



ADDRESS CHANGE FORM

(please print clearly)

ME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE)

(DATE)

7076 10001 XXXXX8905 201 101

GROSS AMOUNT	30.40
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

TOTAL DEDUCTIONS	0.00
NET AMOUNT	30.40

TAX REPORTING AMOUNT

TAXABLE AMT 30.40

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE)

(JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company (U.S.A.) to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: 01/31/2011 CHECK NUMBER GB7-001561999

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

PO BOX 9512
PORTSMOUTH, NH 03802-9512



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) (DATE)

7076 10001 XXXXX8905 201 101

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

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BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____

(please enclose a VOIDED check)

ABA #

(SIGNATURE) (JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company (U.S.A.) to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: 06/30/2011 CHECK NUMBER GB7-001725910

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

PO BOX 9512
PORTSMOUTH, NH 03802-9512

GROSS AMOUNT	30.40
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

TOTAL DEDUCTIONS	0.00
NET AMOUNT	30.40

TAX REPORTING	AMOUNT
TAXABLE AMT	30.40

3944340

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

If Federal Income Taxes are not being withheld from your payment because you have elected not to have withholding apply and if you wish to revoke that election and have Federal Income Taxes withheld from your payments, please let us know.

Payments made to United States citizens and delivered to an address outside the United States may be subject to federal withholding tax. The recipient is not allowed to elect out of federal tax withholding. Unless there is an election on file, the standard withholding amount for periodic payments is based on married with three withholding allowances. Generally, payments made to Non-Resident Aliens are subject to a 30% United States federal tax withholding. To the extent that some non-resident aliens are resident in countries that have reduced withholding rates pursuant to tax treaties with the United States, lower withholding rates would be applied. In order to withhold taxes at a lower rate, we must have a valid W8-BEN form on file for the person or entity to which the payment was made. Failure to complete a valid W8-BEN will result in a 30% tax withholding from the payment.



Fixed Product Administration
P.O. Box 9512
Portsmouth, NH 03802-9512

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

GB7-001758279

06 N

NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX

77079-5914

7076 10001 XXXXX8905 201 101

GROSS AMOUNT	30.40
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

DUE DATE 07/29/2011 CHECK NUMBER GB7-001758279

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL: 1-800-824-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

TOTAL DEDUCTIONS	0.00
NET AMOUNT	30.40
TAX REPORTING	AMOUNT
TAXABLE AMT	30.40

PO BOX 9512
PORTSMOUTH, NH 03802-9512

Deposited 8.18.11

4006730

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PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

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