



## Important Information for completing Broker Dealer Firm or Financial Representative of Record Change Request

For use only by John Hancock Retirement Plan Services Signature® clients

- Use this form to add, change, or remove any of the following:
  - the Broker Dealer Firm or Financial Representative of record for your group annuity contract (“Contract”); or
  - the compensation payable to the Broker Dealer Firm and/or Financial Representative of record for the Contract.

NOTE: If you would like to replace your Financial Representative with a Registered Investment Advisor, or if your Financial Representative is a Registered Investment Advisor and you would like to change their compensation, do NOT complete this form but instead complete the *Registered Investment Advisor (RIA) Firm/ Bank/ Insurance Company Designation and Recurring Fee Request* form.

The change(s) requested in this form may impact information previously disclosed to your eligible employees. Any changes to such previously disclosed plan related information will require advance notification to your eligible employees, participants and beneficiaries under ERISA Reg. Section 2550.404a-5 at least 30, but not more than 90, days in advance of the effective date of the change.

- It is your responsibility to provide such disclosures.
- The signed form should only be submitted to John Hancock Retirement Plan Services (John Hancock) for processing after the required notification in compliance with the required timelines has been provided.

### Important Information about this Form

1. You are responsible for notifying the current Financial Representative(s) and/or Broker Dealer Firm regarding the changes requested on this form.
2. All changes requested on this form will be made on a prospective basis.
3. Unless paragraph (4) below is applicable, **the Class of Funds for your Contract will be changed to the Signature Menu Option (Class 0)** (if it is not already in the Signature Menu option) if you request on this form to add, change or remove the compensation paid to the Broker Dealer and/or Financial Representative of record and/or remove the Contract’s Registered Investment Advisor. As part of the change to the Signature Menu Option, the charges referenced below will no longer be collected via the Cost of the Class of Funds of the investment options offered under your Contract and the following additional terms will apply:
  - a. John Hancock’s charges will instead be collected through the Contract’s annualized asset charge, using the payment method currently selected for your Contract (i.e., billed to the Plan Sponsor or deducted from the participants’ accounts).
  - b. To the extent that your Contract is charged for the cost of your financial representative’s compensation and/or Trustee’s fees, these costs will also be collected through the Contract’s annualized asset charge, using the method currently selected for your Contract (i.e., billed to the Plan Sponsor or deducted from the participants’ accounts).
  - c. To the extent that your Contract is charged for the cost of Plan Expense Reduction Account and the payment method currently selected for your Contract is to deduct from the participants’ accounts, such costs will also be collected through the Contract’s annualized asset charge. However,
    - If the payment method currently selected for your Contract is to bill to the Plan Sponsor and your request on this form can be implemented by remaining in the Class of Funds currently selected for your Contract, your Contract will not be converted to the Signature Menu Option and John Hancock will process this form on the effective date set forth in Section 6 of this form.
    - If the payment method currently selected for your Contract is to bill to the Plan Sponsor but your request would require a change to the Class of Funds currently selected for your Contract, then this form will not be processed until additional authorization from the Trustee/Authorized Named Fiduciary is received by John Hancock;
  - d. Any third-party administrator service cost and investment advisory service (including co-fiduciary service) cost will instead be calculated monthly based on participants’ invested assets as of the last business day of the month and deducted from participants’ invested assets at the end of each month. Additional details regarding the calculation and deduction of such fees can be found in the Administrative Guidelines of Financial Transactions.
  - e. Any John Hancock credits available to your Contract prior to the change to the Signature Menu option will be applied to offset John Hancock’s charges.

