

Appointment Data Sheet



Licensee Last Name		First Name			Middle Initial
Social Security Number		Date of Birth	License State(s) Needing JH Appointment		
Business Address (policies & correspondence mailed here)			City	State	Zip
Resident Address			City	State	Zip
Phone Number (required)		Fax Number Required		E-Mail Address	
<input type="checkbox"/> Not Paid Direct <input type="checkbox"/> Paid Direct Commission Level:					
(Contact and Commission schedule must accompany this data sheet)					
General Agency Name		Principal Agent's Name		Agency Tax ID	
Managing General Agency Name			Managing General Agent's Name		

- A. Agents who will be paid commission from the General Agent need only complete this sheet.
- B. Agents who will be paid directly by John Hancock:
1. Complete this LTC Appointment Date Sheet. Commission level must be indicated on this sheet.
 2. Read, date, and sign the Contract.
 3. If commission is to be paid to someone other than yourself or to a corporation, complete Assignment of Commission form and attach it to the LTC Appointment Date Sheet.

<p>Please attach the following:</p> <ol style="list-style-type: none"> 1. A current insurance license copy for each state in which you wish to sell. 2. This completed appointment form. 3. Copies of completion of any additional requirements to sell LTCI as may be required in the states including continuing Education, Producer Training or Partnership Training certifications. 4. Copy of Errors and Omissions certificate of insurance or declarations page including Limits of Liability, Policy Number, Insurer, Policy Expiration Date, Products/Services Covered. 5. Attached Producer Background Information Questionnaire. 6. Attached commission schedule if paid by John Hancock. 7. Attached assignment of commission form and licenses if assigning commissions. 8. All commission forms and licenses if assigning commissions. 9. All commission levels must be approved by the General Agent & Managing General Agent. 	<p style="text-align: center;">Please send all materials to:</p> <p style="text-align: center;">(Overnight Address) John Hancock LTC Licensing, B-5 200 Berkeley Street Boston, MA 02117</p> <p style="text-align: center;">(Postal Address) John Hancock Attn: LTC Licensing, B-5 One John Hancock Way, Suite 1600 Boston, MA 02117</p>
HOME OFFICE USE ONLY: PAYROLL NUMBER/EFFECTIVE DATE	

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (not licensed in New York) and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117.
 LTC-1005 3/2011

Producer Background Information Questionnaire

The following questions are to assist John Hancock* ("the Company") in selecting reputable, trustworthy representatives to sell and promote its Long-Term Care Insurance products. The Company will use the information in making an informed decision regarding the appropriateness of an appointment.

Please answer all questions. If you answer "yes" to any of these questions, please attach a separate sheet with details. A "yes" answer will not automatically cause your request for appointment to be denied, but the Company will need you to provide a sufficient explanation.

	Yes	No
1. Are you currently charged with, or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offences)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently or have you ever been the subject of any lawsuit, claim, investigation, or proceeding alleging breach of trust or fiduciary duty, fraud, or any other act of dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had your insurance license or registration suspended or revoked, are you now or have you ever been the subject of a professional license/registration or market conduct investigation, claim, or proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been involuntarily terminated or permitted to resign from employment, or from an agent or representative appointment, with any insurance or other financial services company, other than for lack of production?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a bonding, surety or E&O provider ever denied an application or claim, made payment for you, or terminated your coverage?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any outstanding judgments, liens, or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer, or director, ever filed for bankruptcy? Bankruptcy discharge date: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever conducted business under another name?	<input type="checkbox"/>	<input type="checkbox"/>
9. At any time in the past 10 years, have you or any business in which you were an owner, partner, officer, or director, been involved in any regulatory, civil, or criminal matters not disclosed above?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration and Acknowledgment:

I hereby certify that the responses I have provided to the questions above are accurate and complete, and acknowledge that my request for appointment may be terminated based on any false, omitted or fraudulent information.

