



JOHN HANCOCK FREEDOM 529

THE MULTI-MANAGED WAY TO SAVE FOR COLLEGE

Offered by the EDUCATION TRUST OF ALASKA

ACCOUNT HOLDER CHANGE FORM AND AGREEMENT

Mail this completed form to:

Regular Mail:

John Hancock Freedom 529
P.O. Box 17603
Baltimore, MD 21297-1603

Overnight Mail:

John Hancock Freedom 529
c/o T. Rowe Price
4515 Painters Mill Road
Mail Code OM-17603
Owings Mills, MD 21117-4903

Call Customer Service at 1-866-222-7498 with any questions

USE THIS FORM TO:

- Change Account Holder of your John Hancock Freedom 529 ("the Plan") or John Hancock Freedom 529 with Payroll Deduction Account.
- Change or add a Successor Account Holder.
- Change the Custodian or Trustee for an Account.

Please complete a separate form for each Account that is not identically registered (form may be duplicated). All Accounts with the same Account Holder and Beneficiary are considered identically registered.

USA PATRIOT ACT REQUIREMENTS:

Helping the government fight the funding of terrorism and money laundering activities.

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an Account. On this Agreement, we ask for the name, street address, date of birth and taxpayer identification number for the new Account Holder (and any person opening an Account on behalf of the Account Holder, such as a Custodian, agent under Power of Attorney, trustees or officers). This will allow us to verify the identity of the new Account Holder or different person(s) opening the Account on the Account Holder's behalf. **We will not be able to open your Account until we receive all of the required information and documentation verifying the identity of the new Account Holder.**

1. Account Information (As shown on your current Account Statement)

| | |
|-----------------------------------------------------|---------------------------------------|
| Account Number | Portfolio Name |
| <input type="text"/> | <input type="text"/> |
| Account Holder Name (First/M.I./Last) | |
| <input type="text"/> | |
| Name of Custodian or Trustee (if applicable) | Beneficiary Name |
| <input type="text"/> | <input type="text"/> |
| Account Holder's Social Security Number | Taxpayer Identification Number |
| <input type="text"/> | OR <input type="text"/> |
| Daytime Phone Number | |
| <input type="text"/> | |

2. Change or Add Successor Account Holder

This designation will replace any Successor Account Holder already on file for any identically registered Accounts.

Successor Account Holder Name (First/M.I./Last) **or Name of Trust, Corporation or other Entity**

Social Security Number **Taxpayer Identification Number**

OR

Check this box if you are not a U.S. Citizen Resident Alien (Nonresident aliens are not eligible to participate in this plan)

3. Signature of Current Account Holder

If you are changing the Account Holder for the Account, the current Account Holder must authorize this change by signing below. The new Account Holder must complete sections five through eight and sign section nine to open the new Account.

By signing below, I authorize John Hancock Freedom 529, their affiliates and agents, the Program Manager and the Education Trust of Alaska ("Trust"), to act on any instructions believed to be genuine and from me. John Hancock Freedom 529, the Program Manager, and the Trust use procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, John Hancock Freedom 529, the Program Manager and the Trust, will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can make telephone/computer transactions on my behalf. I agree to hold harmless John Hancock Freedom 529, Manulife Financial Securities LLC, the Program Manager and the Education Trust of Alaska for any claims arising as a result of untrue or inaccurate information supplied by me.

Sign here

Account Holder or Custodian Signature

Date

4. Signature Guarantee (if necessary)

A signature guarantee is required for changes of Account Holder on Accounts of \$50,000 or more.

The original Account Holder must sign this form in the presence of an officer of a commercial bank (FDIC member), trust company, a member firm of a domestic stock exchange, or any other eligible guarantor institution as defined by the Securities Exchange Act of 1934. We cannot accept guarantees from notaries or others who will not provide reimbursement in case of fraud.

By signing below, I understand and agree to the terms and conditions as set forth in Section 3.

Account Holder Name

Account Holder Signature

Name of Guarantor Institution

Authorized Signature and Stamp

5. New Account Holder Information

There are restrictions regarding the change of an Account Holder. Refer to the Plan Disclosure Document for details. If this change is due to the death of the original Account Holder, please attach a certified copy of the death certificate. In the case of the Account Holder's death, any named Successor Account Holder will become the new Account Holder and a new Successor Account Holder may be named (Section 2). If there was no Successor Account Holder listed, the Beneficiary or parent or legal guardian for the Beneficiary may name the new Account Holder (see the Plan Disclosure Document for details).

John Hancock Freedom 529 with Payroll Deduction Accounts Only

Check this box if the new Account Holder is an employee of the company that currently offers John Hancock Freedom 529 with Payroll Deduction. Any change to a new Account Holder who is not an employee of the same employer as the former Account Holder will result in an increase in the annual Account fee from \$15 to \$25 and could trigger the imposition of a sales charge for subsequent contributions to the Account. See the Plan Disclosure Document for more details.