- f. Except as otherwise described above, the total costs for Plan services applicable to your Contract after the change to the Signature Menu option will remain the same as such costs prior to the change to the Signature Menu Option.
  - g. The unit value of each Fund and the number of units participants currently hold in their accounts will be different after the change to the Signature Menu Option. However, the value of each participant's account balance will remain the same, i.e., the change to the Signature Menu Option will not impact any participant's account balance. Information about the Expense Ratio of the Funds under the Signature Menu Option is available from your Financial Representative, or after the effective date on the John Hancock Plan Sponsor website.
4. Contracts issued to **defined benefit pension plans and contracts having the form numbers 181CP, 1841ARA(4) or 1841ARA(5)** may not be converted to the Signature Menu Option as described in Paragraph 3 above. In the case of such contracts, John Hancock will process this form on the effective date set forth in Section 6 of this form if the request on this form will not result in a change to the Class of Funds currently selected for the Contract and only involves: (A) adding, changing or removing the Firm of record for your Contract or the fee paid to the Firm of record, and/or (B) removing and stopping payment of compensation to the Broker of record.
- For such contracts, all requests other than those described above may not be processed until additional authorization from the Trustee/Authorized Named Fiduciary is received by John Hancock.
5. If this form includes a request solely to increase or decrease the **asset-based compensation** currently paid to the Broker Dealer Firm or Financial Representative, then the Financial Representative Compensation Charge will be increased or decreased by the same amount.
6. If any change requested on this form results in changes to the FR Compensation Charge, any portion of the FR Compensation Charge attributable to **first year deposit-based compensation** paid to the Broker Dealer Firm or Financial Representative will remain on the Contract. Contact John Hancock Licensing and Compensation if you would like information on the amount of any FR Compensation Charge that will remain on the Contract. The amount of the FR Compensation Charge will also be available on the Plan Sponsor website on the 404a-5 plan & investment notice after the effective date set forth in Section 6 of this form.
7. If you are requesting a change from one Broker Dealer Firm or Financial Representative to another and any associated compensation change requires additional authorization from the Trustee/Authorized Named Fiduciary, then the new Broker Dealer Firm or Financial Representative will receive the existing compensation amount and structure from the Effective Date until such additional authorization is received. If you are requesting a change from an RIA to a Broker Dealer Firm or Financial Representative and any associated compensation change requires additional authorization from the Trustee/Authorized Named Fiduciary, then the new Broker Dealer Firm or Financial Representative will not receive compensation until such additional authorization is received.

Contact John Hancock Advisor Support at 1-800-333-0963 Ext.9. to determine if your request for fee changes will require additional authorization or if you have any other questions.



# Broker Dealer Firm or Financial Representative of Record Change Request

For use only by John Hancock Retirement Plan Services Signature® clients  
To be completed by Trustee/Authorized Name Fiduciary

## Important Information about this Form

- Before completing this form, read the attached **IMPORTANT INFORMATION** section.
- All changes (including items crossed out or changed using correction fluid) must be initialed in pen.
- If you have any questions, contact John Hancock Advisor Support at 1.800.333.0963 ext. 9.

**Completed documents can be submitted on the website using the Submit a Document tool. For further assistance, contact your Client Account Representative.**

## 1. General Information

**The Trustee of** \_\_\_\_\_ **Plan ("the Plan")** \_\_\_\_\_  
 Contractholder Name Contract Number

## 2. Broker Dealer Firm or Financial Representative Details for the Contract Going Forward

Complete this section to list **ALL** Broker Dealer Firm(s) or Financial Representative(s) for this Contract, including their compensation share, going forward. **Any Broker Dealer Firm or Financial Representative currently designated for your Contract that is not listed below will be removed.**

To add, change, or remove the Financial Representative(s) associated with a Broker Dealer Firm(s):

- Indicate ALL of the Financial Representatives(s) associated with a Broker Dealer Firm that will be servicing the Contract. Full SSN is required for 1st time appointments, otherwise a masked SSN can be filled in below. Any Financial Representative currently appointed for your Contract who is not listed below will be removed.
- You must provide the compensation share. **Compensation share must total 100%** and represents the total compensation paid to the Broker Dealer Firm or Financial Representatives.

