



# 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](http://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
	Street No. and Name				Apt. No.
	City		State		Zip Code
Home Address	Street No. and Name				Suite No.
	City		State		Zip Code
	Street No. and Name				Suite No.
Mailing Address	Street No. and Name				Suite No.
	City		State		Zip Code
	Street No. and Name				Suite No.
Contact Information	Business telephone no.		Fax No.		Email Address

## Section B - Firm Affiliate Information

Affiliate Name

Tax ID

Advantage Insurance Network  
Ward T. Bell & Associates Inc.

84-1219161

Licensing Contact Name	Last Name, First Name, Middle Initial	Telephone Number
	Ellis, Mary J.	(602) 381-8600

## 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.

## **JOHN HANCOCK DIRECT DEPOSIT / EFT**

**Please be advised:**

**Effective August 1, 2006 it is now mandatory that all our agents contracting with John Hancock have to set up Direct Deposit / EFT.**

**Please make sure to complete the Direct Deposit form and submit it with the rest of your contracting paperwork along with a copy of your void check for that account.**

If you have any questions regarding this matter, please feel free to call Kristi Bell at (602) 381-8600.

Your cooperation with this matter will be greatly appreciated and will ensure that your contracting won't be held up in processing.

Thank you.

Ward T. Bell & Associates, Inc.



# Authorization Agreement for Direct Deposit of Regular Compensation Payments

- To have your pay deposited into two accounts (the accounts may be different banks), indicate either a % of net pay or a flat amount for the primary bank account.
- 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](mailto: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 Name	Producer Code (if known)	Payroll Number
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Payee's SSN ID \_\_\_\_\_ or Payee's Tax ID \_\_\_\_\_  
Last four digits only \_\_\_\_\_

### Contact Information

Name	
Address - Number, Street, Apt., City, State, Zip Code	
Telephone Number	Email Address

### Primary Bank Information

New Enrollment     Updated Information

Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		

If two accounts, indicate \_\_\_\_\_ % net pay OR \$ \_\_\_\_\_ amount for the primary account.

### Secondary Bank Information\* - If this is the same bank as above, only complete the account information.

Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		

\* Not available for all John Hancock Statutory Companies. Please contact your Compensation Representative for details.

### Authorization

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

- credit entries to my/our bank account(s) indicated above;
- 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.

Signature of Account Holder	Signature of Joint Account Holder	Date
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