



# Request to Pay Third Party Administrator (TPA) Fees

Contractholder name (The "Plan") <b>The Trustees of</b>		Contract number			
Name of third party administrator (TPA)		Effective date of option	Month	Day	Year
Address of TPA	Street	City / Town	State	Zip code	

As Trustee(s) of the Plan named above (the "Plan"), I hereby direct and authorize John Hancock Life Insurance Company (U.S.A.) (John Hancock USA) to pay TPA fees to the TPA named above by:

Increasing the annualized asset charges by  % (will reflect total TPA charge increase.)

and / or

Adding a \$  charge per month per participant (Maximum \$5.00 per month per participant).

I acknowledge that the plan permits the payment of TPA services out of the Plan's assets and have determined that the TPA fees are reasonable in relation to the services actually provided to the Plan by the TPA.

This direction will be changed or terminated only upon receipt of written notification from me or the successor Trustee(s) of the Plan.

The following conditions apply:

- TPA fees will be deducted from contract assets in accordance with the instructions above.
- These fees will be paid to the TPA on a quarterly basis.
- The effective date will be the first day of the reporting month following the date that this form is received or the date specified above, whichever is later.
- A confirmation of all TPA fees paid will be sent to the Trustee of the Plan.
- TPA fees will be specified on participant statements if requested by the Trustee of the Plan.

### Authorization

On behalf of the sponsor of the Plan and the Plan, I hereby agree to hold harmless John Hancock USA, its agents, employees, and affiliates from and against any and all losses, damages, or penalties for complying with the instructions on this form.

Signed at	City	State	This	Day of	Year
-----------	------	-------	------	--------	------

Signature of trustee
----------------------

Name - please print
---------------------