Producer Name (please print): _____

Producer Signature: _____

Date: _____

John Hancock refers to the John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117 (not licensed in New York), and to John Hancock Life & Health Insurance Company, Boston, MA 02117

John Hancock Life Insurance Company (U.S.A)
John Hancock Life & Health Insurance Company
Attn: LTC Licensing
One John Hancock Way, Suite 1600
Boston, MA 02217-1600



Assignment of Commissions Form

Assignor Information:

Name

Assignee Information:

Name

Address

SS# or Tax ID

REQUESTED EFFECTIVE DATE

Assignor assigns to Assignee all rights, title and interest to the Assignor's rightful commission on all policies due or to become due, from John Hancock Life Insurance Company (U.S.A.) and by John Hancock Life & Health Insurance Company, its subsidiaries, affiliates, or successors (hereinafter called "Company") under the Assignor's Broker Agreement with Company dated _____. However, such commission shall be subject to all of the terms and provisions of said contract including the right of the Company to withhold and use such commission to offset any indebtedness of the Assignor or Assignee to the Company and including any related agreements between Assignor and Assignee.

Assignor directs the Company to pay these commissions to the Assignee, and releases and indemnifies the Company from and against any and all liability to the Assignor, the Assignee or any third party for payment of these commissions in accordance with this agreement.

This assignment will become effective on the date it is accepted and approved by the Company, or, if later, the Requested Effective date indicated above.

Assignor warrants and represents that no other assignment, lien, restriction or order exists in connection with the commission described above.

Assignor Signature

Date

Consent to Assignment

The Company consents to the above assignment of commission subject to the terms, provision and conditions stated or referred to herein, but assumes no responsibility or obligation as to the validity or sufficiency thereof.

Signature (Home Office)

Date

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A), Boston, MA 02117 (not licensed in New York) and in New York by John Hancock Life & Health Insurance Company, Boston, MA 02117.

Broker Contract

John Hancock Life Insurance Company (U.S.A)
John Hancock Life & Health Insurance Company

Name of Broker

This Agreement is entered into by and between John Hancock Life Insurance Company (U.S.A) and John Hancock Life & Health Insurance Company (hereinafter referred to as "John Hancock" or "Hancock") and

Broker Name)
(hereinafter referred to as "Broker")

(Social Security Number)

WHEREAS, John Hancock wishes to increase the scope of its marketing system for its long-term care insurance products; and

WHEREAS, Broker wishes to market these products; and

WHEREAS, the parties intend to treat each other in a fair and equitable manner and develop a mutually beneficial relationship, the parties now agree as follows:

I. RESPONSIBILITIES OF THE BROKER

- A. **General.** Broker agrees to procure applications for long-term care insurance products made available through John Hancock, but only in those states in which the Broker is in compliance with all applicable regulatory licensing and training requirements at the time of solicitation. John Hancock retains sole discretion to determine in which states the John Hancock insurance products may legally be sold. The policies and certificates issued as a result of applications procured by Broker while this contract is in force shall be referred to as "policies."
- B. **Premiums.** Broker will treat money received or collected for John Hancock as property held in trust, and will promptly remit such money to John Hancock's Home Office, in accordance with the procedures established by John Hancock and without deducting or retaining any commission without express written consent of John Hancock. Broker is authorized to collect only the initial payment for any policy issued upon applications solicited by Broker.
- C. **Delivery of Applications and Policies.** Broker will deliver to John Hancock all applications procured hereunder without undue delay. Broker will also ensure proper delivery and servicing by Broker of the policies according to applicable laws, regulations and John Hancock policies.
- D. **Compliance.** Broker will comply with the underwriting and issue requirements of John Hancock and the applicable federal and state insurance laws, regulations, and requirements. Such laws, regulations and requirements include, but are not limited to, those pertaining to client funds, privacy and confidentiality, licensing, rebating, replacements, solicitation and advertising.

