust (MM/DD/YYYY)

Phone number

Trustee residential address (No P.O. boxes, except A.P.O. or F.P.O. boxes)

City

State

Zip code

Trustee mailing address, if different from above (street/A.P.O. or F.P.O. box/apt #)

City

State

Zip code

3. Successor trustee designation

Complete this section only if you're replacing a trustee on an existing account. If more space is needed, please attach an additional sheet.

Name of trustee being removed (First)

(MI)

(Last)

Reason for removal (check one):

- ☐ Resignation—Attach a letter of resignation signed by the resigning trustee. The letter must be Medallion signature guaranteed.
- ☐ Death—Attach a letter of instruction signed by the remaining trustee and/or successor trustee. The letter must be Medallion signature guaranteed.
- ☐ Incapacity—Attach a letter of instruction signed by the remaining trustee and/or successor trustee. The letter must be Medallion signature guaranteed.

Name of successor trustee, if applicable (First)

(MI)

(Last)

Name of successor trustee, if applicable (First)

(MI)

(Last)

New trust taxpayer identification number (Required)

Date of trust (MM/DD/YYYY)

Phone number

4. Fund and account number(s)

Complete this section if you're certifying or amending an existing trust account.

Fund name or number

Account number

Fund name or number

Account number

Fund name or number

Account number

Fund name or number

Account number

5. Additional required documentation

Federal law requires John Hancock Signature Services, Inc. to obtain certain identifying information before the account can be opened, which is subject to verification by my financial professional, the fund, or its agents. If verification is unsuccessful, Manulife John Hancock Investments may close your account, redeem your shares at the next net asset value, minus any applicable sales charges, and take other steps that it deems reasonable.

The following documentation is required. If this documentation isn't provided, your account may be restricted.

☐ A copy of the pages of the trust agreement that shows the name of the trust, the date of the trust, the names of all trustees, and their signatures.

6. Signature(s)

The undersigned trustee(s) certifies that the following items are true:

The trustee(s) of the above-named trust has the authority, either by the terms of the trust or applicable state law, to own mutual fund shares. The trustee(s) that signs this document, and the account application, has sufficient authority to act on behalf of the trust.

The trust document, including the name of the trust, the name of the trustee(s), and date of the trust, is in full force and effect, is a true and accurate copy of the original, and existed prior to the time the mutual fund application was signed by the trustee(s).

The trust document is currently in existence, and has not been revoked, modified, or amended in any manner that would cause the certification herein to be incorrect.

The trustee(s) agrees to inform the transfer agent, in writing, of any amendments to the trust, changes of trustee(s), or any other event that could alter the certifications made above.

The trustee(s) is authorized to purchase, sell, exchange, and transfer shares and perform any necessary actions in conjunction with the trust agreement.

By signing this document, the trustee(s) verifies that all information contained herein is true and complete. The trustee(s) 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 owner (Sign exactly as name appears in Section 2)

Date signed (MM/DD/YYYY)

SIGN
HERE

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

Date signed (MM/DD/YYYY)

This certification will remain in effect until John Hancock Signature Services, Inc. is notified in writing to the contrary. John Hancock Signature Services, Inc. reserves the right to require additional documentation, including a copy of the trust agreement, at any time.

7. 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.
801 Pennsylvania Avenue
Suite 219909
Kansas City, MO 64105-1307