



JOHN HANCOCK FREEDOM 529

THE MULTI-MANAGED WAY TO SAVE FOR COLLEGE

Offered by the EDUCATION TRUST OF ALASKA

ACCOUNT SERVICES FORM

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:

Implement new or modify existing services for your John Hancock Freedom 529 ("the Plan") or John Hancock Freedom 529 with Payroll Deduction Account.

YOU MAY:

- Change your address
- Authorize electronic transfers between your financial institution and John Hancock Freedom 529, or change your financial institution
- Begin or make changes to a program of regular investments through Automatic Purchase
- Begin a program of Systematic Exchanges from one Portfolio to another
- Initiate Payroll Deduction (for John Hancock Freedom 529 with Payroll Deduction Accounts only)

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.

1. Account Information (as shown on your Account Statement)

Check here if this is a new address. This will apply to all of your accounts.

Account Number

Portfolio Name

Account Holder Name

Name of Custodian or Trustee (if applicable)

Beneficiary Name

Address

Address

CITY

STATE

ZIP CODE

Account Holder's Social Security Number or Taxpayer Identification Number

OR

Daytime Phone Number

(extension)

2. Authorization for Electronic Transactions

Check here if you have changed financial institutions and are using this form to update your electronic transfer information.

Note: If you would like to have systematic contributions directed from your financial institution on the same day each month, please complete Section 3.

This service allows you to:

Electronically move money between your financial institution account and your Account via the Internet or by calling a John Hancock Freedom 529 Customer Service Representative. Transfers only occur when you initiate them (minimum \$50 per transfer, per portfolio) and are made through the Automated Clearing House (ACH) network. This service becomes available approximately 20 days after this form is processed. To authorize electronic transfers between your financial institution and John Hancock Freedom 529, follow the instructions below. Anyone who can properly identify your Accounts can initiate transactions on your behalf.

Please indicate type of account: Checking Savings

- Write "VOID" across the face of a blank check (or savings account deposit slip) from your financial institution.
- If you are the contributor and are not the Account Holder registered on this Account, you must authorize withdrawals from your financial institution by having your signature guaranteed in Section 7.

3. Automatic Purchase

► BANK OR FINANCIAL INSTITUTION DEDUCTION

Check this box to begin making contributions through Automatic Purchase.

Check this box if you are changing the investment options of your Automatic Purchase program.

Check this box to cancel your contributions through Automatic Purchase.

By making a selection below you can authorize John Hancock Freedom 529 to transfer money automatically from the financial institution indicated in Section 2 into your John Hancock Freedom 529 Account (minimum of \$50 per transfer, per portfolio) on a monthly basis.

I authorize John Hancock Freedom 529 to invest:

| Dollar Amount | Portfolio Name | Day of Each Month (or next business day) |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Dollar Amount | Portfolio Name | Day of Each Month (or next business day) |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Dollar Amount | Portfolio Name | Day of Each Month (or next business day) |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Dollar Amount | Portfolio Name | Day of Each Month (or next business day) |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you would like to contribute through Automatic Purchase to more than four portfolios, please attach additional instructions. If no day is selected, or you select the 29th, 30th or 31st, the deduction will default to the 1st of the next month.

4. Systematic Exchange/Dollar Cost Averaging

► FREQUENCY

- Monthly
- Quarterly (Jan, April, July, Oct)
- Annually _____
(Indicate Month)

► START DATE

____/____/____
(Indicate Day of Month)

If you selected the 29th, 30th or 31st, the deduction will default to the 1st of the month.

By making a selection on the left you can authorize John Hancock Freedom 529 to exchange money automatically from one Account to another identically registered Account (minimum \$50 per exchange, per portfolio) on a periodic basis (monthly, quarterly, or annually). The exchange period must continue for a minimum of 12 months in duration and will continue indefinitely as long as the source Account has a balance or until we are instructed otherwise. Except for exchanges involving JH Money Market Portfolio, exchanges can only occur between portfolios of the same share class.

