



**John Hancock  
PRODUCER APPOINTMENT KIT**

PRODUCER: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please complete the attached packet and sign in ALL places indicated. When all signatures are in place, please attach the following items;**

- A copy of your current state license
- A copy of your current E&O
- A **'voided' check** to be used for the EFT of your commissions

**WHEN YOU HAVE THIS PACKET COMPLETE – PLEASE SEND IT TO US USING  
ONE OF THE FOLLOWING;**

**Email:**                    [contracts@donboozer.com](mailto:contracts@donboozer.com)

**Fax:**                        1-888-543-0886

**Snail Mail:**            Don Boozer & Associates  
2524 Lillian Miller Parkway  
Suite 115  
Denton TX 76210

**Phone:**                    1-800-543-0886

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- This is an application for appointment to sell life or variable life insurance with John Hancock.
- Before submitting, please ensure that the Firm and/or Broker-Dealer(s) listed in Section B hold a Selling Agreement with John Hancock.
- 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](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**

1. Name FIRST MIDDLE LAST

2. Date of Birth MONTH DAY YEAR 3. Social Security Number 4. National Producer Number

5. Home Address STREET NO. AND NAME, APT NO. CITY STATE ZIP CODE

Check if mailing address same as above

6. Mailing Address STREET NO. AND NAME, SUITE NO. CITY STATE ZIP CODE

7. Business Telephone Number (Agent Business Telephone Number) 8. Agent Email Address \*Required

9. Firm Contact Name 10. Firm Contact Number

**SECTION B: Product Information**

11. 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 C: Firm Affiliate(s) Information**

FIRM AFFILIATION *Check all that apply	NAME	TAX-ID
<input type="checkbox"/> Broker Dealer - If payable to Broker Dealer DO NOT PROCEED TO SECTION D		
<input type="checkbox"/> General Agency		
<input type="checkbox"/> Other		

**SECTION D: Producer Pay Information**

12. John Hancock Commission Scale for Producer

13. If recipient of Producer's compensation is a Corporation a. Corporation Tax-ID b. Corporation Name

14. Direct Deposit/EFT  No  Yes - If Yes, please complete Authorization Agreement for Direct Deposit form and attach a check marked **VOID**. Please complete **Request For Taxpayer Identification Number and Certification** form (W-9) attached (or if applicable W-8).



# 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 2.

**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 <input type="checkbox"/> Update All Codes <input type="checkbox"/> 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

I/We, the undersigned, hereby authorize John Hancock (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. 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.

<b>X</b>	<b>X</b>	
Signature of Account Holder	Signature of Joint Account Holder	Date

AG1923US (11/2016)

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do NOT  
send to the IRS.

<b>Please print or type</b>	Name (If a joint account or you changed your name, see <b>Specific Instructions</b> on page 2.)	
	Business name, if different from above. (See <b>Specific Instructions</b> on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	

<b>Part I Taxpayer Identification Number (TIN)</b>	List account number(s) here (optional)				
<p>Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see <b>How to get a TIN</b> on page 2.</p> <p><b>Note:</b> If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.</p>	<b>Part II For Payees Exempt From Backup Withholding</b> (See the instructions on page 2.)				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border: 1px solid black; padding: 2px;">Social security number</td> </tr> <tr> <td style="text-align: center; border: 1px solid black; padding: 2px;">      +      </td> </tr> <tr> <td style="text-align: center; padding: 5px 0;">OR</td> </tr> <tr> <td style="text-align: center; border: 1px solid black; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="text-align: center; border: 1px solid black; padding: 2px;">  +          </td> </tr> </table>		Social security number	+	OR	Employer identification number
Social security number					
+					
OR					
Employer identification number					
+					

**Part III Certification**

Under penalties of perjury, I certify that:

- 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**
- 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.

**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 2.)

<b>Sign Here</b>	Signature ▶	Date ▶
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**Purpose of form.** A person who is required to file an information return with the IRS must get 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, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee.

If you are a foreign person, IRS **prefers** you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons **must** use an appropriate Form W-8.

**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.

**What is backup withholding?** Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive **will** be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

**Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



**JOHN HANCOCK USA FIRST YEAR COMMISSION SCHEDULE (FIXED PRODUCTS)**

Sub-Agent Commission Schedule

FOR:

CPS Insurance Services

<b>UNIVERSAL LIFE</b>	<b>FIRST YEAR BASE COMMISSION (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>SUPPLEMENTAL INCOME (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>TOTAL COMPENSATION (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>RENEWAL AND EXCESS PREMIUMS COMMISSION</b>
<b>UNIVERSAL LIFE G'13 *</b> ULG13	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>SURVIVORSHIP UNIVERSAL LIFE-G '13 *</b> SUG13	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>ACCUMULATION UNIVERSAL LIFE '09 *</b> AUL09	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>PROTECTION UNIVERSAL LIFE '16 *</b> PUL16 - ROLLING TARGETS AVAILABLE	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>PROTECTION INDEXED UNIVERSAL LIFE '15 **</b> PIUL15 - ROLLING TARGETS AVAILABLE	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>PROTECTION SURVIVORSHIP UL '13 *</b> PSU13	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>PROTECTION SURVIVORSHIP INDEXED UL '13 **</b> PSIUL13 - ROLLING TARGETS AVAILABLE	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>ACCUMULATION INDEXED UL '15 **</b> IUL15 - ROLLING TARGETS AVAILABLE	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>PREMIER LIFE '11 *</b> PRL11	50%	35.0%	85.0%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>PROTECTION UNIVERSAL LIFE '16 - ENHANCED SPREAD COMP OPTION</b>				
1 <sup>st</sup> year commissions will be spread over 5 years as follows:				
<b>YEAR 1</b>	12%	8.4%	20.4%	
<b>YEAR 2</b> Provided the policy is in force as of the 1 <sup>st</sup> anniversary	12%	8.4%	20.4%	2.25 % excess
<b>YEAR 3</b> Provided the policy is in force as of the 2 <sup>nd</sup> anniversary	12%	8.4%	20.4%	2.00 % renewals (yrs 2 – 10)
<b>YEAR 4</b> Provided the policy is in force as of the 3 <sup>rd</sup> anniversary	12%	8.4%	20.4%	
<b>YEAR 5</b> Provided the policy is in force as of the 4 <sup>th</sup> anniversary	12%	8.4%	20.4%	
<b>PROTECTION SURVIVORSHIP UL '13 - ENHANCED SPREAD COMP OPTION</b>				
1 <sup>st</sup> year commissions will be spread over 5 years as follows:				
<b>YEAR 1</b>	12%	8.4%	20.4%	
<b>YEAR 2</b> Provided the policy is in force as of the 1 <sup>st</sup> anniversary	12%	8.4%	20.4%	2.25 % excess
<b>YEAR 3</b> Provided the policy is in force as of the 2 <sup>nd</sup> anniversary	12%	8.4%	20.4%	2.00 % renewals (yrs 2 – 10)
<b>YEAR 4</b> Provided the policy is in force as of the 3 <sup>rd</sup> anniversary	12%	8.4%	20.4%	
<b>YEAR 5</b> Provided the policy is in force as of the 4 <sup>th</sup> anniversary	12%	8.4%	20.4%	
<b>PROTECTION INDEXED UL '15 with Cash Value Enhancement Option (PIULC15) *</b>				
1 <sup>st</sup> year commissions will be spread over 4 years as follows:				
<b>YEAR 1</b>	14%	9.8%	23.8%	
<b>YEAR 2</b> Provided the policy is in force as of the 1 <sup>st</sup> anniversary	14%	9.8%	23.8%	2.25 % excess
<b>YEAR 3</b> Provided the policy is in force as of the 2 <sup>nd</sup> anniversary	14%	9.8%	23.8%	2.00 % renewals (yrs 2 – 10)
<b>YEAR 4</b> Provided the policy is in force as of the 3 <sup>rd</sup> anniversary	14%	9.8%	23.8%	
<b>PROTECTION SURVIVORSHIP INDEXED UL '13 with Cash Value Enhancement Option* (PSIUL13C)</b>				
1 <sup>st</sup> year commissions will be spread over 4 years as follows:				
<b>YEAR 1</b>	14%	9.8%	23.8%	
<b>YEAR 2</b> Provided the policy is in force as of the 1 <sup>st</sup> anniversary	14%	9.8%	23.8%	2.25 % excess
<b>YEAR 3</b> Provided the policy is in force as of the 2 <sup>nd</sup> anniversary	14%	9.8%	23.8%	2.00 % renewals (yrs 2 – 10)
<b>YEAR 4</b> Provided the policy is in force as of the 3 <sup>rd</sup> anniversary	14%	9.8%	23.8%	

