



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/abc_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

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	State
City	Zip Code

Contact Information

Business telephone no. 866 422 9188	Fax No. 215 659 4708	Email Address Jeff@custombenefitplans.com
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Section B - Firm Affiliate Information

Affiliate Name	Tax ID
CPS Insurance	953339518
Custom Benefit Plans	232942938

Licensing Contact Name Telephone Number **866-422-9188**

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.



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 Street No. and Name Appt No.

City State Zip Code

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="text"/>	<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="text"/>	<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="text"/>	<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

Documentation of Anti-Money Laundering (AML)

I, _____, have completed the Anti-Money Laundering for Insurance Producers training provided by LIMRA or _____
Other Vendor

With the exception of LIMRA, a certification form from the vendor is required with your contracting paperwork.

I am a duly licensed insurance agents and affirm that I have completed the above referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA Patriot Act Section 352 (US 31 CFR 103.137). I acknowledge that the insurance company to which this certification has been provided retains the right to review and approve the training program and its curriculum before accepting this certification.

I affirm that I have read and understand the above referenced training and that I am knowledgeable about my obligations under the regulations.

Signature

Date

Print Name

Date of Completion

**AML Certification can be completed at the LIMRA web site at
<https://aml.limra.com/LimraLogin.aspx>**



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
 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 _____

Checking (attach a check marked VOID) 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 _____

Checking (attach a check marked VOID) 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 errors 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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**“BLANKET ASSIGNMENT FORMS” ARE
FOR Appointments IN STATES THAT
DO NOT ISSUE LICENSES TO
CORPORATIONS.**

**DISREGARD IF NOT APPLICABLE TO
YOU.**



Blanket Assignment

John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

For value received,

of

(the "Assignor") assigns to

of

any and all commissions and bonuses to which Assignor may be entitled. This assignment is subject to all claims of The Company.

Signed at This Day of Year

In the presence of: Signature of Assignor
(If corporation is completing form, corporate officer(s) must indicate Title)

My Commission Expires:

This document has been received and recorded in the books of The Company. No responsibility is assumed for its sufficiency.