



MUTUAL FUNDS

# Change of Address Form

Please print in all CAPITAL LETTERS and use black ink.

This form is to be used ONLY if you are updating an existing JHF account.

## 1. Shareholder Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name (First)	(MI)	(Last)

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Social Security Number				

<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Owner's Name (First)	(MI)	(Last)

This change applies to all my accounts. OR  This change applies only to the accounts listed below.

Check one share class

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name	Account Number	A	B	C	I	R
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name	Account Number	A	B	C	I	R
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name	Account Number	A	B	C	I	R
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name	Account Number	A	B	C	I	R
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund Name	Account Number	A	B	C	I	R

## 2. Address Change (All information is required)

**New Residential Address or Principal Place of Business** (no P.O. boxes except A.P.O. or F.P.O. boxes)

<input type="text"/>
Street Address / A.P.O. or F.P.O. Box / Apt. #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Phone Number				

**Mailing Address** (if different from above)

<input type="text"/>
Street Address / A.P.O. or F.P.O. Box / Apt. #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	

### 3. Signature

I authorize you to change the address on the account(s) listed above. I am aware that any redemption request received within 30 days of this address change request will need to be made in writing and must include a signature guarantee\*, which protects me against fraudulent orders.

X \_\_\_\_\_  
Signature of Owner (sign exactly as name appears in Section 1)

/  /

Date

### 4. 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

\*You will need to obtain your signature guarantee from a member of the Signature Guarantee Medallion Program. Most brokers and securities dealers are members of this program. A notary public CANNOT provide a signature guarantee.



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

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