



**Accumulated Retirement Account (ARA) Group Annuity
Agent Change Request
John Hancock Life Insurance Company of New York**

Please send all agent changes to:
Mail: John Hancock Retirement Plan Services
Broker Contracting & Compensation
PO Box 600, Buffalo, NY 14201-0600

Fax no.: (416) 852-8700
Email: srsagency@jhancockny.com

Contractholder name The Trustees of	Plan (the "Plan")	Contract number
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Section A - New Broker Information

Agent Name	Social Security No. - Last four digits only X X X - X X -
Address - Number, Street, City/Town, State, Zip code	
Phone no.	Fax no.
Broker/Dealer	Commission Share % (if known) %

If additional Brokers need to be added, complete information below.

Agent Name	Social Security No. - Last four digits only X X X - X X -
Address - Number, Street, City/Town, State, Zip code	
Phone no.	Fax no.
Broker/Dealer	Commission Share % (if known) %

Agent Name	Social Security No. - Last four digits only X X X - X X -
Address - Number, Street, City/Town, State, Zip code	
Phone no.	Fax no.
Broker/Dealer	Commission Share % (if known) %

Agent Name	Social Security No. - Last four digits only X X X - X X -
Address - Number, Street, City/Town, State, Zip code	
Phone no.	Fax no.
Broker/Dealer	Commission Share % (if known) %

Agent Name	Social Security No. - Last four digits only X X X - X X -
Address - Number, Street, City/Town, State, Zip code	
Phone no.	Fax no.
Broker/Dealer	Commission Share % (if known) %

Section B - Authorization and Signature

The undersigned hereby authorizes John Hancock Life Insurance Company of New York (the "Company") to substitute the above individual(s) as the broker of record with respect to the Contract designated above. The undersigned acknowledges and understands that the individuals appointed above will be provided with both paper and electronic access to plan-level and participant-level information under the Contract. The above appointment shall continue in effect until written notification of its revocation is provided to the Company. The undersigned agrees to indemnify and hold harmless the Company, its officers, directors, agents, and employees, from and against all claims and causes of actions for acting in reliance on the authorization provided by this form.

Signature of Trustee or Authorized Named Fiduciary	Date	Name
		Title