



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

Date of Birth

Month	Day	Year
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 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
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Section B - Firm Affiliate Information

Affiliate Name	Tax ID

Licensing Contact Name Telephone Number

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