



JOHN HANCOCK FREEDOM 529

Offered by the EDUCATION TRUST OF ALASKA

NEW ACCOUNT AGREEMENT

1. Account Holder

Generally, the Account Holder is a parent or guardian and is the only person authorized to act on the Account. For Accounts established with a trust, corporation, or other entity as the Account Holder, please see Section 11 for additional documents.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Social Security number or tax identification number	Date of birth (MM/DD/YYYY)
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (P.O. boxes cannot be accepted)	City	State Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number	Evening phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)	City	State Zip code

2. Beneficiary

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Social Security number or tax identification number	Date of birth (MM/DD/YYYY)
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien		
<input type="checkbox"/> Check this box if the address is the same as the Account Holder's address and skip the address section below.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (P.O. boxes cannot be accepted)	City	State Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)	City	State Zip code

3. Custodian or trustee (if applicable)

A trustee is required if the Account Holder is a trust. A Custodian is required if (1) the Account Holder is a minor or (2) the Account is being funded with the proceeds from an UGMA/UTMA account.

Check here if the Account is funded with proceeds from an UGMA/UTMA account.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Social Security number or tax identification number	Date of birth (MM/DD/YYYY)
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. resident alien		
<input type="checkbox"/> Check this box if the address is the same as the Account Holder's address and skip the address section below.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (P.O. boxes cannot be accepted)	City	State Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number	Evening phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different from above)	City	State Zip code

4. Successor Account Holder information (optional)

Please provide a successor (in the event of the Account Holder's death or legal incompetence).

<input type="text"/>	<input type="text"/>	<input type="text"/>
Successor Account Holder's name	Social Security number or tax identification number	Date of birth (MM/DD/YYYY)

All identically registered Accounts must have the same Successor Account Holder.

5. Method of funding (choose your contribution method(s))

Check or money order

Checks must be made payable to John Hancock Freedom 529. We cannot accept starter or third-party checks.

A minimum contribution of \$1,000 per portfolio is required unless automatic purchase is established (below).

Initial investment amount

Wire

Please mail this completed New Account Agreement to John Hancock Freedom 529 at the address indicated on page six.

Once your Account is established, we will contact your financial consultant with the wiring instructions.

Initial investment amount

Direct rollover

Check here if you are requesting a rollover from another 529 plan and the assets will be sent directly to John Hancock Freedom 529.

You will also need to complete a Rollover Form. Go to johnhancockfreedom529.com.

Indirect rollover

Check this box if any portion of your contribution is a rollover from a Coverdell Education Savings Account, qualified U.S. savings bonds, or a distribution from a 529 plan within the last 60 days. You must provide documentation reflecting the earnings applicable to the distribution or the entire amount of the rollover contribution will be treated as earnings. Appropriate documentation includes an account statement showing the basis and earnings at the time of the distribution or Form 1099-INT.

<input type="text" value="\$"/>	+	<input type="text" value="\$"/>	=	<input type="text" value="\$"/>
Basis (or principal)		Earnings		Amount of rollover

Automatic purchase

The minimum initial contribution of \$1,000 is waived if you are systematically investing \$50 or more per portfolio, per share class, on a monthly basis, through automatic purchase. If no day is selected, or you select the 29th, 30th, or 31st, the contribution will default to the first business day of the following month. To invest automatically into more than two portfolios, please attach additional instructions.

This authorizes systematic monthly investments into your Account(s) from your financial institution. Indicate your automatic investment choices below.

<input type="text" value="\$"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Automatic purchase amount	Share class	Portfolio name	Day of month
<input type="text" value="\$"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Automatic purchase amount	Share class	Portfolio name	Day of month

Please complete Banking information below.

Payroll deduction

This funding method is only available if John Hancock Freedom 529 is offered through your employer. The minimum contribution is \$50.00 per portfolio per month, \$25.00 per pay period if paid biweekly, or \$12.50 per pay period if paid weekly. Please indicate your allocation in Section 6. We will mail you instructions to activate this service.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer code (provided by your financial consultant or human resources department)	Employer name	Payroll deduction amount

Banking information - Authorization for electronic transactions

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

Please indicate the type of account: Checking (The check must be preprinted. We cannot accept starter or third-party checks.) Savings

There is a 10-day verification period before this service takes effect.

