



Instructions for completing Broker Dealer Firm or Financial Representative of Record Change Request

The change(s) requested in this form may impact information previously disclosed to your eligible employees. Any changes to previously disclosed plan related information will require notification to your eligible employees, participants and beneficiaries under ERISA Reg. Section 2550.404a-5 at least 30 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 for processing after the required notification in compliance with the required timelines has been provided.

Use this form to:

- **Update** the Broker Dealer Firm or Financial Representative of record; or
- **Add, Change or Remove the compensation** payable to the Broker Dealer Firm or Financial Representative of record for the contract.

NOTE: DO NOT complete this Form:

- If your request is to replace a Financial Representative within the Broker Dealer Firm that is the Broker of record for your contract or to redistribute the compensation share within such Broker Dealer Firm; instead the Broker Dealer should complete the *Broker Dealer Authorization for Financial Representative Change Request* form.
- If your request is to replace your Financial Representative with an Registered Investment Advisor or your Financial Representative is an Registered Investment Advisor, complete the *Registered Investment Advisor Designation* form.

Important Information before completing this form

- Your request on this form may result in modifications to the cost of your total plan services, the Fund Class, and/or annualized credits.
- If the **only** modification required by your request is as described in clause (i) or clause (ii) below:
 - (i) the request results in a corresponding increase or decrease to the cost of your total plan services that is deducted from the participants' account balance, or
 - (ii) the request results in a corresponding increase or decrease to the annualized credits (available to participants) within the existing Fund Class under your contract.

John Hancock Retirement Plan Services will process the requested changes as soon as administratively practicable following receipt of the completed form, provided that it is in good order.

If the request results in changes to your contract, you will receive a contract amendment that reflects the change(s) to your contract and the effective date of the change, once John Hancock Retirement Plan Services has updated its recordkeeping system with the requested change.

- All other requests that require modifications other than, or in addition to, those described in clauses (i) or (ii) above will require additional authorization from the Trustee/Authorized Named Fiduciary. Requested changes in compensation will not be processed until the additional authorization from the Trustee/Authorized Named Fiduciary is received by John Hancock Retirement Plan Services.
- If your request includes a change in the Broker Dealer Firm or Financial Representative appointment and a compensation change, the change in the Broker Dealer Firm or Financial Representative appointment will be made, even if the requested change in compensation can't be processed until additional authorization is received. The new firm or representative will receive compensation in accordance with existing compensation structure, until additional authorization has been received to allow processing of the requested change in compensation.

Fax the completed and signed form to **(416) 852-8700**



Broker Dealer Firm or Financial Representative of Record Change Request

To be completed by Trustee/Authorized Named Fiduciary

- To complete this form, please read the instruction pages attached to this Form.
- Any changes must be initialled in pen. (including numbers crossed out or changed using correction fluid)

Fax the completed and signed form to **(416) 852-8700**

1 General Information

The Trustees of

Plan (the "Plan")

Contractholder Name

Contract Number

2 Broker Dealer Firm or Financial Representative Details

- Complete this section to **update** the Broker Dealer Firm or Financial Representative(s) that are to be associated with this contract, such as compensation share, replacement of a Financial Representative or the addition of a Financial Representative.
- You must provide the compensation share. Compensation share **MUST** total 100% and represents the total compensation paid to the Dealer Firm or Financial Representatives. All Financial Representatives requiring access to the contract **MUST** be listed regardless of compensation.

Compensation Share

1. Broker Dealer Firm Name

Broker Dealer Financial Representative or Financial Representative Name

X X X X X
Social Security Number - Last four digits only

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.

%

2. Broker Dealer Firm Name

Broker Dealer Financial Representative or Financial Representative Name

X X X X X
Social Security Number - Last four digits only

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.

%

If you require additional space, attached additional copies of the page.

Compensation Share Must Total 100%

100 %

3 Removal of Existing Broker Dealer or Financial Representative of Record

Complete this section to **remove** ALL Broker Dealer Firm(s) or Financial Representative(s).

Broker Dealer Firm Name

Broker Dealer Financial Representative or Financial Representative Name

Telephone No.

Broker Dealer Financial Representative Address or Financial Representative Address (Street, City/Town, State, Zip Code)

Broker Dealer Firm Name

Broker Dealer Financial Representative or Financial Representative Name

Telephone No.

