



Cary A. Levinson & Associates, Inc  
 Life Brokerage Services  
 5551 N. University Drive, Suite 201  
 Coral Springs, FL 33067  
 800-375-2279

## Appointment Data Information

Please return completed form. Email: USAGENCY@JHANCOCK.COM Fax: 416-963-7323

\* Is there a policy in house?  No  Yes – If Yes, please advise the policy no. \_\_\_\_\_ State of Solicitation \_\_\_\_\_

- This is an application for appointment to sell life or variable life insurance with John Hancock.
- Before submitting, please ensure that the Firm and/or Broker-Dealer(s) listed in Section C hold a Selling Agreement with John Hancock.
- The attached **W-9 Request For Taxpayer Identification Number and Certification** form must be completed and submitted with the Appointment Data Information sheet for all individuals or organizations listed in Section A and Section D below. If the new Appointee/Recipient of compensation are not U.S. persons, the appropriate **Form W-8** should be completed, which is available on the IRS website. See the instructions included with the Form W-9 for more information.
- If applicable, ensure Anti-Money Laundering training has been completed. More information at: <http://advisor.johnhancockinsurance.com/financial-professionals/NLI/life-insurance.html>
- Sub-producers appointed through a Brokerage General Agency must have Errors and Omissions insurance coverage - minimum \$1 Million.
- All courses completed by producers for LTC Rider must be approved by ClearCert in order to be accepted as valid training by John Hancock. More information at: [www.clearcert.com](http://www.clearcert.com)

### SECTION A: Personal Information

1. Name FIRST MIDDLE LAST

2. Date of Birth MONTH DAY YEAR 3. Social Security Number 4. National Producer Number

5. Home Address STREET NO. AND NAME, APT NO. CITY STATE ZIP CODE

Check if mailing address same as above

6. Mailing Address STREET NO. AND NAME, SUITE NO. CITY STATE ZIP CODE

7. Business Telephone Number (Agent Business Telephone Number) 8. Agent Email Address **\*Required**

9. Firm Contact Name 10. Firm Contact Number

### SECTION B: Product Information

11. Please check off all products the producer intends to sell:  Life  Variable Life\*  LTC Rider\*\*

\* Include a copy of U-4, WebCRD or FINRA Broker Check report showing active registration with a Broker/Dealer.

\*\*Long-Term Care Rider licensing requirements are the same as those needed for the sale of Long-Term Care products.

### SECTION C: Firm Affiliate(s) Information

FIRM AFFILIATION *Check all that apply	NAME	TAX-ID
<input type="checkbox"/> Broker Dealer – If payable to Broker Dealer DO NOT PROCEED TO SECTION D		
<input type="checkbox"/> General Agency		
<input type="checkbox"/> Other		

### SECTION D: Producer Pay Information

12. John Hancock Commission Scale for Producer

13. If recipient of Producer's compensation is a Corporation a. Corporation Tax-ID b. Corporation Name

14. Direct Deposit/EFT  No  Yes – If Yes, please complete Authorization Agreement for Direct Deposit form and attach a check marked **VOID**. Please complete **Request For Taxpayer Identification Number and Certification** form (W-9) attached (or if applicable W-8).

15. Commissions payable to Broker Dealer  No  Yes



**Firm/General Agent License/Appointment Data Sheet**  
 John Hancock Life Insurance Company (U.S.A.)  
 (hereinafter referred to as The Company)

To sell The Company's products, an agent/broker must:

- be properly licensed and then appointed by The Company
- be an NASD Registered Representative (if selling variable products)
- have Errors and Omissions insurance coverage - minimum \$1 Million (required in order to be appointed with The Company)

Note: In order to sell The Company's products, an agent/broker must be properly licensed and then appointed by The Company. The Company will NOT accept any business until a Selling Agreement has been executed and licensing/appointment procedures have been completed and approved by The Company's licensing department. An Agent License/Appointment Data Sheet must be completed for each representative who will be soliciting business on behalf of the Firm.

**Section A - Firm/General Agent Data**

Business Name

Business Address

Business Telephone No. ( )  Business Fax No. ( )

State of Incorporation  Tax Identification No.

Names of Principals

Licensing Contact

The Company offers the following product lines. Which of our products are you interested in selling? Please indicate all applicable product lines.

- Variable Annuities  Variable Life  Fixed Life  Fixed Annuities  Group Pension

**Section B - Current License Status - Please attach current copies of all applicable licenses and letter(s) of certification.**

States in which you will make John Hancock Sales	Life	Variable	State Appointment form	Letter of Certification
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

Do you have Errors and Omissions/Professional Liability Insurance coverage (minimum \$1 Million)?

- Yes - If "Yes", please attach a copy of the specifications page of your policy.  No

Does your Policy cover all sub-agents?  Yes  No

Is the Firm NASD Registered?  Yes  No

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
	6 City, state, and ZIP code		
7 List account number(s) here (optional)			

<b>Part I Taxpayer Identification Number (TIN)</b>																																																			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																																			
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>	<b>Social security number</b>																				or										<b>Employer identification number</b>																			
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
<b>Sign Here</b>	Signature of U.S. person ▶
	Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



LIFE INSURANCE

# Authorization Agreement for Direct Deposit of Regular Compensation Payments

- Direct Deposits will be effective on the second or third commission run following the receipt of this form (the bank requires advance notification of one pay period to verify account information).
- Send completed form by   
 Mail: John Hancock   
 PO Box 600   
 Buffalo NY 14201-0600   
 Fax: 416-963-7323   
 Email: usagency@jhancock.com   
 This is not a secure email site.
- For assistance, please call our toll free number : 1-800-505-9427, Option 1.

Producer/Firm Name

Payee's SSN ID

or Payee's TAX ID

## CONTACT INFORMATION

Name

Address - Street, Apt, City, State, Zip Code

Telephone Number

Code Update

Update All Codes  Update Specific Code -

## STATEMENT CONTACT INFORMATION - To have commissions statement emailed complete the chart below. (Up to a Maximum of 4 recipients).

Contact Name

Contact Phone Number

Email Address

Note: Emailed statements will be received by Wednesday following the commission run.

## PRIMARY BANK INFORMATION

New Enrollment  Updated Information

Bank Name

Bank Telephone Number

Bank Address - Street, City, State, Zip Code

Payee's Account Number

Transit/Routing Number

Name on Bank Account (Must be the same as Producer/Firm Name)

Checking (attach a check marked **VOID**)  Savings

## AUTHORIZATION

I/We, the undersigned, hereby authorize John Hancock Life Insurance Company (U.S.A.) (hereinafter referred to as The Company) to initiate:

- 1) credit entries to my/our bank account(s) indicated above;
- 2) any necessary debit entries and adjustments to correct entries made in error.

This authorization is to remain in full force and in effect until The Company has received advance notification in writing from me/us of its termination or a new signed authorization form. I/We understand that such notification and new authorization must be provided and received by The Company in such time and such manner as to afford The Company a reasonable opportunity to act on them.

**X**  
Signature of Account Holder

**X**  
Signature of Joint Account Holder

Date