Enclose a voided check or letter from your bank, on bank letterhead, signed by an officer of the bank, that provides the account number and ACH instructions.

Instead of submitting a separate check, use the bank account information on the initial investment check enclosed.

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.

<input type="text"/>	<input type="text"/>
Signature of contributor	Please print your name here

6. Investment selection

Share class and investment information

For information about these investment strategies, please reference the Plan Disclosure Document and/or consult your financial consultant.

Enrollment-Based Portfolios:

Based upon the Beneficiary's expected college entry date

	CLASS A	CLASS C(2)
Portfolio 2029–2032	627 <input type="text"/> %	727 <input type="text"/> %
Portfolio 2025–2028	624 <input type="text"/> %	724 <input type="text"/> %
Portfolio 2021–2024	614 <input type="text"/> %	714 <input type="text"/> %
Portfolio 2017–2020	600 <input type="text"/> %	700 <input type="text"/> %
Portfolio 2013–2016	601 <input type="text"/> %	701 <input type="text"/> %
College Portfolio	605 <input type="text"/> %	705 <input type="text"/> %

Static Portfolios:

	CLASS A	CLASS C(2)
Future Trends Portfolio	609 <input type="text"/> %	709 <input type="text"/> %
Equity Portfolio	606 <input type="text"/> %	706 <input type="text"/> %
Fixed Income Portfolio	607 <input type="text"/> %	707 <input type="text"/> %
Short-Term Bond Portfolio	608 <input type="text"/> %	708 <input type="text"/> %
JH Money Market Portfolio	<input type="text"/> %	<input type="text"/> %

Lifestyle Portfolios:

	CLASS A	CLASS C(2)
Lifestyle Growth 529 Portfolio	621 <input type="text"/> %	721 <input type="text"/> %
Lifestyle Balanced 529 Portfolio	622 <input type="text"/> %	722 <input type="text"/> %
Lifestyle Moderate 529 Portfolio	623 <input type="text"/> %	723 <input type="text"/> %

Individual Portfolios:

	CLASS A	CLASS C(2)
T. Rowe Price New Horizons 529 Portfolio	620 <input type="text"/> %	720 <input type="text"/> %
Templeton International Value 529 Portfolio	625 <input type="text"/> %	725 <input type="text"/> %
T. Rowe Price Small-Cap Stock 529 Portfolio	618 <input type="text"/> %	718 <input type="text"/> %
T. Rowe Price Mid-Cap Value 529 Portfolio	613 <input type="text"/> %	682 <input type="text"/> %
Jennison Capital Appreciation 529 Portfolio	626 <input type="text"/> %	726 <input type="text"/> %
T. Rowe Price Blue Chip Growth 529 Portfolio	612 <input type="text"/> %	681 <input type="text"/> %
T. Rowe Price Equity Income 529 Portfolio	617 <input type="text"/> %	717 <input type="text"/> %
American Mutual 529 Portfolio	615 <input type="text"/> %	715 <input type="text"/> %

**Must
= 100%**

**Must
= 100%**

I am eligible for a waiver of the front-end sales charge on Class A shares. I have enclosed a completed Sales Charge Waiver Form.

7. Options for reducing sales charges (available for Class A shares only)

Rights of accumulation (cumulative discount)

- The Account Holder, spouse, and children can aggregate Accounts to reduce sales charges. Certain other Accounts or contributions may be eligible. Please see the Plan Disclosure Document for details.

Social Security or Account number and name

Social Security or Account number and name

Note: If needed, include a separate sheet of paper with additional accounts.

Statement of Intention (SOI) See the Plan Disclosure Document for additional details and escrow information.

