



# Opt-out form

Complete, sign, and return to your plan administrator.

**Need help enrolling?**

Contact your personal enrollment specialist at **855-543-6765**.

**Contract name:**

**Contract number:**

## **My personal information**

Last name

First name, Initial

Social Security number

Date of birth (mm/dd/yyyy)

## **My contributions**

Saving for retirement is important.

However, if you decide not to contribute to your retirement at this time, select the option below, sign, and deliver to your plan administrator. When you're ready to contribute, visit [johnhancock.com/myplan](http://johnhancock.com/myplan) to enroll.

For more details on eligibility periods or any restrictions that your plan may have, refer to your summary plan document or speak to your plan administrator.

I elect **not** to contribute to my retirement plan at this time.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_