



RETIREMENT PLAN
SERVICES

Employee Information Change Request

Instructions for Employee

- Use this form to provide your informational changes. Please print all information and 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.
- If you wish to change your investments, please log onto our participant website at www.jhpensions.com (in New York, www.jhnpensions.com), call 1-800-395-1113, or complete an investment change form and submit to your Plan Administrator.

Instructions for Plan Administrator

- For SSN changes, submit this form to John Hancock Retirement Plan Services.
- For all other changes indicated below (except SSN), you may report these to John Hancock Retirement Plan Services through a census file submission, through your next Payroll Path submission, or directly online on the Plan Sponsor website.
- If you do not have access to make the change electronically, you may send this duly authorized form directly to John Hancock Retirement Plan Services.
- In addition, ensure your next census or Payroll Path submission includes revised employee information to avoid your file superseding the information supplied on this form.

1 Contact Information

The Trustee of

Plan (the "Plan")

Contractholder Name

Contract Number

Participant Name (Last Name, First Name, Initial)

Participant Social Security Number

2 Change of Personal Information - Only complete this section if changes are required.

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

Current Social Security Number

Revised Employee Name of Record (Last Name, First Name, Initial)

Revised Social Security Number

Revised

Date of Birth

Month

Day

Year

3 Change Ongoing Contribution Instructions - Only complete this section if changes are required.

☐ **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.

4 Authorization

Signature of Employee

Name

Date

Signature of Authorized Plan Administrative Contact

Name

Date