

John Hancock repurchase authorization form for interval funds

General instructions

If you wish to sell your fund shares, please complete this form and return to:

☒ **Regular mail**

John Hancock Alt
P.O. Box 219285
Kansas City, MO 64121-9285

Fax or email

816-399-2903 or 833-419-4925
jhaltai@sscinc.com

Note: This email is for completed form submissions
and not for general inquiries.

For additional information contact:

The fund's transfer agent, SS&C at 844-292-8018

9:00 A.M. to 6:00 P.M. Eastern time, Monday through Friday

Note: If you hold your shares with a custodian/broker-dealer and wish to participate in the repurchase offer, please ensure you complete and submit this form, along with any custodian/broker-dealer forms, directly to your custodian/broker-dealer. Should the fund's transfer agent not receive your custodian/broker-dealer's instructions prior to the expiration date, your request will be deemed not in good order and you won't be considered for the offer.

1. Fund name and share class, shareholder name, address, and other contact information

Fund name and share class

Fund account number

Name of shareholder(s) (as the shares are titled on the account)

Address

Telephone number

2. Amount of shares of beneficial interest being tendered

☐ Redeem **all** shares

☐ Redeem shares. Amount of shares to be redeemed: _____

☐ Redeem \$ _____ (shares sold to net redemption amount)

Proceeds from the repurchase offer will be sent by check to the address of record on the account unless the undersigned notifies the fund's transfer agent in writing to send payment per the special instructions in Part 3.

Note: If your account is held at a custodian/broker-dealer, the proceeds will be wired to such custodian/broker-dealer.

3. Special payment instructions

- ☐ Check here to have the payment sent to the current banking instructions on your account.
- ☐ Check here and fill out the wire transfer instructions below to receive the payment through wire to a bank account not already on file.
(Medallion signature guarantee required).

Bank: _____

ABA routing number: _____

Account holder: _____

Account number: _____

Reference: _____ JH interval fund repurchase

4. Signature(s)

If held jointly, all joint holders must execute this signature page.

Signature

The signature of the owner(s) must match exactly as it appears on the investor application form for the purchase of shares.

SIGN
HERE

Signature of shareholder

PRINT
HERE

Print name of shareholder

PRINT
HERE

Title (if applicable)

Date

Medallion stamp signature guarantee

Note: MSG is required on non custodial account requests if the dollar value of the request exceeds \$100,000 or the proceeds are to be sent to banking instructions or a mailing address other than those of record on the account.

Joint owner signature if necessary

The signature of the owner(s) must match exactly as it appears on the investor application form for the purchase of shares.

SIGN
HERE

Signature of joint owner

PRINT
HERE

Print name of joint owner

PRINT
HERE

Title (if applicable)

Date

Medallion stamp signature guarantee

Note: MSG is required on non custodial account requests if the dollar value of the request exceeds \$100,000 or the proceeds are to be sent to banking instructions or a mailing address other than those of record on the account.

4. Signature(s) (continued)

PRINT
HERE

Name of custodian/fiduciary (if applicable)

SIGN
HERE

Signature

PRINT
HERE

Print name of custodian/fiduciary

Name

Title

Date

Custodian authorization stamp



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.