- E. **Books and Records.** Broker will maintain, in a manner and form reasonably required by John Hancock, true and correct records and books of account of all transactions under this and all previous contracts with John Hancock, and shall cooperate with John Hancock in audits of such records and books of account as may be reasonably requested by John Hancock. Broker will also hold and preserve all papers, books, files, correspondence and records of all kinds which at any time shall come into the Broker's possession or control relating to transactions by or for John Hancock, and upon request shall provide to John Hancock copies of such documents, or where reasonably required by John Hancock as in connection with any internal investigations or official proceedings, the original documents. All records maintained by Broker hereunder and all brochures, rate manuals, forms and other point-of-sales materials furnished to Broker by John Hancock are and will remain the property of John Hancock. Broker will return any such material to John Hancock promptly upon termination of this Agreement, and will destroy or return to John Hancock, at John Hancock's option, any such material if outdated.
- F. **Cooperation.** Broker will cooperate fully in any insurance or other regulatory inquiry, investigation or proceeding, any judicial proceeding or any consumer complaint arising in connection with one or more activities contemplated by this contract.
- G. **Advertising.** Broker will use only books, canvassing materials, or advertising materials relating to products marketed pursuant to this Agreement which are furnished or approved in advance by John Hancock.
- H. **Indemnification.** Broker will indemnify and save John Hancock, its directors, officers and employees, harmless from and against all losses, expenses, costs, damages, fines, assessments and liability (including reasonable attorneys' fees) arising out of or alleged to have arisen out of any act, error or omission of Broker or Broker's employee in connection with this Agreement.
- I. **Trademarks.** Broker will not display or use any of John Hancock's trade names, logos, trademarks, trade devices, service marks, symbols, codes, specifications, abbreviations or registered marks (hereinafter referred to collectively as "Marks") other than in connection with the promotion of the policies pursuant to this Agreement. Any use by Broker of the Marks shall be submitted to John Hancock for prior written approval. Upon termination of this Agreement, all rights or privileges of Broker to use the Marks in any manner shall expire, and Broker shall discontinue the use of the Marks.
- J. **Market Conduct Manual.** Broker will comply in full with the requirements set forth in the Market Conduct Booklet attached as *Appendix I* hereto and incorporated herein by reference and with updates and revisions to the Booklet that are sent to Broker.

II. LIMITATION OF AUTHORITY

Broker shall have no power or authority other than as herein expressly granted. Without limiting the generality of the foregoing, Broker expressly agrees not to:

- A. Recruit and recommend for appointment by John Hancock other brokers to sell long-term care insurance policies of John Hancock.
- B. Bind John Hancock to any risk without John Hancock's express, written authorization to do so or otherwise bind John Hancock by any promise or agreement or waiver of rights; incur any debt, expense, or liability for which John Hancock may be liable; or receive any money due or to become due to John Hancock except first premium on applications or policies and except where John Hancock otherwise agrees in writing, in which case such payments must be in United States currency.
- C. Deliver any policy if Broker is aware that any person proposed for insurance is not in the same condition of health, habits, or occupation, or if any other facts are not as represented in the application, unless a conditional receipt was issued at the time of taking the application.
- D. Make, modify, discharge, extend or waive rights under any policy, or bind John Hancock by making any promises or waiving rights respecting any policy.
- E. Directly or indirectly, pay, allow or give (or offer to do so) any rebate of premium or any part of Broker's commission, or any special advantage in the dividends or other benefits to accrue, or any valuable consideration or inducement whatever not specified in the policy, except that rebate of part of Broker's commission is permissible where in conformance with State law.
- F. Extend the time for the payment of any premium or indebtedness due John Hancock.
- G. Receive any money for John Hancock except as may be authorized by John Hancock herein or elsewhere expressly in writing.
- H. Withhold or convert any monies, securities, policies or receipts belonging to John Hancock; withhold any portion of a collected premium as commission without John Hancock's prior written consent.
- I. Withhold from John Hancock any applications for insurance.
- J. Participate in a systematic effort to cause the replacement, lapse or cancellation of John Hancock policies. John Hancock may withhold commission due during its or another entity's investigation of such a systematic effort. This provision shall survive the termination of this Agreement.

II. LIMITATION OF AUTHORITY

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- A. Recruit and recommend for appointment by John Hancock other brokers to sell long-term care insurance policies of John Hancock.
- B. Bind John Hancock to any risk without John Hancock's express, written authorization to do so or otherwise bind John Hancock by any promise or agreement or waiver of rights; incur any debt, expense, or liability for which John Hancock may be liable; or receive any money due or to become due to John Hancock except first premium on applications or policies and except where John Hancock otherwise agrees in writing, in which case such payments must be in United States currency.
- C. Deliver any policy if Broker is aware that any person proposed for insurance is not in the same condition of health, habits, or occupation, or if any other facts are not as represented in the application, unless a conditional receipt was issued at the time of taking the application.
- D. Make, modify, discharge, extend or waive rights under any policy, or bind John Hancock by making any promises or waiving rights respecting any policy.
- E. Directly or indirectly, pay, allow or give (or offer to do so) any rebate of premium or any part of Broker's commission, or any special advantage in the dividends or other benefits to accrue, or any valuable consideration or inducement whatever not specified in the policy, except that rebate of part of Broker's commission is permissible where in conformance with State law.
- F. Extend the time for the payment of any premium or indebtedness due John Hancock.
- G. Receive any money for John Hancock except as may be authorized by John Hancock herein or elsewhere expressly in writing.
- H. Withhold or convert any monies, securities, policies or receipts belonging to John Hancock; withhold any portion of a collected premium as commission without John Hancock's prior written consent.
- I. Withhold from John Hancock any applications for insurance.
- J. Endorse or present for collection any check, draft or other instrument made payable to John Hancock.

