

Pension Check – Payment Form

Participant Information	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> First Name MI Last Name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Participant's Legal Residence Address () Telephone </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>
Preferred Payment Method	Please select one: <input type="radio"/> Check <input type="radio"/> Direct Deposit <input type="radio"/> IRA Rollover
If you elected to receive your refund via Direct Deposit or IRA Rollover, please fill out the bank account information and authorization sections below:	
Check Mailing Address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Institution Name <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Address <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>
Account Information – Bank <i>Please check one of the following:</i>	<input type="radio"/> Checking Account Number <div style="border-bottom: 1px solid black; width: 300px;"></div> <input type="radio"/> Savings Account Number <div style="border-bottom: 1px solid black; width: 300px;"></div> Account is in the Name of <div style="border-bottom: 1px solid black; width: 300px;"></div> ABA Number (Nine Digit Bank Routing Number) <div style="border-bottom: 1px solid black; width: 150px;"></div>
Account Information - IRA Rollover <i>(lump sum only)</i>	<input type="radio"/> IRA Custodian Account Number <div style="border-bottom: 1px solid black; width: 300px;"></div> Name and Phone Number of IRA Account Executive <div style="border-bottom: 1px solid black; width: 300px;"></div> <div style="border-bottom: 1px solid black; width: 300px;"></div> I understand it is my responsibility to deposit any rollover checks mailed to my home with the IRA.
Authorization and Signatures	Authorization: I hereby authorize the John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, I authorize the appropriate debit adjustment. <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> M ____ / D ____ / Y ____ Participant Signature <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> M ____ / D ____ / Y ____ Additional Signature (If Joint Account BOTH persons must sign) <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> M ____ / D ____ / Y ____ Bank Representative Signature <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> () <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="display: flex; justify-content: space-between;"> Title Bank Telephone </div>