



Administrative Office
P.O. Box 506
Keene, NH 03431-0506
(800) 310-8319

CHANGE OF OWNERSHIP

(ABSOLUTE ASSIGNMENT)

USE THIS FORM TO TRANSFER OWNERSHIP ON A LIFE INSURANCE OR ANNUITY CONTRACT. THE WORDS "INSURED", "BENEFICIARY", AND "POLICY" SHOULD BE READ TO MEAN "ANNUITANT", "CONTINGENT PAYEE", AND "CONTRACT" RESPECTIVELY AND WORDS USED IN THE SINGULAR SHALL BE DEEMED TO INCLUDE PLURAL IF APPROPRIATE. CHANGES WILL BE ACKNOWLEDGED BY THE COMPANY UPON RECEIPT.

A. Policy/Contract Information *Note this section and attach signed and notarized list for Group Plan*

Plan/Policy/Contract Number: _____ Name of Insured or Annuitant: _____

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Name of Owner(s) Social Security or TIN No. (include Dashes) Daytime Telephone Number

Address

City State Zip Code

B. Absolute Assignment Provisions

For _____, all right, the title and interest, ownership and control of the undersigned assignor or (Insert "Value Received" or "Love and Affection")

assignors in this policy issued by the John Hancock Life Insurance Company and affiliated companies with all benefits, rights and privileges provided under the policy, are ASSIGNED AND TRANSFERRED TO:

Name(s) and Social Security or Tax Identification No(s) (Include All Hyphens)
of

Street and No. City or Town State Zip Code

hereby designated as the Assignee, and, if the policy includes a provision for designation of Owner, hereby designated as the Owner subject, however, to the conditions and provisions of the policy, and to any prior pledge or assignment of (i) the policy and (ii) the rights of the Payor under any advance premium agreement or receipt.

If it should appear that this assignment is made under any trust or other agreement the Company shall not be bound by the trust or other agreement and shall not be liable for the application of any payment under the policy and may rely upon the sole signature of the Assignee on any written instrument purporting to affect this assignment or any rights hereunder.

The Assignor or Assignors WARRANT the validity of this assignment.

All previous revocable designations of beneficiary and all elections of Optional Methods of Settlement are hereby revoked. The Assignee or his estate is hereby designated as the beneficiary.

Notwithstanding any provisions in this policy to the contrary it is requested that the revocations of beneficiary and settlement elections and the designation of Owner take effect upon the Company's acknowledgment of receipt of this instrument at its Home Office. When so acknowledged the revocations and designation shall be (i) operative as of the date of this instrument whether or not the Owner or any person insured under the policy is alive at the time of the acknowledgment and (ii) subject to any action taken by the Company before acknowledgment. No proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against the undersigned, nor is the undersigned under guardianship or other legal disability, except as follows (give dates and particulars of any exceptions):

(Please Print)

C. Billing Notices

Send Regular Premium Notice to Assignee -or- Continue Current Premium Billing

D. Assignment of Right to Refund of Advance Premium Payment *only if Assignor is Payor under Advance Premium*

Any and all rights to a refund under any Advance premium Agreement and Receipt in respect to which an amount has been paid by the Assignor to be held and applied by the Company to future premiums as they become due under the policy shall be included with the benefits, rights and privileges assigned and transferred in Part B.

Date _____
_____ Payor

E. Authorized Signature(s)

Date _____
_____ Assignor or Assignors