



CBIZ / JOHN HANCOCK

Fill-Able Contracting/Appointment Forms

When do I submit CBIZ/John Hancock Appointment Paperwork?

- Appointment paperwork and new business application can be submitted concurrently except in the states listed below.
- **NOTE:** JHUSA is restricted in **MT, PA, and WI**; agent appointment must be requested before the date of the life insurance application
- **NOTE:** **AK, CO, ID, ME, NM, Puerto Rico** – agent must be licensed where insured lives as well as state of solicitation

Where do I submit CBIZ/John Hancock Appointment requirements?

- Please forward all completed forms directly to CBIZ Life Insurance Solutions, Inc.
 - Fax 858.444.3157
 - OR
 - Email: srlicensing@cbiz.com

Who should I contact for contracting and/or appointment inquiries?

- Please contact our Producer Services Department

Email: srlicensing@cbiz.com

Phone: 800.422.7536

Fax: 858.444.3157

Mail: 10616 Scripps Summit Court, Suite 210
San Diego, CA 92131

What requirements must be submitted for a CBIZ/John Hancock Appointment?

- All pages of John Hancock Producer Appointment Application
 - Appointment Data Information
 - Authorization Agreement for Direct Deposit [Optional]
 - Producer Terms and Conditions
- Request for Taxpayer ID# [W-9]
- Current Resident Life License and/or License for each state in which you are requesting an appointment.
- Proof of current Errors & Omissions or Certificate of Liability

Proof of Anti-Money Laundering (AML) training completion will be required to provide upon request by the carrier



CBIZ Life Insurance Solutions, Inc

Producer Services Department

10616 Scripps Summit Ct., Suite 210 • San Diego, CA 92131

Phone: 800.422.7536 • Fax: 858.444.3157



Appointment Data Information

Please return completed form. Email: USAGENCY@JHANCOCK.COM Fax: 416-963-7323

- This is an application for appointment to sell life or variable life insurance with the John Hancock Life Insurance Company (U.S.A.) (not licensed in New York).
- Before submitting, please ensure that the Firm and/or Broker-Dealer(s) listed in Section B hold a Selling Agreement with John Hancock Life Insurance Company (U.S.A.).
- The attached **W-9 Request For Taxpayer Identification Number and Certification** form must be completed and submitted with the Appointment Data Information sheet for all individuals or organizations listed in Section A and Section D below. However, if the new Appointee/Recipient of compensation are not U.S. persons the appropriate **Form W-8** should be completed, which is available on the IRS website <http://www.irs.gov/Forms-&Pubs>. See the instructions included with the Form W-9 for more information.
- If applicable, ensure Anti-Money Laundering training has been completed. More information at: <http://jh1.jhlifeinsurance.com/JHSalesNet/New Business and Underwriting/New Business Guidelines>
- Sub-producers appointed through a Brokerage General Agency must have Errors and Omissions insurance coverage - minimum \$1Million.

Section A - Personal Information

Name	Last Name, First Name, Middle Initial				
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 No.
	City		State		Zip Code
Contact Information	Business telephone no.		Fax No.		Email Address

Section B - Firm Affiliate Information

Affiliate Name	Tax ID

Licensing Contact Name	Last Name, First Name, Middle Initial	Telephone Number

Section C - Product Information

Please check off all products the producer intends to sell: Life * Variable Life **LTC Rider

* Include a copy of U-4, WebCRD or FINRA Broker Check report showing active registration with a 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.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



PRODUCER TERMS & CONDITIONS

In sole consideration of my appointment by John Hancock Life Insurance Company (U.S.A.) (licensed in all states except New York) and/or by John Hancock Life Insurance Company of New York (licensed only in the state of New York) or by an affiliate of such companies (collectively, the “Company”) to solicit applications for and service the Company’s life insurance policies (the “Contract(s)”), I agree to the provisions in this Producer Terms & Conditions statement.

Nothing contained in this Producer Terms & Conditions statement shall create the relationship of agent and principal, employer and employee, partner or joint venturer between me and the Company. Under no circumstance is this Producer Terms & Conditions statement to be construed as a direct selling agreement with the Company. I agree that I will submit all business related to the Company Contracts through a general agent that has entered into a direct selling agreement with the Company (the “General Agent”).