- K. Participate in a systematic effort to cause the replacement, lapse or cancellation of John Hancock policies. John Hancock may withhold commission due during its or another entity's investigation of such a systematic effort. This provision shall survive the termination of this Agreement.

III. COMPENSATION

Compensation shall be paid to the Broker as follows:

- A. **Commission to Broker.** John Hancock shall pay to Broker compensation on policies procured under this contract at the rates set forth in the Commission Schedule in effect on the effective date of the policies to which they relate. The Commission Schedule as of the effective date of this Agreement is attached hereto. No compensation shall be earned or payable until the premium is received in cash or credited by John Hancock, the policy is placed in force, and commissions have been authorized according to the normal accounting procedures of John Hancock. Commission is not payable on increases in premium due to premium rate increases implemented by John Hancock.
- B. **Premium and Product Changes.** John Hancock reserves the right to modify, discontinue or withdraw any plan of insurance in any jurisdiction and to fix the compensation on plans not included in the Commission Schedule which is now or may hereafter be issued by John Hancock. John Hancock shall be entitled to change the premium rates or dividends on any of its products at any time.
- C. **Changes to Commission Schedule.** John Hancock reserves the right to change the Commission Schedule thirty days following written notice to Broker. Any such change shall not apply with respect to policies issued based on applications taken prior to the effective date of such change.
- D. **Premium Refunds and Uncollected Premium.** If John Hancock shall for any reason waive or refund any premium, Broker shall have no right to commissions on such premium, and shall promptly pay to John Hancock the full amount received on account thereof. If John Hancock for any reason pays to Broker a commission in advance of the payment of the premium and the premium is not subsequently collected from the policyowner, Broker shall repay such commission to John Hancock.
- E. **Replacement Policies.** The amount, if any, and the time of payment of commission on replacements, changes, conversions, exchanges, premiums paid in advance, policies issued on a "guaranteed issue" basis, and other special cases and programs shall be governed by John Hancock's underwriting and administrative rules in effect as of the effective date of the policies to which they relate.

- F. **Vested Commission.** Commissions payable hereunder shall be vested. Any commission due and payable on or after Broker's death shall be paid to Broker's estate except as otherwise provided in Paragraph V.B. hereof.

IV. GENERAL PROVISIONS

- A. **Assignment.** Broker may not assign the rights to procure insurance applications or be relieved of the obligations of the Broker under this contract without John Hancock's prior written consent. John Hancock reserves the John Hancock reserves the right to assign this Agreement to a third party.
- B. **Indebtedness.** Any advance, debit balance, loan or extension of credit which Broker at any time and in any manner may secure from John Hancock constitutes an indebtedness to John Hancock. If any check or draft of Broker used to transfer monies to John Hancock is dishonored upon presentment for payment, the amount thereof shall constitute an indebtedness of Broker to John Hancock. The entire indebtedness of Broker to John Hancock as recorded in John Hancock's records may be deemed due and payable in full to John Hancock at any time. Broker is responsible for any costs, including but not limited to attorney fees and other collection expenses, incurred by John Hancock in connection with the recovery from Broker of any indebtedness of Broker to John Hancock. Broker hereby grants to John Hancock a first security interest in all commission and other compensation becoming due hereunder to secure any indebtedness of Broker to John Hancock. John Hancock may at any time apply commission payable to Broker hereunder or any other monies payable to Broker by John Hancock or by to reduce any such outstanding indebtedness.
- C. **Independent Contractor.** Broker shall be free to exercise independent judgment as to the time, place and means of performing all acts under this contract, but shall be guided by such general business conduct rules as may be adopted by John Hancock. The relationship of Broker to John Hancock shall be that of an independent contractor. Nothing in this contract shall be construed to create the relationship of employer and employee between John Hancock and Broker or Broker's employees.
- D. **No Waiver.** Failure of John Hancock or Broker to insist upon strict compliance with any of the conditions of this contract shall not be construed as a waiver of any such conditions.
- E. **Amendment or Modification.** This agreement may be amended by written notice from a duly authorized officer of John Hancock to Broker. No such amendment shall affect commission payable with respect to any policy issued based on applications taken prior to the effective date of such change.
- F. **No Inducement To Lapse.** During the term of this contract and following its

