



Individual Retirement Account (IRA) Beneficiary Designation Form

Please print in all CAPITAL LETTERS and use black ink.

This form designates or amends beneficiary(ies) for all types of IRAs. This form supersedes all previous designations.

This beneficiary designation will apply to all of your John Hancock mutual funds within the IRA type(s) indicated by you below. Each of the undersigned agrees to indemnify John Hancock Signature Services, Inc. and John Hancock Funds, LLC against any loss, claim or expense (including reasonable attorney's fees) to the extent that any transfer effected pursuant to these instructions is alleged or found for any reason to have been invalid or ineffective, and transfer is subject to the condition that John Hancock Signature Services, Inc. and John Hancock Funds, LLC will be entitled to attach or debit the account of the IRA beneficiary to the extent necessary to enforce their rights to this indemnity.

1. Shareholder Information

Owner's Name (First)	(MI)	(Last)
Social Security Number (Required)	Date of Birth (MM/DD/YYYY)	

2. IRA Type

Traditional IRA Roth IRA Simple IRA SAR/SEP SEP

3. Mailing Address

Address		
City	State	Zip
Phone Number		

4. Beneficiary Designation (all information must be completed)

- John Hancock Funds reserves the right to round up fractional shares for distribution.
- Designating beneficiaries is an important part of the estate planning process. Please take care in choosing your beneficiaries and, of course, make plans to periodically review your beneficiaries to make sure nothing should change. We have provided some basic information about this process below; however, if you have specific questions regarding how this will affect your estate plan, we recommend that you contact your tax adviser or estate attorney.
- You may change your beneficiary(ies) at any time after the initial designation by notifying John Hancock Signature Services, Inc., in writing.
- If no beneficiaries are designated, or if there are no beneficiaries living at the time of your death, your estate will generally be entitled to your account assets.
- Percentages for beneficiaries must total 100% for each section. If not, transfers shall be made proportionally on the percentages stated. If no percentages are indicated, each primary beneficiary who survives you will receive equal percentages of your account.
- If multiple beneficiaries are listed and a beneficiary does not survive you, his or her percentage will be divided equally among the remaining beneficiaries, unless previously stated otherwise.
- Contingent beneficiaries are entitled to receive your account only if there are no surviving primary beneficiaries at the time of your death.
- For Trusts, please list the Trust name, name of Trustees and Trust establishment date.
- John Hancock Funds allows you to place certain restrictions on distributions made to your named beneficiaries. In order to take advantage of this feature, please leave this section blank and complete the John Hancock Funds Individual Retirement Account (IRA) Restricted Beneficiary Designation Form available by calling John Hancock Signature Services, Inc. at 800-225-5291 or by visiting our Web site at www.jhfunds.com.

continued

Name of Primary Beneficiary(ies)	SSN/Tax ID#	% Share	Date of Birth/Trust	Relationship to Owner

TOTAL: _____ (Must add up to 100%)

Name of Contingent Beneficiary(ies)	SSN/Tax ID#	% Share	Date of Birth/Trust	Relationship to Owner

TOTAL: _____ (Must add up to 100%)

Spousal Consent — Required if your spouse is not named as sole primary beneficiary and you reside in a community or marital property state. You should consult with your own legal or tax adviser to determine if spousal consent is required.

I am the spouse for the above-named IRA account owner. I acknowledge that a designation of a non-spouse beneficiary may not be effective in my state without my consent. I hereby consent to the beneficiary designation(s) stated above.

Signature of Spouse

____/____/____
Date (MM/DD/YYYY)

5. Signature

- The terms and conditions of this beneficiary designation are construed and administered according to the laws of the Commonwealth of Massachusetts.
- Any addition to, deletion from or change to this form is void unless approved in writing by John Hancock Funds.

X _____
Signature of Account Owner

____/____/____
Date (MM/DD/YYYY)

6. Mail

Please enclose and mail to:

Regular mail:
Mutual Funds Operations
John Hancock Signature Services, Inc.
P.O. Box 55913
Boston, MA 02205-5913

Express mail:
Mutual Funds Operations
John Hancock Signature Services, Inc.
30 Dan Road
Canton, MA 02021



1-800-225-5291
1-800-554-6713 TDD
1-800-338-8080 EASI-Line
www.jhfunds.com

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