Note: The addition of systematic exchange constitutes the one investment change for the year and you will not be permitted additional exchanges, or changes to your systematic exchange agreement, including changing the date, frequency, or canceling the program, for this Beneficiary until the following calendar year.

If this application is received AFTER the requested start date, exchanges will commence on the requested day of the following cycle. If no start date is indicated or the selected start date falls on a weekend or holiday, exchanges will commence on the next available business day.

I authorize John Hancock Freedom 529 to exchange:

| | | |
|-----------------------|-----------------------|--------------------------------|
| From Portfolio | Account Number | Amount |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| To Portfolio | Share Class | Account Number or "New" |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

5. John Hancock Freedom 529 with Payroll Deduction Accounts Only

A. PAYROLL DEDUCTION:

- Check this box to invest through payroll deduction. We will mail you instructions for this service.
- Check this box to change the allocation of your Payroll Deduction contributions. Indicate the new allocations here.

Total must equal 100%.

I authorize John Hancock Freedom 529 to invest:

| | |
|------------------------|-----------------------|
| Percentage | Portfolio Name |
| <input type="text"/> % | <input type="text"/> |
| Percentage | Portfolio Name |
| <input type="text"/> % | <input type="text"/> |
| Percentage | Portfolio Name |
| <input type="text"/> % | <input type="text"/> |
| Percentage | Portfolio Name |
| <input type="text"/> % | <input type="text"/> |

If you would like to contribute through Payroll Deduction to more than two portfolios, please attach additional instructions.

B. TERMINATION OF EMPLOYMENT

- Check this box if you have terminated employment with the employer who currently offers John Hancock Freedom 529 with Payroll Deduction.

Upon termination of employment, your Account will be transferred to non-employee Account status and a higher Account fee will apply as follows: Each non-employee Account Holder will be subject to a \$25 annual Account fee, which is expected to be assessed in November of each year. In instances where there are multiple Accounts for the same Account Holder and Beneficiary, only one annual Account fee will be charged and prorated across the Accounts. The fee will be deducted from Account assets unless paid in advance. The fee is waived for all Account Holders whose aggregated Accounts, as of that date, for the same Beneficiary have a market value of \$25,000 or more or for all Beneficiaries that have a market value of \$75,000 or more, or for Accounts investing through Automatic Purchase. Please refer to the Plan Disclosure Document for details.

6. Signature of Account Holder

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 by me for any service authorized on this form, including telephone/computer services. 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. All services are subject to conditions set forth in the Plan Disclosure Document. I agree to hold harmless John Hancock Freedom 529, the Program Manager and the Education Trust of Alaska for any claims arising as a result of untrue or inaccurate information supplied by me.

By completing Section 2 and/or 3, I authorize John Hancock Freedom 529 to initiate debit entries to my account at the financial institution indicated and for the financial institution to debit the same to such account through the Automatic Clearing House (ACH) System, subject to the rules of the financial institution, ACH, and John Hancock Freedom 529. John Hancock Freedom 529 and/or the Program Manager, may correct any transaction error with a debit or credit to my financial institution Account and/or John Hancock Freedom 529 Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify John Hancock Freedom 529 of its revocation by telephone or in writing and John Hancock Freedom 529 has had sufficient time to act on it.

Please sign here

Account Holder or Custodian Signature

Date

7. Signature Guarantee

A signature guarantee is required if you have requested electronic transfer services in Sections 2 or 3 and you are not the Account Holder registered on this Account.

The contributor 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 6.

Contributor Name

Contributor Signature

Name of Guarantor Institution

Authorized Signature and Stamp

Please attach an original voided bank account check here. Do not staple.

**Tape Your Preprinted
Voided Check
or Deposit Slip Here**
We cannot establish these options without it.
(Please do not use staples.)

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.

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