



Accumulated Retirement Account (ARA) Group Annuity Participant Data Change

John Hancock Life Insurance Company of New York

(hereinafter referred to as John Hancock New York or The Company)

• Please print all information. Shaded areas are to be completed by the Plan Administrator.

Change of: Personal Data Salary Deferral Beneficiary
For CHANGE OF INVESTMENTS, please complete Investment Change Form.

Section A - General Information

| | | | | | |
|---|------------------------|-----------------|-------|-----|------|
| Contractholder Name (Employer) | | Contract Number | | | |
| Participant Name (Last Name, First Name, Initial) | Social Security Number | Effective Date | Month | Day | Year |

Section B - Personal Data to be changed / corrected. Complete only information to be changed / corrected.

| | | | | | |
|---|---|---------------------------|-------|-----|------|
| Participant Name (Last Name, First Name, Initial) | | Date of Birth | Month | Day | Year |
| State of Residence | Department/Division | Date of Employment | Month | Day | Year |
| Payroll Number | Participant Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive | Normal Date of Retirement | Month | Day | Year |

The information in Sections C and D are solely for the benefit of the Plan Administrator.
This information shall not be maintained or acted upon by John Hancock New York.
Please report any change to this information directly to the Plan Administrator at your company.

Section C - Ongoing Contribution Instructions

Traditional 401(k)
I elect to defer % or \$ from my salary / wages per pay period as ongoing contributions (Not to exceed current Plan and / or IRS limitations).

AND/OR (if applicable)

Roth 401(k)
I elect to defer % or \$ from my salary / wages per pay period as ongoing contributions (Not to exceed current Plan and / or IRS limitations).

I elect not to defer at this time. Complete Section E

Section D - Beneficiary Designation

Married Participant I understand that I must elect my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please see your Plan Administrator for a Spousal Consent Form if naming a Primary Beneficiary other than your spouse.)

Unmarried Participant I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

I understand that if I outlive my Primary Beneficiary(ies), benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). For additional space, please attach a separate page providing all designation information and the percentage share for each.

Primary Beneficiary

| | | | | | | | |
|--|------------------------|---------------|-------|-----|----------|-----------------------------|---------|
| Name (Last Name, First Name, Middle Initial) | Social Security Number | Date of Birth | Month | Day | Year | Relationship to Participant | Share % |
| Address - Number, Street, Suite, | | City | State | | Zip Code | | |

Contingent Beneficiary

| | | | | | | | |
|--|------------------------|---------------|-------|-----|----------|-----------------------------|---------|
| Name (Last Name, First Name, Middle Initial) | Social Security Number | Date of Birth | Month | Day | Year | Relationship to Participant | Share % |
| Address - Number, Street, Suite, | | City | State | | Zip Code | | |

Section E - Signature

| | | | | | |
|--------------------------|------|-------|------|--------|------|
| Signed at | City | State | This | Day of | Year |
| Signature of Participant | | | | | |