RESPONSIBILITIES OF THE PRODUCER

- 1) Licensing and Appointment. I shall not solicit sales for or service the Company Contracts unless I am properly licensed and appointed under applicable law and the Company’s guidelines. I understand that the Company may approve, reject or terminate my appointment at any time, with or without cause.
- 2) Compliance with Laws, Regulations, Codes of Conduct and Procedures.
 - a. I agree to comply with all applicable federal, state and local laws and regulations and such codes of conduct or other rules and procedures of the Company (including but not limited to such rules and procedures applicable to insurable interest) in those jurisdictions in which I solicit sales of the Company Contracts.
 - b. I agree to use and follow the forms, rates, guidelines and rules relating to the Company’s business provided to me by the General Agent or the Company, or as may be published on the Company’s website.
 - c. I will not recommend any Company Contract to an applicant unless I have reasonable grounds, after inquiry, to believe it is suitable.
 - d. I acknowledge that the Company does not undertake to be responsible for my supervision, training and compliance with applicable laws, regulations, codes of conduct and procedures.
 - e. I acknowledge that the Company’s selling agreement with the General Agent requires that I receive the Company’s “Code of Conduct,” a representative copy of which is attached to this Producer Terms & Conditions statement for reference.
- 3) Initial Premiums. I agree not to accept any sums on behalf of the Company other than checks signed by the applicant of a Company Contract payable to the Company in payment of the first premium. I will not endorse checks payable to the Company or pay premiums out of my account.
- 4) Applications and Delivery of Company Contracts. I will forward all completed applications for Company Contracts, premium payments (without deduction or offset for any reason) and supporting materials to the General Agent promptly. I understand that the Company may accept or reject any application in its sole discretion. I agree to promptly deliver the Company Contracts to the owners when the conditions established by the Company governing such delivery have been met.

- 5) No Surrender or Exchange. I shall not encourage or persuade owners to discontinue their Company Contracts or otherwise do anything prejudicial to the interests of the Company or the owners; except in response to an owner's direct request or if replacing such Company Contract is in the best interest of the owner, based on my reasonable judgment.
- 6) Approved Sales Materials. I agree not to use or distribute any brochure, sales script, seminar, presentation, advertising, direct mailing or any other sales materials ("Sales Materials") relating to the Company or the Company Contracts without the prior written approval of the General Agent and the Company. I agree to only use illustrations generated on software authorized by the Company and will not modify such illustrations without the prior written consent of the Company. I understand that the Company may terminate at any time and for any reason the use of any Sales Materials previously approved by it and agree to comply with any such request by the General Agent or the Company to not use such materials thereafter. I agree that I will not make any representations concerning the Company or the Company Contracts other than those contained in the Sales Materials authorized for use by the Company. I am not authorized to modify any such Sales Materials.
- 7) Confidentiality. I agree to maintain the confidentiality of i) any materials or information designated as confidential and/or proprietary by the Company and ii) all customer or applicant information (collectively, "Confidential Information"). I agree not to use, disclose, furnish or make accessible such Confidential Information to anyone without the prior written consent of the Company other than is necessary to perform my obligations under this Producer Terms & Conditions statement or my agreement with the General Agent. I agree to maintain administrative, technical and physical safeguards to protect the security, confidentiality and integrity of the Confidential Information. If I am compelled by applicable law to disclose any Confidential Information, I shall promptly notify the General Agent and the Company. I agree to comply with the privacy and security requirements under applicable laws and regulations and/or as set forth in the Company's "Privacy Code," a current copy of which may be obtained under the "Notices and Policies" section of the Company's website.
- 8) U.S. Patriot Act. I will comply with all applicable provisions of the U.S. Patriot Act and other customer identification, anti-money laundering, anti-terrorism and similar laws and regulations (collectively, "AML"). I will promptly notify the General Agent and the Company if I detect suspicious customer activity and will cooperate with the Company in testing the effectiveness of its AML programs. I will not solicit applications for Company Contracts unless I complete all AML training that may be required by the Company. Upon request, I will provide the Company with such proof of compliance as the Company may reasonably request.
- 9) Investigations, Proceedings and Complaints. I agree to cooperate with the Company in any judicial or regulatory investigation, proceeding, inquiry or customer complaint relating to the solicitation of applications for and/or servicing of the Company Contracts, and I will promptly advise the General Agent and the Company and will provide to them a copy of any notice or communication I may receive in connection therewith. I agree to promptly forward to the General Agent and the Company any summons or complaint served upon me or that names the Company as a party to the litigation or that seeks production of Company documents.
- 10) Limitation of Authority. I agree that my authority shall extend no further than stated in this Producer Terms & Conditions statement. I agree that I shall have no authority to alter, modify, waive or change any of the terms, rates or conditions of any Company Contract or any application for a Company Contract.