- I plan to invest a minimum of \$50,000 over a 13-month period in one or more John Hancock 529 Class A share Accounts. If I do not invest the intended amount within 13 months, the sales charge will be adjusted. The aggregate amount will be at least:

- \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

- I am already an Account Holder and contributing to an existing Statement of Intention.
- I have made contributions within the past 90 days to be applied toward this Statement of Intention.

8. Dollar cost averaging/systematic exchange

Automatically exchange money from one Account to an identically registered Account. 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. Exchanges can only occur between portfolios of the same share class.

Initiate on the day of each month or quarterly or annually, beginning Month

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

I authorize John Hancock Freedom 529 to exchange:

<input type="text"/> From portfolio	<input type="text"/> Account number or "new"	<input type="text"/> \$ Amount
<input type="text"/> To portfolio	<input type="text"/> Share class	<input type="text"/> Account number or "new"

9. Financial consultant information

<input type="text"/> Financial consultant's name	<input type="text"/> Daytime phone number	<input type="text"/> Branch number	<input type="text"/> Rep number
<input type="text"/> Name of broker-dealer firm			<input type="text"/> BIN
<input type="text"/> Branch address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip code
<input type="text"/> Signature of financial consultant			

10. 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 New Account 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 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 New Account 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 under Power of Attorney, 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 New Account 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 New Account 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, 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.
- If I have elected the Payroll Deduction funding method, I understand that the Plan is a voluntary benefit made available to the employee Account Holder by my employer and that a financial consultant is available to answer questions concerning the Plan, to assist with the establishment of the Account, investment allocation decisions and any other questions that may arise in connection with maintaining the Account. The employer assumes no liability or accountability for the operation or design of the Plan or the Plan's suitability to individual employees' financial or other circumstances.
- If I have elected the Statement of Intention option, I agree to the terms as disclosed in the Plan Disclosure Document. I understand that units in my Accounts representing 5% of the total amount reflected in the statement must be held in escrow. I understand that I am under no obligation to invest the aggregate intended amount. If the aggregate intended amount is not invested by the end of the 13-month period, I understand that I will be responsible for the difference between the sales charge that is paid and that which otherwise would have been due had no statement been in effect.
- I agree that computer/phone exchange and redemption services will be activated automatically when my Account is opened. If I do not want these services, I will contact John Hancock Freedom 529 to terminate these services.
- By having John Hancock Freedom 529 accept delivery of this New Account 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.

SIGN HERE*

Signature of Account Holder or individual(s) opening the Account on behalf of the Account Holder (required to establish the Account)

Print your name here

Date

***REQUIRED.** We cannot open your Account without your signature.

11. Documents required for entity-registered accounts

Trust To open a Trust Account, the following documentation will be required:

- A copy of the trust agreement, which must include at least the page indicating the title and date of the trust and the page with all the trustees' signatures.
- If the trust has more than one trustee but only one trustee has signed this New Account Agreement, we must also be presented with the page that shows the trustee's capacity to act independently.

Corporation To open an Account for a corporation, please supply the following:

- A copy of the articles of incorporation and a corporate resolution certified within 60 days, showing who can sign on behalf of the corporation.

501(c)(3) To open an Account for a 501(c)(3), please supply the following:

- A copy of the determination letter of 501(c)(3) status from the Internal Revenue Service.
- A resolution, certified within 60 days, showing who can sign on behalf of the organization.

Other entity To open an Account for an other entity, please supply the following:

- Appropriate documentation identifying the entity and its establishment and supporting who can sign on its behalf, certified within 60 days. Examples include a partnership agreement, bylaws, and certificate of trade name registration.

12. 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. In this New Account Agreement, we ask for the name, street address, date of birth, and Social Security number or taxpayer identification number of the 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 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 Account Holder.**

Thank you for opening an account. You will receive a confirmation shortly.

HOW TO CONTACT US

Customer service information

866-222-7498

Web address

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
Mail Code 17603
4515 Painters Mill Road
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 advisor 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 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). © 2014 John Hancock. All rights reserved. Information included in this material is believed to be accurate as of the August 2014 printing date.