

Accumulated Retirement Account (ARA) Group Annuity Third Party Administrator (TPA) Change Request John Hancock Life Insurance Company of New York (hereinafter referred to as John Hancock New York or The Company)

Contractholder name The Trustees of				Plan (the "Plan")	Contract number	er	
Section A - Current TPA Inf	ormation						
Name of current TPA							
Address of current TPA - Street, City	/ Town, State and Zip code						
Section B - New TPA Inform	nation						
	e contract. Unless oth	nerwise directed, the new	TPA Firm listed	below will be granted t	he same we	e TPA firm named above to the ebsite access privileges that are ne manage profile section.	
Name of new TPA							
Address of new TPA - Street, City / T	own, State and Zip code						
TPA Contact Name				Phone number		Fax number	
Effective date of change	fective date of change Month Day Year Effective date can be a future date only. If left blank, effective date will be the date the form is received by John Hancock New York.						
Section C - Fees							
If left blank, current TPA fe	ee schedule will apply	to the new TPA.					
Select a Fee Option							
No Fees (current TPA	fee schedule should	be removed and no new f	ees apply)				
New/Change Fees (C							
Section D - TPA Service and	d Standing Loan Fees						
As trustee(s) of the Plan na John Hancock Life Insurar				he following TPA Fees	to the new	TPA named above:	
Check the applicable box(Total Annualized TPA		%					
□ A _{\$}		onth per participant. .00 per month per particip	eant)				
				o of \$250.00) for each loan issued under the contract.			

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Section E - Authorization

I understand that payment of the above fee(s) may be changed or terminated only upon receipt of written notification from the undersigned or an authorized plan representative.

With respect to the fees authorized above, I acknowledge that the following conditions apply:

- 1. The effective date of this authorization will be the date that the appointment of the TPA named on page 1 becomes effective or the date that this form, duly and properly completed is received by John Hancock New York, whichever is later.
- 2. A confirmation of all fees paid will be sent to the TPA and Trustee each month.
- 3. Service Fees: These fees will be deducted from Contract Assets in accordance with instructions above.
- 4. Standing Loan Fee:
 - a. The fee is one time charge for each loan issued under the contract.
 - b. The same fee will be applicable to all loans issued within the contract, unless waived or if John Hancock New York is otherwise notified.
 - c. This fee will be paid to the TPA as part of the monthly charges deducted.
 - d. This fee will be specified on participant statements.

By signing below, I hereby direct John Hancock New York to make the changes requested above and if applicable, to pay to the TPA designated above the referenced fee(s). I understand and agree that these fees will be deducted from the participants' accounts and held in John Hancock New York's general business account until paid to the TPA. I hereby represent that these fees are authorized under the terms of the Plan and that, in my fiduciary capacity, I have determined that these fees are reasonable. I further certify that the payments to the TPA designated above of the TPA service fees and the standing loan fee by John Hancock New York is not a prohibited transaction under the Employee Retirement Income Security Act or the Internal Revenue Code. Unless otherwise directed, the new TPA Firm listed on this form will be granted the same website access privileges that are currently in place for your contract. I hereby agree to indemnify and hold harmless John Hancock New York, its affiliates, agents, and employees for any loss, damage, liability, penalty, or tax that such parties may incur if any such payment is deemed to give rise to one or more such prohibited transactions or for implementing the instructions on this form.

Signature of trustee or authorized named fiduciary	Name	Date

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