COMPENSATION

- 1) Compensation Determined by General Agent. I acknowledge that the General Agent is solely responsible for setting and paying my compensation for the sale of Company Contracts. I will not assert any claim for compensation or other sums against the Company. I understand that the Company may direct compensation to me pursuant to the instructions of the General Agent as an accommodation.
- 2) Chargebacks. Upon the occurrence of any event giving rise to a chargeback of compensation, I shall immediately repay directly to the Company the portion of the commissions and any other supplemental compensation that I received from the Company at the direction of the General Agent. The amount of repayment shall be determined by the Company in accordance with the Company's commission schedules and administrative rules that are then in effect. Any amount due shall become part of my Debit Balance, as described below.
- 3) Debit Balance. As used in this Producer Terms & Conditions statement, the term "Debit Balance" shall mean any amount owed by me to the Company or to any of its predecessors, successors or assigns, including but not limited to amounts owed resulting from a refund of premium, overpayment, chargeback, loan, advance, settlement, indemnification obligation or any other administrative adjustment related to a Company Contract. I agree to pay any Debit Balance owed to the Company when due.
- 4) Right of Set-Off. I agree to grant the Company a first lien on all commissions and any other supplemental compensation that may be directed to me by the Company, either directly or indirectly, as an offset for any outstanding Debit Balance. My right or the right of any person claiming through me to receive any such commissions or supplemental compensation shall be subordinate to the right of the Company to have such commissions and supplemental compensation applied against my Debit Balance. The Company's right under this paragraph shall be in addition to, and shall not limit the Company's use of, any other remedy available to it.
- 5) Procedures for Obtaining Information. Information pertaining to the Company's compensation and chargeback procedures may be obtained directly from the General Agent or from the "Notices and Policies" section of the Company's website.

GENERAL PROVISIONS

- 1) Effective Date. This Producer Terms & Conditions statement shall be effective on the date executed by me as set forth below.
- 2) Expenses. I will pay all expenses incurred by me in soliciting and servicing the Company Contracts, unless otherwise specifically provided for in this Producer Terms & Conditions statement or agreed to in advance in writing by the Company.
- 3) Survival. So long as there are Company Contracts in force that were sold and/or serviced by me, my undertakings in this Producer Terms & Conditions statement shall survive.
- 4) Entire Agreement. I understand that this Producer Terms & Conditions statement contains the entire understanding of the Company and me and supersedes all prior agreements and understandings among the Company and me regarding the subject matter.

- 5) Amendment. The Company reserves the right to amend this Producer Terms & Conditions statement at any time. I agree that any such amendment shall be effective upon the earlier of i) the submission of an application for a Company Contract after notice of such amendment or ii) the fifth business day after the date on which the notice was sent.

- 6) Arbitration. Any and all disputes under this Producer Terms & Conditions statement shall be settled by arbitration in Massachusetts under the then existing rules of the American Arbitration Association, and judgment may be entered upon the award in any court of competent jurisdiction. The determination of the arbitrators shall be final and binding on all parties to the arbitration. The costs of the arbitration shall be borne equally by the parties to the arbitration, provided however, that the arbitrators may assess one party more heavily than the other for these costs upon a finding that such party did not make a good faith effort to settle the dispute informally when it first arose.

- 7) Notice. Notices from the Company to me under this Producer Terms & Conditions statement will be deemed given as follows:
 - a. When posted to the “Notices and Policies” section of the Company’s website; or
 - b. When sent electronically by e-mail to the most recent e-mail address on file with the Company; or
 - c. When provided in writing and sent by facsimile, pre-paid overnight courier or first-class mail to the most recent address on file with the Company.

All notices to the Company under this Producer Terms & Conditions statement will be provided in writing and sent by first-class mail to:

John Hancock
 Contracts Department C-07-01
 197 Clarendon Street
 Boston, MA 02117

- 8) Governing Law. This Producer Terms & Conditions statement shall be governed by and construed in all respects with the laws of the Commonwealth of Massachusetts without reference to the principles of conflict or choice of law thereof.

 Signature

 Address

 Print Name

 City, State, Zip

 CRD # (If applicable)

 Date



LIFE INSURANCE

Authorization Agreement for Direct Deposit of Regular Compensation Payments

- 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
- For assistance, please call our toll free number : 1-800-505-9427, Option 1.

Fax: 416-963-7323
Email: usagency@jhancock.com
 This is not a secure email site.

Producer/Firm Name _____

Payee's SSN ID _____ or Payee's TAX ID _____

CONTACT INFORMATION

Name _____

Address - Street, Apt, City, State, Zip Code _____

Telephone Number _____ Code Update
 Update All Codes Update Specific Code - _____

STATEMENT CONTACT INFORMATION - To have commissions statement emailed complete the chart below. (Up to a Maximum of 4 recipients).

Contact Name	Contact Phone Number	Email Address

Note: Emailed statements will be received by Wednesday following the commission run.

PRIMARY BANK INFORMATION

New Enrollment Updated Information

Bank Name _____ Bank Telephone Number _____

Bank Address - Street, City, State, Zip Code _____

Payee's Account Number _____ Transit/Routing Number _____

Name on Bank Account (Must be the same as Producer/Firm Name) _____

Checking (attach a check marked **VOID**) Savings

AUTHORIZATION

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

- 1) credit entries to my/our bank account(s) indicated above;
- 2) 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. 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.

X _____ **X** _____
 Signature of Account Holder Signature of Joint Account Holder Date