



Banking Authorization for Automated Clearing House (ACH) Transactions

Important Information about this Form

Complete this form if you wish to authorize John Hancock Life Insurance Company (U.S.A.) (or JHNY) ("John Hancock") to process ACH transactions under your group annuity contract by automated payment from the bank account listed below. ACH Transactions can only be initiated in conjunction with electronic contribution submissions or online bill payments.

You will need to identify which client contact(s) should have authorization to use this feature. If these individuals are existing Plan Sponsor website user(s), complete Section 3. If you want to authorize an individual who is not an existing client contact with Plan Sponsor website access, you will also need to complete the *Client Contact and Website Access Request* form. If Section 2 and 4 are both completed, then a change will occur to the existing (deleting) bank account on file and the existing website user(s) will continue to have access to the newly added bank account.

This request is subject to the processing and procedure guidelines contained in John Hancock's Administrative Guidelines for Financial Transactions ("AGFT"). The latest AGFT is available on the John Hancock plan sponsor website or you may contact your John Hancock representative for a copy.

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. Adding Banking Authorization for ACH Transactions

Complete this section if you wish to authorize John Hancock to process ACH Transactions under your group annuity contract by automated payments from the bank account listed below. If you have additional accounts, complete another copy of this form. It is important to attach a pre-printed voided check OR a signed letter from the bank with the same information as requested below. If the company name on the check is not the same as the plan sponsor name, please attach an affiliation letter.

Bank Account ☐ Checking Account ☐ Savings Account

Bank Name

Account Number

Transit/Routing Number/ABA Number

Bank Address – Street Address, City, State, Zip Code

Bank Contact (if available)

Bank Account Description (if applicable)

Telephone No.

3. Existing Client Contacts with Plan Sponsor Website User Access Authorization to Initiate ACH Transactions

Complete this section to provide authorization to initiate ACH transactions with respect to the bank account listed above to select client contacts already on record for your contract with John Hancock. To access a listing of all current contact(s) on record, refer to the Contact information page on the Plan Sponsor website.

☐ In addition to the individuals listed below, I authorize all existing Trustee Contact users on record for our contract with John Hancock to initiate ACH transactions with respect to the bank account listed above.

If this section is left blank:

- Authorization to initiate ACH transactions with respect to the bank account listed above will be given to existing Trustee Contact users on record for your contract with John Hancock.
- If Section 2 and 4 are both completed, then a change will occur to the existing (deleting) bank account on file and the existing website user(s) will continue to have access to the newly added bank account listed above.

Name of Client Contact

Name of Client Contact

Name of Client Contact

Name of Client Contact

4. Deleting Banking Authorization for ACH Transactions

Specify the bank account(s) to be deleted from your contract. When deleting an account, ensure that client contacts continue to have access to active ACH accounts.

Bank Name

Account Number

Transit/Routing Number/ABA Number

Bank Name

Account No.

Transit/Routing Number/ABA Number

5. Authorization and Signature

I understand and agree to the following terms and conditions in connection with my selection of the Bank Account for ACH Transactions above.

1. By completing the above, I authorize John Hancock to process automated payments from the bank account indicated (the "Account") in connection with my group annuity contract, and to process such bank transactions and/or contribution allocations under the group annuity contract based on instructions received from (a) the individuals I have designated above (or which I have designated on a separate *Client Contact and Website Access Request* form submitted to John Hancock, or (b) the existing Trustee Contact users on file with John Hancock, as the case may be. The bank identified in this agreement is hereby authorized to debit the Account in accordance with the instructions provided to John Hancock.
2. This authorization remains in full force until John Hancock has received notification of its termination or change from the Plan's Trustee or Authorized Named Fiduciary by completing a copy of this form.
3. I understand and acknowledge that if I have elected to make contributions under the group annuity contract by ACH transactions and if instructions for such transactions are transmitted electronically to John Hancock, the use of an appropriate userid and password shall be sufficient authorization for John Hancock to process such transactions, whether or not the individuals submitting the files are authorized to do so.
4. The undersigned, on behalf of the Plan sponsor, the Plan, and its related trust, agrees to hold harmless and indemnify John Hancock, its employees, agents, or affiliates for acting on the instructions provided herein. I hereby certify that I am duly authorized to act on behalf of the Plan Sponsor and the Plan and to provide the instructions, authorization, representations, and indemnification contained herein.

Signature of Trustee/Authorized Named Fiduciary

Name - please print

Date