



LIFE INSURANCE

## Instructions on completing Request for Dividend Withdrawal

**Mail your request to:**

**For Individual Life Products,**  
Customer Service Center R-02  
John Hancock  
1 John Hancock Way Suite 1350  
Boston MA 02217-1099

**For Majestic Series Products,**  
Specialty Products & Distribution C-6  
John Hancock  
PO Box 192  
Boston MA 02117-0192

Please use this information to complete the form correctly and appropriately. This will ensure we receive the form in good order. The form will be considered 'in good order' when:

- 1) All the required information has been completed.
- 2) The correct and appropriate selections available to your product have been made.
- 3) All the appropriate signatures are given.

### Section A - Owner Information

- 1) Complete Owner's full name, address and policy/group number.
- 2) Provide appropriate telephone numbers and fax number if available, in case we need to contact you.

### Section B - Dividend Withdrawal Information

- 1) Indicate the amount of the dividend withdrawal you are requesting in the space provided or check the box that indicates full withdrawal.

### Section C - Signatures

- 1) Ensure that all appropriate signatures are on the form before submitting to our Customer Service Center.  
**All owners must sign and date the form.**
- 2) If the policy is Corporate owned, a Corporate Resolution or a Board approved list with signature samples of the signing officers must be provided.
- 3) If the life insured is signing as an officer of the Corporation, please indicate a second officer's signature with title or the Corporate seal.
- 4) If your policy is collaterally assigned the Assignee's signature is required.
- 5) **If the address of record has been changed within the last 30 days, a notarized signature is required.**

#### Important Information

Any withdrawal of the cash value of the paid up additions of life insurance will result in the surrender of the additional insurance and death benefit provided by the paid up additional life insurance and such additional insurance will not be payable in the event of a death claim.

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**Retain for your records.**



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## Section A - Owner/Life Insured Information

1. a) Name of Owner(s) \_\_\_\_\_ b) Policy/Group Number \_\_\_\_\_

c) Insured(s) \_\_\_\_\_

d) Address \_\_\_\_\_  Please check for address change

**If the address of record has been changed within the last 30 days, a notarized signature is required.**

e) Home Phone No. \_\_\_\_\_ f) Fax Number \_\_\_\_\_ g) Social Security No./ Tax Identification No. \_\_\_\_\_

## Section B - Dividend Withdrawal Information - Check applicable boxes

From Accumulated Dividends \$ \_\_\_\_\_ or  Full Withdrawal

From Cash Value of Paid Up Additions \$ \_\_\_\_\_ or  Full Withdrawal

## Section C - Signatures

I request a dividend withdrawal as indicated in Section B from the policy listed in Section A of this form. I understand that any withdrawal of the cash value of the paid up additions of life insurance will result in the surrender of the additional insurance and death benefit provided by the paid up additional life insurance and such additional insurance will not be payable in the event of a death claim.

I certify, under penalties of perjury, that my taxpayer identification number is correctly shown in Section A of this form, and if this policy was issued after December 31, 1983, I also certify I am not subject to a backup withholding order issued by the Internal Revenue Service.

Signed at State	Date
_____	_____
Name of Owner(s) (Please print)	Signature of Owner(s)
_____	<b>X</b>
Name of Owner(s) (Please print)	Signature of Owner(s)
_____	<b>X</b>
Title of Owner (required For Corporate Owned or Trust Owned)	Signature of Assignee
_____	<b>X</b>
Title of Owner (required For Corporate Owned or Trust Owned)	Signature of Assignee
_____	<b>X</b>