



John Hancock USA Annuities Request for 1035 Exchange Form

INSTRUCTIONS

Use this form to accomplish a **FULL or PARTIAL** exchange of a life insurance policy or annuity contract (pursuant to IRC section 1035) to a Venture Annuity.

Please note the following:

- This form is not to be used for qualified retirement plan or IRA transfers, or other taxable exchanges.
- The application for the new annuity contract must have the same contractual designation (i.e. owner(s) and annuitant(s)) as the current contract.

Note: Before completing this form, you should contact the transferring company to determine if they have any special requirements/paperwork for liquidation.

☐ **New Annuity Contract Applicants:** Check this box if proceeds from this 1035 exchange will be used to open a new non-qualified annuity. Complete this form and forward it to the address listed in the Contact Information section. Be sure to include your completed annuity application, applicable State Replacement forms and any existing contracts or certificates.

☐ **Existing Annuity Contract Owners:** Check this box if you have a current non-qualified annuity with John Hancock USA and wish to use your existing annuity for this transfer. It is not necessary to complete a new annuity application. Be sure to include applicable State Replacement forms and any existing plan contracts or certificates.

Please provide us with your existing Venture Annuity contract number: _____

1. INFORMATION ABOUT YOU

Owner's name: _____ Social security number/TIN: _____

Co-owner's name (if any): _____ Social security number/TIN: _____

Annuitant's/Insured's name: _____ Social security number/TIN: _____

Co-annuitant's/Insured's name (if any): _____ Social security number/TIN: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

2. POLICY EXCHANGE INFORMATION

A) Information about the policy to be surrendered/exchanged:

Surrendering financial institution: _____

Street address: _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

Current contract/Policy number _____ ☐ Annuity contract ☐ Life insurance policy ☐ Other

B) Type of exchange (Check one):

☐ Full liquidation/exchange
My original contract/policy is: ☐ Enclosed ☐ Destroyed

☐ Partial liquidation/exchange
I request a partial exchange from the aforementioned annuity in the amount of: \$ _____ or _____ %
of my current contract value.

C) Instructions:

Please liquidate: ☐ Immediately ☐ When indicated: _____ / _____ / _____

3. COST BASIS INFORMATION (For insurer use only):

Please provide John Hancock USA with the following tax cost basis information:

Pre-TEFRA: _____
(DEPOSITS MADE PRIOR TO AUGUST 14, 1982, LESS APPLICABLE WITHDRAWALS)

Post-TEFRA: _____
(DEPOSITS MADE AFTER AUGUST 14, 1982, LESS APPLICABLE WITHDRAWALS)

4. AUTHORIZATION TO TRANSFER AND SIGNATURE(S)

I/We as Owner(s) of the above named account, request the proceeds to be transferred to an account established with John Hancock Life Insurance Company (U.S.A.). I/We intend this transaction to be accomplished so as not to place me/us in actual or constructive receipt of the proceeds so that it will qualify as a tax-free exchange, pursuant to section 1035 of the Internal Revenue Code. Do not withhold for taxes. I/We request that my/our name(s) not appear as joint payee on the check nor shall any endorsement thereon be necessary for deposit. If my/our name(s) must be used, it/they must be preceded by "FBO," meaning "for the benefit of."

I realize that the proposed exchange may constitute a replacement of an existing life insurance policy or annuity contract and may have important consequences. I certify that the proposed transfer is in my best interest and has been undertaken based on an analysis of the features and benefits of both the existing and new policy/contract. I am further aware that if I request a full or partial liquidation of my account prior to a maturity date, I may be subject to surrender or withdrawal penalties from the transferring institution named in Section 2.

I understand and agree that John Hancock USA has neither responsibility nor liability for the validity of this transaction or for my tax treatment under Section 1035(a) of the Internal Revenue Code or otherwise. I have been directed to consult my tax or legal adviser before proceeding.

If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which requires that the cost basis of the original contract be reduced pro rata by the amount of the exchange to the new contract. It is also subject to all current and future IRS guidance and regulations. I understand that the IRS has concerns about taxpayers using partial exchanges to avoid tax obligations, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding taxes or early withdrawal penalties. I expressly represent that the sole purpose is to affect a partial 1035 exchange of an annuity contract under Section 1035(a) of the Internal Revenue Code and that John Hancock USA has made no representations concerning tax treatment of this transaction.

Please visit our Web site (address below) for important information regarding replacements.

Signature of Owner: _____ Date: ____ / ____ / ____

Signature of Co-owner (if any): _____ Date: ____ / ____ / ____

Signature of Irrevocable Beneficiaries: _____ Date: ____ / ____ / ____

Witness to Signature: _____ Date: ____ / ____ / ____

Signature Guarantee (if applicable): _____ Date: ____ / ____ / ____

5. ACCEPTANCE OF ASSIGNMENT

To affect a nontaxable 1035 exchange, John Hancock USA accepts the complete and absolute assignment of the above captioned annuity contract (or portion of such annuity contract) when an assignment is involved, and accepts the value being exchanged. John Hancock USA has established an annuity contract for the contract owner listed in Section 1.

By, _____ Date: ____ / ____ / ____
AUTHORIZED SIGNATURE TITLE

6. CHECK INFORMATION

Please surrender the annuity, or part thereof, and make check payable to John Hancock USA. Please forward the proceeds along with the tax cost basis information to: "John Hancock Life Insurance Company (U.S.A.)" in the address listed in Section 7.

Please identify your remittance with the following John Hancock USA contract number: _____

7. CONTACT INFORMATION



Mail this form to:

John Hancock USA
P.O. Box 55230
Boston, MA 02205-5230

Overnight address:

John Hancock USA
601 Congress St.
Boston, MA 02210-2805



For assistance call:

1-800-344-1029



www.johnhancockannuities.com