Employee Data Change

- *Please print all information.*
- *Return this completed form directly to the Plan Administrator at your company. Contact your Plan Administrator to make any other personal data changes not provided for by this form.*

Contract - Reset Form

Change of: ☐ Personal Data ☐ Salary Deferral ☐ Beneficiary
For CHANGE OF INVESTMENTS, please complete Investment Change Form.

Effective Date of Change(s) Month | Day | Year

Section A - General Information

Contractholder Name (Trustee)
Trustees of **Plan (the "Plan")**

Contract Number

Current Employee Name (Last Name, First Name, Initial)

Social Security Number

Section B - Personal Data to be changed / corrected. Complete only information to be changed / corrected.

Employee's new Name (Last Name, First Name, Initial)

New Social Security Number

Authorization Signature of Authorized Plan Administrative Contact | Name | Date

Note to Plan Administrator

1) **Changes to Section C and any other employee personal data changes can be reported to John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA") using the census template file or online on the plan sponsor website.**
2) **For changes to Sections C and D, do not return this form to John Hancock USA. This information shall not be maintained or acted upon by John Hancock USA.**

Section C - Ongoing Contribution Instructions

☐ **Traditional 401(k)** I elect to defer ____ % or $ ____ from my salary / wages per pay period as ongoing contributions (Not to exceed current Plan and / or IRS limitations).

AND/OR (if applicable)

☐ **Roth 401(k)** I elect to defer ____ % or $ ____ from my salary / wages per pay period as ongoing contributions (Not to exceed current Plan and / or IRS limitations).

☐ I elect **not** to defer at this time. Complete Section E

Section D - Beneficiary Designation of Plan Participant

☐ Married Participant — I understand that I must elect my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please see your Plan Administrator for a Spousal Consent Form if naming a Primary Beneficiary other than your spouse.)

☐ Unmarried Participant — I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

I understand that if I outlive my Primary Beneficiary(ies), benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). For additional space, please attach a separate page providing all designation information and the percentage share for each.

Primary Beneficiary

Name (Last Name, First Name, Middle Initial) | Social Security Number | Date of Birth Month Day Year | Relationship to Participant | Share %

Address - Number, Street, Suite, City, State, Zip Code

Contingent Beneficiary(ies)

Name (Last Name, First Name, Middle Initial) | Social Security Number | Date of Birth Month Day Year | Relationship to Participant | Share %

Address - Number, Street, Suite, City, State, Zip Code

Name (Last Name, First Name, Middle Initial) | Social Security Number | Date of Birth Month Day Year | Relationship to Participant | Share %

Address - Number, Street, Suite, City, State, Zip Code

Name (Last Name, First Name, Middle Initial) | Social Security Number | Date of Birth Month Day Year | Relationship to Participant | Share %

Address - Number, Street, Suite, City, State, Zip Code

Section E - Authorization

Signature of Employee | Name | Date

GP1534 (05/2007)