

JOHN HANCOCK

Contracting Checklist

Age	nt/Agency:	
Dire	ct Upline:	Agent #:
Docu	ıments To Be Completed & Returned:	
	Appointment Information Request [AG2029US]	
	VectorOne Debit-Check Agent/Agency Authorization	ı Form
	W-9 Form	
	Proof of E&O	
	Individual State License(s)	
	Corporate State License(s) (If Applicable)	
	Direct Deposit Request [AG1923US] w/Voided Check	(OPTIONAL)

NOTE: Anti-Money Laundering (AML) training must be completed before new business is submitted.

NOTE: John Hancock will also send you additional forms to complete.

SEND TO:

Mail: Attention: Life Licensing American Brokerage Services 803 East Willow Grove Avenue Wyndmoor, PA 19038

Email: lifesubmission@absgo.com

UPDATED 9/9/2022 General Agent Contracts



Appointment information request

Important information

Universal life and term

Licensing requirements can be found by signing in at partnerlink.jhancock.com.

Training requirements can be found by signing in at partnerlink.jhancock.com. Courses must be approved by ClearCert before we can accept them as valid training. Visit clearcert.com for more information.

Variable Life

The producer must have an active registration with a broker-dealer that has a selling agreement with John Hancock.

New York life and variable life

Training requirements can be found by signing in at partnerlink.jhancock.com. The producer must complete New York Red 187 training in order to to sell John Hancock products in the state of New York.

All products

Contact information

Anti-money laundering training requirements can be found by signing in at partnerlink.jhancock.com.

Ó	Email usagency@jhan	cock.com	Phor Fax: TTY:	416-963 800-832	3-7323	ion 2		Mail See return instructions at end of this form.
1. Ap	pointment in	formation						
	, information							
☐ Yes	s 🗌 No 🕒	las a policy been submitt	ted to John	Hancock?				
	If	yes , provide the following	ng:	umber			State of so	olicitation
Produ	ucer informat	ion:	-					
Name ((First)				MI	Last		
Date of	f birth (MM/DD/	YYYY)	Social	Security nu	mber			National producer number
Phone	number	Email addr	ess					
Home a	address							
Mailing	g address* (if diff	erent from above)						
☐ Ple	ease check if t	the address provided i	s a perma	nent addr	ess chang	ge.		

Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock. AG2029US (3/22) Page 1 of 2



^{*} If payments are paid under your Social Security number, an IRS Form W-9 will be mailed to your mailing address. Correspondence regarding your appointment status will also be mailed to this address. Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York,

2. A _l	opointin	g or upline firm information				
Firm's	name					
Contac	ct's name					
Contac	ct phone r	umber Contact email	laddress			
3 Af	filiate(s) information				
	t all that					
	roker-d					
 Na	ame					Taxpayer identification number (TIN)
☐ G	eneral a	gency or firm				, ,
_						_
Na	ame					Taxpayer identification number (TIN)
4. Pı	oducer	pay information				
☐ Ye:	s 🗌 N	Are producer commissions If no , please provide produc				
		Non-NY commission scale			NY commission scale	
☐ Ye	s 🗌 N	Are producer commissions If yes , provide the following		a corpora	ation?	
		Corporation name				Taxpayer identification number (TIN)
(i) A co	nmission scale is required for agen	t's direct pa	y, includir	ng agents assigning pay to a corporation.	
5. De	elivery o	ntions				
		ry option for producer commission	ons.			
Optio	n 1: 🗆	New direct deposit account (Note: The payee indicated on this			e include a Direct deposit request form and ne voided check provided.	d an IRS Form W-9.
Optio	n 2: 🗆	Existing direct deposit accou	unt (no min	imum): U	se the account information already on file fo	or the producer/corporation.
Optio	n 3: 🗆	Check (minimum \$1,000).				
Optio	n 4: 🗌	Not applicable (compensation	n being paid	d to gener	ral agency or broker-dealer).	
Retu	rn instr	uctions				
Plea	ase sub	mit your completed and signe	d form via	one of t	he following:	
	Mail	John Hancock— Licensing and compensation PO Box 600 Buffalo, NY 14201-0600	Ó	Upload	Upload completed forms to: https://sales.johnhancockinsurance.com/fina insurance/doing-business-with-john-hancock/	
Ą	Fax	416-963-7323		Email	usagency@jhancock.com	

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.

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Direct deposit request

Important information

Use this form to authorize direct deposit of regular compensation payments.

Statements

- Electronic statements will be sent prior to a Wednesday deposit.
- Sign into advisor.johnhancockinsurance.com and click on the "My business" tab.

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t.on		 1411121	поп

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Email

usagency@jhancock.com

R

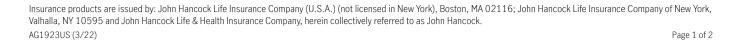
Phone: 800-505-9427, option 2

Fax: 416-963-7323 **TTY:** 800-832-5282

Mail 🗸

See return instructions at end of this form.