5. New Account Holder Information (continued)

► INDIVIDUAL 529

Account Holder is 18 or older and is the only person that can open and control this Account. Complete this section.

For Accounts where the Account Holder is a minor, UGMA/UTMA Accounts or Entity owned Accounts, please complete the appropriate section below.

Account Holder Name*

Date of Birth*

Social Security Number*

Taxpayer Identification Number*

Street Address* (P.O. Box cannot be accepted)

CITY

STATE

ZIP CODE

Mailing Address (if different from above)

CITY

STATE

ZIP CODE

Daytime Phone Number

Evening Phone Number

Check this box if you are not a U.S. Citizen Resident Alien (Nonresident aliens are not eligible to participate in this plan)

► CUSTODIAL 529

Check only one box.

Account Holder is a Minor

This Account is not being funded with UGMA/UTMA proceeds. The Account must have an adult Custodian to act on the minor Account Holder's behalf.

UGMA/UTMA

This Account is being funded with UGMA/UTMA proceeds.

A Custodian will have control over the Account but will not be able to make changes to the Account registration.

Account Holder Name*

Custodian Name*

Date of Birth*

Social Security Number*

Taxpayer Identification Number*

OR

Street Address* (P.O. Box cannot be accepted)

CITY

STATE

ZIP CODE

Mailing Address (if different from above)

CITY

STATE

ZIP CODE

Daytime Phone Number

Evening Phone Number

Check this box if you are not a U.S. Citizen Resident Alien (Nonresident aliens are not eligible to participate in this plan)

***REQUIRED.** We cannot open your Account without this information.

5. New Account Holder Information (continued)

► ENTITY 529

Check only one box.

- Trust
 Corporation
 501(c)(3)
 Other entity

If there is more than one trustee, you must attach additional instructions that provide the name, street address, date of birth and taxpayer identification number for each trustee.

Name of Trust, Corporation or other Entity

Date of Trust (if applicable)

Taxpayer Identification Number*

Name of Trustee, or Authorized Representative of Corporation or other Entity*

Date of Birth*

of Trustee or Authorized Representative

Social Security Number

of Trustee or Authorized Representative

OR

Taxpayer Identification Number

of Trustee or Authorized Representative

Street Address of Trustee or Authorized Representative* (P.O. Box cannot be accepted)

CITY

STATE

ZIP CODE

Mailing Address (if different from above)

CITY

STATE

ZIP CODE

Daytime Phone Number

Evening Phone Number

Check this box if you are not a U.S. Citizen Resident Alien (Nonresident aliens are not eligible to participate in this plan)

6. Rights of Accumulation (ROA)

If this account is invested in Class A shares, you may be eligible for a lower front-end sales charge. Check one or both of these boxes that may apply and provide the information requested.

- You may be eligible for a lower front-end sales charge on A share class purchases due to the aggregation of assets within John Hancock Freedom 529. Please provide us with the Account Holder names and Taxpayer Identification Numbers of any other John Hancock Freedom 529 Accounts that you want to aggregate with this Account for purposes of ROA. Eligible Accounts include other John Hancock Freedom 529 Accounts in your name, in the names of your spouse and/or children, and Accounts for which you act as Custodian.

Account Holder Name

Social Security Number*

OR

Taxpayer Identification Number*

Account Holder Name

Social Security Number*

OR

Taxpayer Identification Number*

- You may also reduce the front-end sales charge by initiating a Statement of Intention, thereby agreeing to purchase a minimum of \$50,000 over a 13-month period. Submit a completed Statement of Intention Form together with this New Account Agreement. The 13-month period will begin on the date the Statement is received in good order.

7. Optional Services

ACCOUNT ACCESS

You can use the telephone or your personal computer to check your Account balance and make changes to your Account unless you check the box below.

I do not want telephone/computer services.

Make contributions directly from your financial institution.

AUTHORIZATION FOR ELECTRONIC TRANSACTIONS

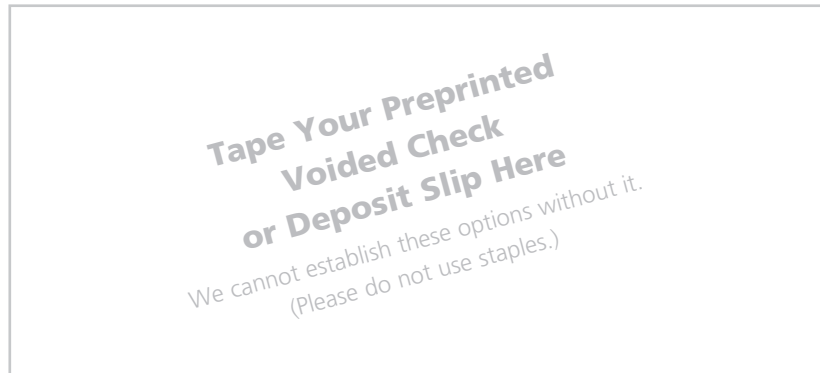
This service allows you to electronically move money between your financial institution account and your John Hancock Freedom 529 Account via the Internet or telephone. Transfers will only occur when you initiate them (minimum of \$50 per transfer, per portfolio).

