



Participant Data Change

• Please print all information. Shaded areas are to be completed by the Plan Administrator.

Change of: Personal Data Salary Deferral Beneficiary
For CHANGE OF INVESTMENTS, please complete Investment Change Form.

Section A - General Information

Contractholder Name (Employer)		Contract Number			
Participant Name (Last Name, First Name, Initial)	Social Security Number	Effective Date	Month	Day	Year

Section B - Personal Data to be changed / corrected. Complete only information to be changed / corrected.

Participant Name (Last Name, First Name, Initial)		Date of Birth	Month	Day	Year
State of Residence	Department/Division	Date of Employment	Month	Day	Year
Payroll Number	Participant Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Normal Date of Retirement	Month	Day	Year

The information in Sections C and D are solely for the benefit of the Plan Administrator.
This information shall not be maintained or acted upon by John Hancock USA.
Please report any change to this information directly to the Plan Administrator at your company.

Section C - Ongoing Contribution Instructions

Traditional 401(k)
I elect to defer % or \$ from my salary / wages per pay period as ongoing contributions (Not to exceed current Plan and / or IRS limitations).

AND/OR (if applicable)

Roth 401(k)
I elect to defer % or \$ from my salary / wages per pay period as ongoing contributions (Not to exceed current Plan and / or IRS limitations).

I elect **not** to defer at this time. Complete Section E

Section D - Beneficiary Designation

Married Participant I understand that I must elect my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please see your Plan Administrator for a Spousal Consent Form if naming a Primary Beneficiary other than your spouse.)

Unmarried Participant I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

I understand that if I outlive my Primary Beneficiary(ies), benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). For additional space, please attach a separate page providing all designation information and the percentage share for each.

Primary Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Month	Day	Year	Relationship to Participant	Share %
Address - Number, Street, Suite,		City	State		Zip Code		

Contingent Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Month	Day	Year	Relationship to Participant	Share %
Address - Number, Street, Suite,		City	State		Zip Code		

Section E - Signature

Signed at	City	State	This	Day of	Year
Signature of Participant					