**(A)** \_\_\_\_\_ **Compensation Share**

Broker Dealer Firm Name \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_ %

Broker Dealer Financial Representative or Financial Representative Name \_\_\_\_\_

Broker Dealer Firm Address or Financial Representative Address - Street Address, City/Town, State, Zip Code \_\_\_\_\_

Broker Dealer Financial Representative or Financial Representative Email Address \_\_\_\_\_ Financial Representative Telephone No. \_\_\_\_\_

**(B)** \_\_\_\_\_

Broker Dealer Firm Name \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_ %

Broker Dealer Financial Representative or Financial Representative Name \_\_\_\_\_

Broker Dealer Firm Address or Financial Representative Address - Street Address, City/Town, State, Zip Code \_\_\_\_\_

Broker Dealer Financial Representative or Financial Representative Email Address \_\_\_\_\_ Financial Representative Telephone No. \_\_\_\_\_

**Check here if you require space to add additional Financial Representatives and have attached additional copies of this section. Each additional page must be signed by a Trustee or Authorized Named Fiduciary.**

### 3. Remove ALL Broker Dealer Firm(s) or Financial Representatives of Record

Check here to remove **ALL** Broker Dealer Firm(s) and Financial Representative(s) currently appointed as broker of record for your Contract.

Please note checking the above box indicates that there will be **NO** Broker/Dealer firms or Compensated Brokers associated with this contract going forward.

**Note: See the IMPORTANT INFORMATION section for additional information if first year deposit based compensation was paid to the current Broker Dealer Firm or Financial Representative.**

### 4. Remove ALL RIA Firm(s) of Record

Check here to remove **ALL** RIA Firms and any fees associated with such RIA Firms (if applicable).

If this section is left blank, no change to any RIA Firm Designation or associated fee will be made.

### 5. Compensation Change

Complete this section to **add or change** the compensation paid to the Broker Dealer Firm or Financial Representative listed in Section 2 of this form, or to terminate all compensation. First year compensation rate changes will only be applicable during the first year of the Contract. If compensation changes are indicated for all years but the effective date of this form is more than one year after the contract effective date, then any compensation changes applicable only to the first year of the Contract will be disregarded.

- If adding a Broker Dealer/Financial Representative to the contract for the first time, and this section is left blank, **NO** compensation will be added.
- If changing a Broker Dealer/Financial Representative, and this section is left blank, John Hancock will continue to apply the existing compensation that is currently in effect.
- If you indicate any changes below and an applicable section of the compensation structure is left blank, John Hancock will update that compensation rate to zero
- The compensation shown below is calculated on an annualized basis.

**Note: Unless the Contract is already in the Signature Menu option or an exception in the IMPORTANT INFORMATION section applies, the Class of Funds for your Contract will be changed to the Signature Menu Option (Class 0) if you make any request to add, change or remove compensation below. See the IMPORTANT INFORMATION section for details.**

| Deposit Based Compensation*                 |  |   | Asset Based Compensation                     |   |
|---|--|---|--|---|
| 1 <sup>st</sup> year transfer contributions | 1 <sup>st</sup> year recurring contributions | 2 <sup>nd</sup> year+ recurring contributions | 1 <sup>st</sup> year assets under management | 2 <sup>nd</sup> year+ assets under management |
| ____. _____ %                               | ____. _____ %                                | ____. _____ %                                 | ____. _____ %                                | ____. _____ %                                 |

*\* If the compensation payable to your designated Broker Dealer Firm or Financial Representative includes first year deposit-based compensation, John Hancock will amortize and recoup the cost over the life of the contract by the addition of either a fixed percentage to the contract's asset charge or as part of the Revenue from sub-account of the Expense Ratio of the Funds in which the plan is invested. Depending on the actual experience of the Contract, it is possible that the total amount collected by John Hancock through the Financial Representative Firm Services charge may be more or less than the total amount paid by John Hancock to the Broker Dealer Firm/Financial Representative. If payment of the Financial Representative Firm Services charge results in John Hancock collecting an amount in excess of the total amount it paid to the Broker Dealer Firm/Financial Representative, such excess amount is retained by John Hancock as indirect compensation for its assumption of the risk that it might not recover the total amount that it paid to the Broker Dealer Firm/Financial Representative. If John Hancock does not recover the total amount it paid to the Broker Dealer Firm/Financial Representative, the loss will be absorbed by John Hancock.*

