



# Change of joint account holder

John Hancock Safe Access Accounts

## Important information

Use this form to add or remove a joint account holder on your John Hancock Safe Access Account. **A jointly-owned account acts as a joint tenancy with right of survivorship, where upon death of one owner, the living owner serves as the sole account holder.**

**All current and new account holders must sign this form and their signatures must be notarized in order for this form to be considered in good order.** All trustees must sign if the account is owned by a trust.

- **Power of attorney:** If this form is signed by an attorney-in-fact or agent appointed in a power of attorney, a complete copy of the power of attorney must be included with this form unless previously submitted. John Hancock reserves the right to request proof that the power of attorney is still valid before processing this request.
- **Guardians and conservators:** If this form is signed by a guardian or conservator, a complete copy of their court appointment must be included with this form unless previously submitted. John Hancock reserves the right to request proof that the authority of the guardian or conservator is still in effect before processing this request.

**Note:** The primary account holder cannot be changed. If the current joint account holder is deceased, please do not submit this form. Instead, submit the John Hancock Safe Access Account Surviving account holder information request form.

## Contact us



### Website

johnhancock.com/  
safe-access-account.html



**Phone:** 800-248-6110

**Fax:** 617-572-5007

**TTY:** 800-555-1158



### Return instructions

See the end of this document for return instructions.

## 1. Current account holder information

All accounts to which these instructions apply (provide one account per line)

Account number

Account number

Account number

**Note:** If you need to list more than 3 accounts, please do not enter more than one account per line. Instead, submit an additional form for the remaining account(s).

## Primary account holder information

Name (First)

MI

Last

Date of birth (MM/DD/YYYY)

Address (Street)

City

State or country (if outside the U.S.)

Zip code

Phone number

Mobile number

See text message consent below.

Email address

## Text message consent

John Hancock offers a text message program that sends proactive notifications regarding the status of your request to the mobile phone number provided. By providing your mobile number above, you expressly consent to receive SMS messages (including text messages) from John Hancock, which may be delivered using an automated texting program. Additionally, you agree that you are the owner and authorized user of the mobile phone number provided on this form and agree to notify John Hancock immediately if you change or obtain a new phone number, or no longer maintain the phone number provided. Please view our privacy policy at [johnhancock.com/privacy](http://johnhancock.com/privacy). There is no separate charge for this service; however, your carrier's message and data rates may apply.

**Check this box** if you provided your mobile number but wish to withdraw your consent to receive these SMS messages.



Account number(s): \_\_\_\_\_

**1. Current account holder information (continued)**

**Joint account holder information (if applicable)**

\_\_\_\_\_  
Name (First) MI Last Date of birth (MM/DD/YYYY)

\_\_\_\_\_  
Phone number Email address

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City State or country (if outside the U.S.) Zip code

**2. Joint account holder change instructions**

**Select one or both of the following:**

- Add a joint account holder
- Remove the joint account holder noted in section 1

**New joint account holder information (if applicable)**

\_\_\_\_\_  
New joint account holder's name (First) MI Last

\_\_\_\_\_  
Social Security number (or TIN) Date of birth (MM/DD/YYYY)

\_\_\_\_\_  
Phone number Email address

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
City State or country (if outside the U.S.) Zip code

**Tax classification for joint account holders that are not individuals**

Please check the appropriate box below to indicate how you are taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

- Trust
- Other (please specify, for example, Charity, Nonprofit) \_\_\_\_\_



Account number(s): \_\_\_\_\_

### 3. Signatures and authorizations

#### By signing below, we understand that:

- If adding a joint account holder, the account holder is granting an ownership interest in the account to this new joint account holder and giving them the right to access funds in, and initiate transactions available on, the account without approval or consent from the other account holder. If there was previously no joint account holder, the account will be changed from an individual account to a jointly-owned account with right of survivorship.
- If removing a joint account holder, their ownership interest in this account will be relinquished and they will no longer have the right to access funds or act on behalf of this account.



If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney (POA), Guardian), please indicate your title by checking the appropriate box below your signature.

#### Current account holder(s) (all must sign)

**SIGN HERE** \_\_\_\_\_ Today's date (MM/DD/YYYY)

Signature of account holder

Title (please check appropriate box, if applicable):

Trustee     Power of Attorney     Guardian     Other \_\_\_\_\_

**SIGN HERE** \_\_\_\_\_ Today's date (MM/DD/YYYY)

Signature of joint account holder (if applicable)

Title (please check appropriate box, if applicable):

Trustee     Power of Attorney     Guardian     Other \_\_\_\_\_

#### For account holder additions only: new joint account holder must sign

##### Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

**Certification instructions:** You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.



If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney (POA), Guardian), please indicate your title by checking the appropriate box below your signature. If a title is not indicated or the new joint account holder's full Social Security number or taxpayer identification number is not included in section 2 of this form, mandatory tax withholding will apply to interest credited to the account.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.**

**SIGN HERE** \_\_\_\_\_ Today's date (MM/DD/YYYY)

Signature of new joint account holder (if applicable)

Title (please check appropriate box, if applicable):

Trustee     Power of Attorney     Guardian     Other \_\_\_\_\_



Account number(s): \_\_\_\_\_

**4. Notarization**

**Account holder**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned  
Day Month Year Notary's name

Notary Public, personally appeared \_\_\_\_\_, and proved to me through satisfactory evidence of identity,  
Account holder's name

which was \_\_\_\_\_, to be the person whose name was signed above in my presence.

SIGN HERE

\_\_\_\_\_  
Signature of notary public



Notary Public Seal Here

My commission expires (MM/DD/YYYY) \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

**Joint account holder (if applicable)**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned  
Day Month Year Notary's name

Notary Public, personally appeared \_\_\_\_\_, and proved to me through satisfactory evidence of identity,  
Joint account holder's name

which was \_\_\_\_\_, to be the person whose name was signed above in my presence.

SIGN HERE

\_\_\_\_\_  
Signature of notary public



Notary Public Seal Here

My commission expires (MM/DD/YYYY) \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

**Return instructions**

**Please submit your completed and signed form via one of the following:**

**Regular mail** John Hancock Safe Access Accounts  
PO Box 55979, Boston, MA 02205-5979

**Fax 617-572-5007**

**Overnight mail** John Hancock Safe Access Accounts  
410 University Avenue, Suite 55979, Westwood, MA 02090-5979