Broker Dealer Financial Representative Address or Financial Representative Address (Street, City/Town, State, Zip Code)

To **remove** a Financial Representative and replace with an RIA, complete the *RIA Designation* form.

If you require additional space, attached additional copies of the page.

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Page 1 of 2

4 Compensation Change

Complete this section to **change or remove** the compensation paid to the Broker Dealer Firm or Financial Representative of record for the contract on a go-forward basis. John Hancock Retirement Plan Services will update its recordkeeping system with the new compensation structure provided below. **NOTE: If you indicate any changes below and an applicable section of the compensation structure is left blank, John Hancock Retirement Plan Services will update that compensation rate to zero.** First year compensation rate changes will only be applicable during the first year of the contract.

The compensation shown below is calculated on an annualized basis.

Deposit Based Compensation *			Asset Based Compensation	
1 st year transfer contributions	1 st year recurring contributions	2 nd year + recurring contributions	1 st year assets under management	2 nd year + assets under management
____._____%	____._____%	____._____%	____._____%	____._____%

* If the compensation payable to your designated Financial Representative includes first year deposit-based compensation, John Hancock Retirement Plan Services 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. If an excess occurs, the portion of the charge that is in excess of the amount required for the recoupment of the compensation paid to the Financial Representative is retained by John Hancock Retirement Plan Services as indirect compensation for its assumption of the risk that it might not recover the full amount of payment. Where a shortfall exists, this will be absorbed by John Hancock Retirement Plan Services as a loss. Depending on the actual experience of a plan's contract with John Hancock Retirement Plan Services, it is possible that the total fees collected from the plan may be more or less than the total amount paid by John Hancock Retirement Plan Services to the plan's Financial Representative.

OR

Remove Compensation for the Broker Dealer Firm or Financial Representative on record for the contract. (Compensation will no longer be paid. Financial Representative will still have Financial Representative website access to the Contract.)

5 Authorization and Signature

I, the undersigned Trustee or Authorized Named Fiduciary of the Plan named above hereby authorize John Hancock Retirement Plan Services to implement the compensation changes described above and to add or replace the person(s) identified in Section 2 as the Broker Dealer Firm (and associated Broker Dealer Financial Representative) or Financial Representative(s) of record (the "Intermediary") with respect to the Contract designated above. The undersigned acknowledges and understands that the Broker Dealer Firm (and each of its authorized delegates) or the Financial Representative appointed above, will be provided with both paper and electronic access to plan-level and participant-level information under the Contract. The amount of compensation payable and the services to be provided are negotiated between the undersigned and the Intermediary and determined by the agreement between the two parties.

The undersigned acknowledges that its responsibility to ensure that all applicable disclosures required under section 408(b)(2) of ERISA are received from the Intermediary and hereby represents that the ongoing fee payments that the undersigned authorizes to be made by John Hancock Retirement Plan Services to such parties under the Contract do not give rise to one or more prohibited transactions. The undersigned represents that the payment of such fee(s) is authorized under the terms of the Plan and that the undersigned, in its fiduciary capacity, has determined that the fee requested is a reasonable expense.

As soon as the undersigned becomes aware that any such payments should cease, the undersigned will notify John Hancock Retirement Plan Services promptly by completing a copy of this form. The

undersigned understands and agrees that if the undersigned fails to do so, the fee payments will continue to be made, until the completed form is received by John Hancock Retirement Plan Services and John Hancock Retirement Plan Services cannot be held responsible to the Plan for them.

On behalf of the Plan and its related trust, the undersigned hereby agrees to indemnify and hold harmless John Hancock Retirement Plan Services, its officers, directors, financial representatives, and employees, from and against all claims and causes of actions for acting in reliance on the authorization provided by this form. I understand and agree that this request is subject to the conditions listed above, and that all fees will be charged and held in John Hancock Retirement Plan Services general account until paid to the Intermediary.

I hereby represent that the payment of such fee(s) is authorized under the terms of the Plan and that, in my fiduciary capacity, I have determined that the fee requested is a reasonable expense.

The undersigned further acknowledges that it is its responsibility, and not John Hancock Retirement Plan Services', 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 this request, are provided to the Plan's eligible employees, participants and beneficiaries within the required timelines.

Signature of Trustee/Authorized Named Fiduciary

Name - please print

Date