

Important Information about this Form

- Use this form to supply any updates to the following addresses important to the servicing of your plan.
- Use the *Client Address Change Request - Non-U.S. Locations* form, in instances where the address information includes non-U.S. states/territories.
- Trustees and Authorized Signers can update contact information on our plan sponsor website at www.jhpensions.com/er (in New York, www.jhnpensions.com/er)

Completed documents must 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**

Contractholder Name

Plan (the "Plan")

Contract Number

2. Client Address

Client Mailing Address - The address of the designated "Client Mail Recipient" for your plan, i.e. the individual who will be the recipient of all plan sponsor correspondence from John Hancock.

Street Address or P.O. Box

City, State, Zip Code

Client Courier Address ☐ Same as Client Mailing Address (cannot be a P.O. Box address)

Street Address

City, State, Zip Code

3. Legal Address

Legal Mailing Address - The address of the principal place of business of the Plan Sponsor must be a U.S. location.

Same as ☐ Client Mailing Address ☐ Client Courier Address

Street Address or P.O. Box

City, State, Zip Code

Legal Street Address - . If P.O. Box provided above, you must include street address as well.

Street Address

City, State, Zip Code

4. Trustee Address

Trustee Mailing Address - Correspondence required to be addressed to the "Trustee Mail Recipient" will be sent to the Trustee mailing address provided below.

Same as ☐ Client Mailing Address ☐ Client Courier Address ☐ Legal Address

Street Address or P.O. Box

City, State, Zip Code

Trustee Street Address - . If P.O. Box provided above, you must include street address as well.

Street Address

City, State, Zip Code

5. Authorization

I hereby authorize John Hancock to update its records with the address changes so noted on this form.

On behalf of the Plan Sponsor, the Plan, and its related trust, I agree to indemnify and hold harmless John Hancock and its affiliates and each of their employees, agents, directors, and officers, from and against any and all losses, liabilities, penalties, and taxes that it or they may incur as a result of complying with the instructions provided on this form.

Signature of Trustee/Authorized Signer

Name - please print

Date