

John Hancock Life Insurance Company



New Agent/Agency Name: _____

States to be appointed in: _____
(Attach license copies)

Anti-Money Laundering Training Requirements:

- ☐ AML training was completed through LIMRA on ____/____/____
- ☐ AML training was completed through an independent program, completion certificate is attached

Appointment Requirements:

- ☐ **REQUIRED**: New business - unless agent is in a Restricted State (see below)
- ☐ Complete and Sign Appointment Data Sheet, Section A
- ☐ Review and Sign BGA/Producer Agreement
- ☐ Complete and Sign Direct Deposit Authorization and attach void check
- ☐ Attach resident state Life license copy
- ☐ Attach E&O Coverage Certificate

Restricted States: GA, MT, PA, UT

iGroup Corporate Headquarters
4227 Lafayette Center Drive, Ste. A, Chantilly VA 20151
Phone: 800/488-9861 Fax: 703/832-0757
www.igroupweb.com



Appointment Data Information

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

- This is an application for appointment to sell life and variable life insurance with the John Hancock Life Insurance Company (U.S.A.).
- Before submitting, please ensure that the Firm and/or Broker-Dealer you are affiliated with has a Selling Agreement with John Hancock Life Insurance Company (U.S.A.).
- If applicable, ensure Anti-Money Laundering training has been completed. Information regarding regulations of life insurance companies is posted on www.johnhancock.com/about/abo_news.jsp.
- Sub-producers appointed through Brokerage General Agency must have Errors and Omissions insurance coverage - minimum \$1Million. A copy of the declaration page is required.

Section A - Personal Information

Name	Last Name, First Name, Middle Initial				
Date of Birth	Month	Day	Year	Social Security Number	National Producer Number
Home Address	Street No. and Name				Apt No.
	City		State		Zip Code
Mailing Address	Street No. and Name				Suite No.
	City		State		Zip Code
Contact Information	Business telephone no.		Fax No.		Email Address

Section B - Firm Affiliate Information

Affiliate Name	Tax ID

Licensing Contact Name	Last Name, First Name, Middle Initial	Telephone Number
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Section C - Product Information

Please check off all products you intend to sell on behalf of John Hancock Life Insurance Company (U.S.A.) ☐ Life ☐ * Variable Life ☐ **LTC Rider

* Please include a copy of your U-4 printout form WebCRD showing your active registration with your Broker/Dealer.

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

Section D - Producer Pay Information

John Hancock USA Commission Scale for Producer		
If recipient of Producer's compensation is a Corporation	Corporation Tax ID	Corporation Name

Direct Deposit/EFT ☐ No ☐ Yes - If Yes, please complete Authorization Agreement for Direct Deposit form and attach a check marked VOID.

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.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

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 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.

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

Social security number

or

Employer identification number

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).

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 4.

Sign
Here

Signature of
U.S. person ▶

SIGN HERE

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



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
- For assistance, please call our toll free number : 1-800-505-9427, Option 1.

Fax: 416-963-7323
Email: usagency@jhancock.com
This is not a secure email site.

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

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. 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