Check here to **REMOVE** compensation for all Broker Dealer Firms and Financial Representatives on record for the Contract. (Compensation will no longer be paid, but Financial Representatives will still have website access to the Contract. **See the IMPORTANT INFORMATION section for additional information if first year deposit based compensation was paid to the current Broker Dealer Firm or Financial Representative.**)

## 6. Effective Date

**Important Information Regarding Conversion to Signature Menu.** Please note the following if your request on this form requires a conversion to the Signature Menu option (see the **IMPORTANT INFORMATION** section) and you select an Effective Date that is not the first business day of the month. The annualized asset charge (as described in Paragraph (3) of the **IMPORTANT INFORMATION** section) after the conversion to the Signature Menu will be calculated at the end of the month *for the entire month*. Due to systems limitations, this is so even though a portion of John Hancock's and other charges may already have been collected via the Cost of the Class of Funds of the investment options offered under your Contract for the days of the month before the conversion to the Signature Menu occurs. The additional amount collected will be retained by John Hancock as additional compensation. To avoid such additional compensation to John Hancock, you may select the first business day of a month as the Effective Date.

Effective date of instructions on this form: 

|       |     |      |  |  |  |
|-------|-----|------|--|--|--|
|       |     |      |  |  |  |
| Month | Day | Year |  |  |  |

The instructions provided on this form will be implemented prospectively on the Effective Date, provided that John Hancock has a reasonable period of time after receiving this form in good order to implement these instructions. If an Effective Date is not provided, or if the Effective Date stated does not provide John Hancock with a reasonable period of time to implement these instructions, then John Hancock will implement these instructions as soon as administratively practicable after receiving this form in good order. Exceptions may apply as described in the **IMPORTANT INFORMATION** section or as otherwise noted on this form.

## 7. Authorization and Signature

I, the undersigned, hereby direct and authorize John Hancock to implement the instructions specified in this form and agree that John Hancock is entitled to rely on the certifications, directions, acknowledgements, authorizations and agreements contained in this form. I have reviewed understand, and agree with the information, terms, and conditions provided on this form, including the **IMPORTANT INFORMATION** section. I agree that the instructions on this form will remain in effect unless and until written instruction to change or to terminate such instructions is received in good order by John Hancock.

I hereby authorize the Broker Dealer Firm and the Financial Representatives indicated above to be given both paper and electronic access to plan-level and participant-level information under the Contract and I further agree that John Hancock will not be responsible to the Plan, the trustee(s), the Plan sponsor, participants or beneficiaries for any expense or loss, including investment loss, resulting from the use of the website access by such Broker Dealer Firm or Financial Representative, or any of their employees or affiliates, whether authorized or unauthorized.

If the request on this form results in changes to the Contract, I acknowledge that I will receive a Contract amendment reflecting such change(s) and I hereby agree that the Contract is amended accordingly.

I acknowledge that it is my responsibility, and not John Hancock's, to ensure that all disclosures that may be required (including, but not limited to, disclosures required under Department of Labor Regulation Section 2550.404a-5) in connection with the changes requested on this form, are provided to my eligible employees, participants and beneficiaries within the required timelines.

I acknowledge that it is my responsibility to ensure that all applicable disclosures required under section 408(b)(2) of ERISA are received from the Broker Dealer Firm or Financial Representative and I hereby represent that the compensation that I authorize does not give rise to one or more prohibited transactions. I represent that the charge for such compensation is authorized under the terms of the Plan and that, in my fiduciary capacity, I have determined that the charge for the compensation is a reasonable expense.

I, the undersigned, on behalf of the Plan sponsor, the Plan and its related trust, agrees to indemnify and hold harmless John Hancock, its employees, agents and affiliates for any losses resulting from John Hancock acting on the instructions provided herein or from making payments in accordance with the instructions on record with John Hancock if the Trustee or Authorized Named Fiduciary fails to provide timely notification to John Hancock to change or terminate such payments.

\_\_\_\_\_  
Signature of Trustee or Authorized Named Fiduciary

\_\_\_\_\_  
Name - please print

\_\_\_\_\_  
Date