termination, Broker shall not directly or indirectly attempt to cause any policyholders or contract holders who purchased policies through Broker pursuant to this contract, to cancel, lapse or fail to renew such policies or contracts. Violation of the above may be enjoined by any legal means available to John Hancock, and John Hancock shall be entitled to recover from Broker compensatory damages and all costs and expenses incurred in connection with such litigation, including all attorneys' fees.

- G. **Governing Law and Arbitration.** This contract will be construed under and governed by the laws of the Commonwealth of Massachusetts, without regard to its conflicts of law doctrine. Any controversy or claim arising out of or relating to this contract, or the breach thereof, will be settled by arbitration by the American Arbitration Association held in Boston, Massachusetts, in accordance with Rules then obtaining of such Association, and judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Should arbitration not apply to resolution of any default or breach of this Agreement by reason of law, the parties shall have recourse to all available rights and remedies at law or in equity. All of the available rights and remedies shall be cumulative and may be exercised singularly or concurrently. In no event shall either party be liable for punitive, incidental, indirect, special or consequential damages, or for loss of profits, or for the procurement of substitute products and services, even if the other party has been advised of the possibility of such damages.
- H. **Notices.** A written notice shall be effective under this contract as follows: (a) if given by John Hancock to Broker, by delivery thereof to Broker, or by mailing thereof addressed to Broker at Broker's last known office address, (b) if given by Broker to John Hancock, by delivery or by mailing such notice addressed to: John Hancock Long-Term Care, 200 Berkeley Street, Boston, MA 02117, Attn: Senior Vice President-Sales.
- I. **Investigation.** While any portion of this Agreement is in effect, Broker hereby grants to John Hancock the right to request a credit report or criminal background check or other investigation on Broker.

V. TERMINATION

- A. **When Termination Occurs.** This contract, together with any and all appendices, supplements or schedules, and any appointments and/or licenses extended to Broker, shall terminate at the earlier of the following:
1. Thirty-one days following written notice by either party to the other
Termination may be effected under this paragraph with or without cause.
 2. Broker's death or total disability, the existence and commencement of total disability to be determined by John Hancock in its sole discretion.
 3. Immediately and automatically without notice if Broker has not produced at least one issued policy during any twelve (12)-month period.

4. Immediately by John Hancock for cause attributable to Broker including, without limitation, any of the following acts:
 - i. any act of fraud, dishonesty, misappropriation or withholding of funds;
 - ii. any material sales practice or market conduct violation as determined by John Hancock in accordance with its published guidelines;
 - iii. inducing or attempting to induce a John Hancock policyholder to cancel or to replace a John Hancock policy with that of another Company;
 - iv. failure to repay any indebtedness to John Hancock within sixty (60) calendar days;
 - v. violation of the laws, regulations or rules of any jurisdiction in which the Broker operates, or of any governmental authority exercising jurisdiction over the Broker;
 - vi. failure to comply with the policies and procedures of John Hancock including, without limitation, acceptance of premium payments made payable to anyone other than John Hancock;
 - vii. failure to maintain required insurance licensure; or
 - viii. filing of bankruptcy proceedings or, if Broker is a corporation, dissolution of the corporation;
 - ix. a production level such that the total compensation payable to Broker hereunder in any consecutive twelve (12)-month period is less than six hundred fifty dollars (\$650).

- B. **Commission After Termination With Cause.** Termination under Paragraph V.A.4. or any post-termination act that falls within any one of the acts described in Subparagraph V.A.4.i through V.A.4.v inclusive may, at John Hancock's option, result in revocation of all commission which may be due under this Agreement on or after the date of termination of this Agreement. This provision shall survive the termination of this Agreement.
- C. **Post-Termination Cooperation.** Subsequent to the termination of this contract, both parties agree to provide ongoing administrative support with respect to all policies sold under this contract and in existence as of the date of its termination in the same form and at the same level as was required prior to the termination.
- D. **Survival After Termination.** The provisions under this section, as well as any other provisions of this contract which expressly continue or by their nature should continue in order to properly service the business procured under this Agreement, respond to post-termination consumer complaints, comply with applicable laws and regulations, and enable each party to fulfill obligations to the other which were incurred prior to the termination of this contract, shall survive any termination of this contract.