Producer's name (First)		MI	Last		Social Security number
Firm's name (if applicable)					Taxpayer identification number (TIN)
Contact's name (if different fr	rom above)				
Phone number	Email address				
Code update:					
☐ Update all codes					
☐ Update specific code:				_	
2. Statement contact in					
To receive commission	statements via ema	il, provide	the following: (max	kimum of 4 recipients)	
1					
Contact's name					
DI I					
Phone number	Email				
2					
Contact's name					
Phone number	Email				
2					
3. Contact's name					
Phone number	Email				
4. Contact's name					
Contact's Hairie					
Phone number					





Direct deposit instructions will be effective on the second or third commission run equires advance notification of one pay period to verify account information.	following the receipt of	this form since the financial institution
This is a new direct deposit enrollment. This is an update to current direct deposit instructions. Provide your account information below. Attach a voided check here. Deposit slips and starter checks are not accepted. The voided check must be in the name of the payee. We cannot send commissions to any financial institution with a power of attorney, guardian, conservator, or other fiduciary included in the account registration unless there is an indication of their iduciary status pre-printed on the check. Example: Jane Smith, POA. Checking Savings	Payee's name Address City, State, Zip code Pay to the order of Financial institution na Address City, State, Zip code For I:123456789 I: Routing number	Date
inancial institution		Routing/ABA number
Name(s) listed on account mportant: If you are unable to provide a voided check, please include a letter from your finance the resulting (ABA number the account type (ABA number type (•	,
the routing/ABA number, the account number, the account type (checking or savings), and the by an authorized party at the financial institution along with all payee(s) to certify that the informations 4. Signatures and authorizations By signing this form, I understand and authorize John Hancock to initiate: Credit entries to my bank account(s) provided above Any necessary debit entries and adjustments to correct entries made in error also understand this authorization is to remain in full force and effect until John Hats termination or a new signed authorization form. I understand that such notification is to remain in the language of the same and manner as to effect the bank language or a reasonable of the bank language of the same and manner as to effect the bank language or a reasonable of the bank language of the same and manner as to effect the bank language or a reasonable of the bank language of the same and manner as to effect the bank language or a reasonable of the bank language of the same and manner as to effect the bank language of the same and manner as to effect the bank language of the same and manner as to effect the bank language of the same and manner as to effect the bank language of the same and manner as to effect the same and the same are same as the sam	rmation provided is corrected. Hancock has received accation and new authorize	dvance notification in writing from me of zation must be provided and received by
lohn Hancock in such time and manner as to afford John Hancock a reasonable op	oportunity to act on thei	III.

Return instructions

Please submit your completed and signed form via one of the following:

 Mail John Hancock—

Licensing and compensation PO Box 600

Buffalo, NY 14201-0600

416-963-7323 Fax

Signature of account holder

Upload completed forms to: Upload

https://sales.johnhancockinsurance.com/financial-professionals/PRD/lifein surance/doing-business-with-john-hancock/producer-appointment.html

Today's date (MM/DD/YYYY)

Email usagency@jhancock.com

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock. AG1923US (3/22) Page 2 of 2



Form **W-9**

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
	2 [2 Business name/disregarded entity name, if different from above													
page 3.		Check appropriate box for federal tax classification of the person whose name is entered on line 1. Chollowing seven boxes.	in	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):											
e. ns on	L	Individual/sole proprietor or LI C Corporation LI S Corporation LI Partnership single-member LLC	∐ Tru	ust/estat	1	kempt pa	ayee c	ode (if	any)						
ty ctio		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	_				_								
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.								code (if any)						
ecif		Other (see instructions) ►			(A)	oplies to ac	counts m	aintaine	d outside	the U.	5.)				
S e	5 /	Address (number, street, and apt. or suite no.) See instructions.	Reques	ter's nar	ne and	address	s (optio	onal)							
See	6 (Dity, state, and ZIP code													
	7 L	ist account number(s) here (optional)	•												
Par	+ 1	Taxpayer Identification Number (TIN)													
		TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social	secur	ity numi	ber								
backu reside	p w nt a	ithholding. For individuals, this is generally your social security number (SSN). However, 1 lien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	or a			-		_							
TIN, la		is your employer identification number (Eliv). If you do not have a number, see now to ge		or				L							
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer				yer ide	identification number										
Numb	er i	o Give the Requester for guidelines on whose number to enter.			_										
Par	1	Certification		<u> </u>			Ш								
	_	nalties of perjury, I certify that:													
2. I ar Ser	n no vice	nber shown on this form is my correct taxpayer identification number (or I am waiting for t subject to backup withholding because: (a) I am exempt from backup withholding, or (b (IRS) that I am subject to backup withholding as a result of a failure to report all interest er subject to backup withholding; and) I have ı	not bee	n noti	fied by	the Ir	terna							
3. I ar	nal	J.S. citizen or other U.S. person (defined below); and													
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	ng is cori	rect.											
you ha	ave f sitior	on instructions. You must cross out item 2 above if you have been notified by the IRS that you alled to report all interest and dividends on your tax return. For real estate transactions, item 2 or abandonment of secured property, cancellation of debt, contributions to an individual retininterest and dividends, you are not required to sign the certification, but you must provide yo	2 does no rement a	ot apply rrangen	. For n nent (IF	nortgag RA), and	e inte d gene	rest p rally,	aid, paym	ents	use				
Sign Here		Signature of U.S. person ►	Date ►												

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

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, later.