Please indicate the type of account:

Checking

Savings

The check must be preprinted. We cannot accept starter checks.



If you are the contributor and are not the Account Holder registered on this Account, you must sign here to authorize withdrawals from your financial institution.

By selecting the electronic transfer service, I (the contributor) hereby authorize the Program Manager to initiate debit entries to the account at the financial institution indicated and for the financial institution to debit such account through the Automated Clearing House ("ACH") network, subject to the rules of the financial institution, ACH and the Program Manager. The Program Manager may correct any transaction errors with a debit or credit to my financial institution account and/or Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify the Program Manager of its revocation by telephone or in writing and the Program Manager has had sufficient time to act on it. I understand that I will not receive quarterly statements or confirmations for any transactions or changes to the Account, unless requested in writing by the Account Holder.

Signature of Contributor

7. Optional Services (continued)

Automatically exchange money from one Account to an identically registered Account. Minimum \$50 per exchange, per portfolio for at least 12 months.

If no day is selected, or you select the 29th, 30th or 31st, the deduction will default to the 1st of the next month.

DOLLAR COST AVERAGING/SYSTEMATIC EXCHANGE

By initiating this service at the time you establish your Account, it will not constitute your once per calendar year investment strategy change for this Beneficiary. The systematic exchange allocation instructions can be altered or terminated only once in a calendar year and then only if no other reallocations have taken place in the Account during that calendar year.

Except for exchanges involving JH Money Market Portfolio, exchanges can only occur between portfolios of the same share class.

Frequency: (Check box)

Monthly Quarterly (Jan, April, July, Oct) Annually (indicate month)

Start Date:

Please indicate day of month:

I authorize John Hancock Freedom 529 to exchange:

From Portfolio

Account Number or "New"

Amount

To Portfolio

Share Class

Account Number or "New"