VI. REAPPOINTMENT

Listed below are the circumstances under which John Hancock may agree to reappoint a Broker, it being understood that John Hancock retains the right to decline to reappoint a Broker under any and all circumstances:

- A. **Termination With Cause.** If John Hancock terminates Broker's Managing General Agent or General Agent with cause, John Hancock may accept reappointment of Broker with another agent organization immediately.
- B. **Termination Without Cause.** If John Hancock terminates Broker's Managing General Agent or General Agent without cause, John Hancock may accept reappointment of Broker from another agent organization after a period of thirty (30) days has passed from the date of John Hancock's termination notice, or immediately if Broker's Managing General Agent and General Agent, as applicable, provide written consent for John Hancock to accept such reappointment.
- C. **Failure To Produce.** If Broker has not sold any policies for a period of one hundred eighty (180) days, John Hancock may accept reappointment of Broker with another agent organization immediately.
- D. **Broker Request.** If Broker requests to be reappointed with another agent organization, John Hancock may accept reappointment of Broker after ninety (90) days has passed from the date of that request or immediately if Broker's Managing General Agent and General Agent, as applicable, provide written consent for John Hancock to accept such reappointment.

IN WITNESS WHEREOF, Broker and John Hancock, have caused this contract to be executed and effective as of the dates indicated below.

Broker agrees that this Agreement will take effect as indicated by John Hancock below.

Executed by Broker

(Broker Name)

(Signature)

(Date)

**Executed on Behalf of
John Hancock Life Insurance Company (U.S.A.)
John Hancock Life & Health Insurance Company**

(Name)

(Signature)

(Date)

This Agreement shall take effect as of _____.

Commission Schedule

<attach here>



LONG-TERM CARE
INSURANCE

Authorization for Direct Deposit for Commission Payment

Return completed form to:

John Hancock LTC Licensing
200 Berkeley Street, B-5-1
Boston, MA 02117
Fax: 617-450-8057
Email: mgalicensing@jhancock.com

PLEASE SELECT ONE

- Set-up new Change existing Cancel

FORM INSTRUCTIONS

1. All fields are required for processing.
2. Attach a copy of a voided check if you are using a checking account.
3. One form is required for each Social Security Number (SSN) or Tax Identification Number (TIN).
All agent numbers associated with the SSN/TIN will be paid to the selected account via direct deposit.
4. The funds can only be deposited to one account.

PAYEE (Party for whom direct deposit is being requested)

Payee Name _____ Payee SSN/TIN _____

CONTACT INFORMATION (This party will be contacted with any questions)

Name (if different from above) _____

Address _____

Phone Number _____ Email Address _____

BANK INFORMATION

Name on Bank Account (Account Holder) _____ Bank Telephone Number _____

Bank Name & Address _____

Bank Transit/Routing Number _____ Checking Account Number _____
(Attach a copy of a voided check)

I/We, the undersigned, hereby authorize John Hancock to initiate:

1. To deposit the payment of any commissions/bonuses to my account at the financial institution named above.
2. Make any necessary debit entries and adjustments to correct entries made in error.

If the agent is also a policyholder, we may pay claims/refunds using the same account as we do for commission payments.

This authorization is to remain in full force and in effect until John Hancock 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 John Hancock in such time and such manner as to afford John Hancock a reasonable opportunity to act on them.

I/We understand that John Hancock assumes no cost of any nature which may be charged to, or incurred by, the payee's checking account.

I/We understand that failure to notify John Hancock of an account change may cause my automatic deposit to be delayed or returned unprocessed by my financial institution.

If you change your financial institution and/or account number, you must fill out a new Direct Deposit Authorization Form.

I/We accept all of the above conditions, which I/we have read and fully understand.

Signature of Account Holder Signature of Joint Account Holder Date

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		
or									
Employer identification number									
					-				

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

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.

Certification instructions. 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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-INT (interest earned or paid)
- 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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.