



JOHN HANCOCK

Contracting Checklist

Agent/ Agency: _____

Direct Upline: _____ Agent #: _____

Documents To Be Completed & Returned:

- Appointment Information Request [AG2029US]
- VectorOne Debit-Check Agent/ Agency Authorization 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





Appointment information request


Important information

- Universal life and term**
 Licensing requirements can be found by signing in at partnerlink.jhancock.com.
- Long term care rider**
 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**
 Anti-money laundering training requirements can be found by signing in at partnerlink.jhancock.com.

Contact information

 **Email**
 usagency@jhancock.com

 **Phone:** 800-505-9427, option 2
Fax: 416-963-7323
TTY: 800-832-5282

 **Mail**
 See return instructions at end of this form.

1. Appointment information

Policy information:

Yes No Has a policy been submitted to John Hancock?

If **yes**, provide the following: _____
 Policy number State of solicitation

Producer information:

 Name (First) MI Last

 Date of birth (MM/DD/YYYY) Social Security number National producer number

 Phone number Email address

 Home address

 Mailing address* (if different from above)

Please check if the address provided is a permanent address change.

* 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.



2. Appointing or upline firm information

Firm's name

Contact's name

Contact phone number

Contact email address

3. Affiliate(s) information

Select all that apply:

Broker-dealer

Name

Taxpayer identification number (TIN)

General agency or firm

Name

Taxpayer identification number (TIN)

4. Producer pay information

Yes No Are producer commissions payable to a broker-dealer?
If **no**, please provide producer level compensation scale.

Non-NY commission scale

NY commission scale

Yes No Are producer commissions payable to a corporation?
If **yes**, provide the following:

Corporation name

Taxpayer identification number (TIN)



A commission scale is required for agent's direct pay, including agents assigning pay to a corporation.

5. Delivery options

Select a delivery option for producer commissions.

Option 1: **New direct deposit account** (no minimum): Please include a Direct deposit request form and an IRS Form W-9.
Note: The payee indicated on this form needs to match the voided check provided.

Option 2: **Existing direct deposit account** (no minimum): Use the account information already on file for the producer/corporation.

Option 3: **Check** (minimum \$1,000).

Option 4: **Not applicable** (compensation being paid to general agency or broker-dealer).

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

Upload Upload completed forms to:
<https://sales.johnhancockinsurance.com/financial-professionals/PRD/life-insurance/doing-business-with-john-hancock/producer-appointment.html>

Fax 416-963-7323

Email usagency@jhancock.com



3. Direct deposit information

Direct deposit instructions will be effective on the second or third commission run following the receipt of this form since the financial institution requires advance notification of one pay period to verify account information.

Select one of the following:

- 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 fiduciary status pre-printed on the check. Example: Jane Smith, POA.

- Checking
- Savings

Payee's name		
Address		Date _____
City, State, Zip code		
Pay to the order of _____		\$ <input type="text"/>
Financial institution name		
Address		
City, State, Zip code		
For		
⑆ 1 2 3 4 5 6 7 8 9 ⑆	0 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆	0 1 2 3
Routing number	Account number	Check number

Financial institution _____ Routing/ABA number _____

Name(s) listed on account _____ Account number _____

Important: If you are unable to provide a voided check, please include a letter from your financial institution (on their letterhead) that indicates the following information: the routing/ABA number, the account number, the account type (checking or savings), and the owner(s) of the financial institution account. The letter must be signed by an authorized party at the financial institution along with all payee(s) to certify that the information provided is correct.

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


I also understand this authorization is to remain in full force and effect until John Hancock has received advance notification in writing from me of its termination or a new signed authorization form. I understand that such notification and new authorization must be provided and received by John Hancock in such time and manner as to afford John Hancock a reasonable opportunity to act on them.


SIGN HERE _____ Today's date (MM/DD/YYYY) _____


Signature of account holder

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