8. Client Certification and Signature

CLIENT CERTIFICATION

- I am applying for an Account in John Hancock Freedom 529 (Plan) and consent and agree to all the terms and conditions of the Plan Disclosure Document, including all fees and expenses, the Education Trust of Alaska ("Trust"), Declaration of Trust ("Declaration") and the Plan, all of which are expressly incorporated by reference herein. Capitalized terms used but not defined in this Account Holder Change Form and Agreement have the meanings specified in the Declaration. I acknowledge and agree that this Agreement and incorporated documents will govern all aspects of my participation in the Plan. For a copy of the complete Declaration and incorporated documents, please call a John Hancock Freedom 529 Customer Service Representative at 1-866-222-7498. I further acknowledge that this Agreement shall be construed, governed and interpreted in accordance with the laws of the State of Alaska.
 - The Plan Disclosure Document outlines the features of John Hancock Freedom 529. I have read and understand the Plan Disclosure Document. I represent that the information I have provided in this Account Holder Change Form and Agreement is accurate. I agree to hold harmless the Trust, the Trustee, John Hancock Freedom 529, the Program Manager, its agents and affiliates, and the University of Alaska and its affiliates and employees for any losses arising from any misrepresentations made by me or breach of acknowledgements contained in this Agreement, as described in Section 6.15 of the Declaration. I agree that the Plan can freeze my Account(s) and suspend Account services when notice has been received of a dispute involving the Account Holder, Beneficiary or Custodian, or there is reason to believe a fraudulent transaction may occur. If such actions are taken, the Trust, University, Program Manager (including its affiliates and agents) and John Hancock Distributors LLC (including its affiliates and agents) will not be liable for any resulting losses.
 - The Alaska College Savings Act requires that the name, address and other information identifying a person as an Account Holder or Beneficiary in the Trust be confidential. The Declaration provides that this information must not be released by the Trust or the Program Manager to other persons except as specified in the Declaration, such as in connection with servicing or maintaining your Account, may be permitted or required by law (e.g.: USA Patriot Act), or in accordance with your consent. I hereby authorize the Trust and the Program Manager to release such information in accordance with the Privacy Policy of the Plan as may be amended from time to time, including disclosure to regulatory agencies, authorized auditors and compliance personnel when necessary and appropriate for regulatory, audit or compliance agency purposes and to third parties for performance of administrative and marketing services relating to the Plan. The Trust may in the future use the information collected about you to identify and send you, the Account Holder, information about savings or investment programs offered by the Trust (or in conjunction with a third party), or information about higher education at the University of Alaska. I understand that I may contact a John Hancock Freedom 529 Customer Service Representative if I do not wish to receive such information.
 - Notwithstanding the foregoing, as required by the USA Patriot Act, all financial institutions must obtain, verify and record information that identifies each person who opens an Account (and any person opening an Account on behalf of the Account Holder, such as a Custodian, agent, trustee or officer). I acknowledge and authorize the Trust and/or the Program Manager to verify my identity, and if applicable, the identity of any person opening an Account on behalf of the Account Holder using the name, street address, date of birth, taxpayer identification number and any other identifying information provided in this Account Holder Change Form and Agreement.
 - If I am executing this Agreement on behalf of a minor Account Holder, I certify that I am of legal age in my state of residence and am legally authorized to act on behalf of such minor.
 - If I am funding this Account with proceeds from the sale of assets held in an UGMA/UTMA, the Beneficiary and Account Holder identified in this Agreement are the same as the minor on the prior UGMA/UTMA Account. If I am funding this Account from a prior 529 plan distribution for the same Beneficiary, there have been no other rollovers for the same Beneficiary in the previous 12 months. Any future contributions to this Account that are rollovers from a Coverdell Education Savings Account, qualified U.S. Savings Bond or a prior 529 plan distribution will be disclosed as such and the applicable earnings and basis information will be provided.
 - I authorize John Hancock Freedom 529, the Program Manager, or any other entity designated by it to provide services, and the Trust to act on any instructions believed to be genuine and from me for any service authorized in this Account Holder Change Form and Agreement, including telephone/computer services. The Program Manager and the Trust use procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, John Hancock Freedom 529, John Hancock Distributors LLC, the Program Manager and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can make telephone/computer transactions on my behalf.
 - By selecting the electronic transfer service in Section 7, I hereby authorize the Program Manager to initiate debit entries to the Account at the financial institution indicated and for the financial institution to debit such Account through the Automated Clearing House ("ACH") network, subject to the rules of the financial institution, ACH and the Program Manager. The Program Manager may correct any transaction errors with a debit or credit to my financial institution Account and/or Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify the Program Manager of its revocation by telephone or in writing and the Program Manager has had sufficient time to act on it.
 - By having John Hancock Freedom 529 accept delivery of this Account Holder Change Form and Agreement, executed by me and in good order, I acknowledge that I am bound in accordance with the terms and conditions of the Trust.
- By signing this Agreement, I hereby certify that I have read and agree to the terms indicated on this page.

**Signature of new Account Holder or Individual(s) Opening the Account
on Behalf of the new Account Holder (required to establish Account)**

Date

SIGN HERE*

Daytime Phone Number

Extension

***REQUIRED.** We cannot process this agreement without your signature.

**Thank you
for your
investment.
You will receive
a confirmation
shortly.**

HOW TO CONTACT US

Customer Service Information:

1-866-222-7498

Web Address

www.johnhancockfreedom529.com

Regular Mail:

John Hancock Freedom 529

P.O. Box 17603

Baltimore, MD 21297-1603

Overnight Mail:

John Hancock Freedom 529

c/o T. Rowe Price

4515 Painters Mill Road

Mail Code OM-17603

Owings Mills, MD 21117-4903

If your state or your designated Beneficiary's state offers a 529 plan you may want to consider what, if any, potential state income tax or other benefits it offers, before investing. State tax or other benefits should be one of many factors to be considered prior to making an investment decision. Please consult with your financial, tax or other adviser about how these state benefits, if any, may apply to your specific circumstances. You may also contact your state 529 plan or any other 529 college savings plan to learn more about their features. Please contact your financial consultant or call 1-866-222-7498 to obtain a Plan Disclosure Document or prospectus for any of the underlying funds. The Plan Disclosure Document contains complete details on investment objectives, risks, fees, charges and expenses, as well as more information about municipal fund securities and the underlying investment companies that should be considered before investing. Please read the Plan Disclosure Document carefully prior to investing.

John Hancock Freedom 529 is a college savings plan offered by the Education Trust of Alaska, managed by T. Rowe Price, and distributed by John Hancock Distributors LLC through other broker/dealers that have a selling agreement with John Hancock Distributors LLC. John Hancock Distributors LLC is a member of FINRA and is listed with the Municipal Securities Rulemaking Board (MSRB). © 2009. John Hancock. All rights reserved. Information included in this material is believed to be accurate as of the June 2009 printing date.

529 plans are not FDIC insured, may lose value and are not bank or state guaranteed.