<b>UNIVERSAL LIFE, cont'd</b>	<b>FIRST YEAR BASE COMMISSION (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>SUPPLEMENTAL INCOME (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>TOTAL COMPENSATION (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>RENEWAL AND EXCESS PREMIUMS COMMISSION</b>
<b>ACCUMULATION INDEXED UL '15 with CASH VALUE ENHANCEMENT OPTION (AIULC15) *</b>				
1 <sup>st</sup> year commissions will be spread over 4 years as follows:				
<b>YEAR 1</b>	14%	9.8%	23.8%	
<b>YEAR 2</b> Provided the policy is in force as of the 1 <sup>st</sup> anniversary	14%	9.8%	23.8%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>YEAR 3</b> Provided the policy is in force as of the 2 <sup>nd</sup> anniversary	14%	9.8%	23.8%	
<b>YEAR 4</b> Provided the policy is in force as of the 3 <sup>rd</sup> anniversary	14%	9.8%	23.8%	
<b>PREMIER LIFE '11 with Cash Value Enhancement Option (PRL11C) *</b>				
1 <sup>st</sup> year commissions will be spread over 4 years as follows:				
<b>YEAR 1</b>	14%	9.8%	23.8%	
<b>YEAR 2</b> Provided the policy is in force as of the 1 <sup>st</sup> anniversary	14%	9.8%	23.8%	2.25 % excess 2.00 % renewals (yrs 2 – 10)
<b>YEAR 3</b> Provided the policy is in force as of the 2 <sup>nd</sup> anniversary	14%	9.8%	23.8%	
<b>YEAR 4</b> Provided the policy is in force as of the 3 <sup>rd</sup> anniversary	14%	9.8%	23.8%	
<b>TERM PRODUCTS</b>	<b>FIRST YEAR BASE COMMISSION (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>SUPPLEMENTAL INCOME (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>TOTAL COMPENSATION (% OF FIRST YEAR PREMIUM UP TO TARGET)</b>	<b>RENEWAL COMMISSION</b>
<b>TERM</b>				
<b>TERM 10 (2016)</b>	50%	15.0%	65.0%	N/A
<b>TERM 15 (2016)</b>	50%	25.0%	75.0%	N/A
<b>TERM 20 (2016)</b>	50%	35.0%	85.0%	N/A
<b>SURVIVORSHIP TERM</b>	50%	35.0%	85.0%	2.00 % renewals (yrs 2 – 10)
<b>TERM with VITALITY (All Plan Versions)</b>				
<b>TERM 10 With Vitality (2015)</b>	50%	15.0%	65.0%	N/A
<b>TERM 15 With Vitality (2015)</b>	50%	25.0%	75.0%	N/A
<b>TERM 20 With Vitality (2015)</b>	50%	35.0%	85.0%	N/A
* Premiums received within the last 23 days of the first year that do not generate first year commission will generate renewal commission at 2%				



## Brokerage Compensation Guidelines

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

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<b>Commissions</b>	<p>First-year commissions are calculated as percentages of the commissionable premium received during the first Policy Year. This period begins on the date the policy is considered to be in effect ('Policy Year Date' or 'PYD') and ends on the day prior to the one-year anniversary of the PYD. For commissionable premium amounts up to the Target Commissionable Premium ('Target'), the Base first-year Commission rate is used. For commissionable premiums above the Target, the first-year Excess Commission rate is used. See the Commission Schedule for Base and Excess rates.</p> <p>Subsequent-year renewal Commissions (both Base and Excess) are calculated as percentages of the commissionable premiums received within the applicable policy year. See Commission Schedule for Renewal rates</p>
<b>Supplemental Income</b>	<p>Supplemental Income ('SI') payments are calculated as percentages of commissionable premium received during the first Policy Year, up to Target. See the Commission Schedule for SI rates.</p>
<b>Rolling Targets</b>	<p>For certain products, second year premium received will pay first-year Base Commission and SI rates, up to any unused Target from the first policy year. Any premium received in excess of the unused Target will be paid at second policy year renewal rates. These products are identified on the Commission Schedule.</p> <p>These products also contain variations to the standard guidelines for the 23-Day rule and Chargebacks. See those sections below for details.</p> <p>For products without Rolling Targets, if the premium received in the first Policy Year is less than the Target, the "extra" Base Commission and SI are lost in subsequent years. Base Commission and SI on that portion of unused Target cannot be earned even if premium is received in subsequent years.</p>
<b>23-Day rule</b>	<p>For premiums received within the last 23 days of the first policy year (i.e. early second-year premium), first year commission and SI will be paid on premiums that are cumulatively less than the lower of Target and planned first year premium per the signed policy illustration. Premiums received within the last 23 days of the first policy year that do not generate first year commission and SI will generate commission at the year 2 renewal rate.</p> <p>For <i>Rolling Target</i> products, this rule applies to premiums received during the last 23 days of the <b>second</b> policy year.</p>
<b>1035 Exchanges with Loans</b>	<p>For PUL, PSUL, AUL, AIUL, and Premier Life, if there is a 1035 exchange with a loan, the loan portion will be compensated.</p> <p>For all other products, if there is a 1035 exchange with a loan, the loan portion will not be compensated.</p>

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*The guidelines herein apply to life insurance products sold through John Hancock Life Insurance Company (U.S.A.) (not licensed in New York)  
Product-specific exceptions may apply in place of or in addition to the information provided here and are described in that product's documentation.  
Updated Feb 6, 2014*

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# Brokerage Compensation Guidelines

John Hancock Life Insurance Company (U.S.A.)

(hereinafter referred to as John Hancock (USA) or The Company)

## Chargebacks

Except as otherwise provided in any product-specific documentation applicable to a particular product or rider\*, there will be a chargeback of amounts paid on any policy which is lapsed or surrendered according to the following:

Policy Duration at Lapse/Surrender	Chargeback
During Free Look period (commences at time of policy receipt by owner)	100% of total commissions and SI paid
Outside of Free Look period but within first Policy Year	50% of total commissions and SI paid
<i>Note: A policy will be deemed as lapsed/ surrendered within the first policy year if it is not in full force and effect as of the 1<sup>st</sup> day of the second policy year. Policies in 'lapse pending' status are not considered to be in full force and effect unless the necessary premium is paid by the end of the grace period.</i>	

\*Notable exceptions include, but are not limited to:

Exception	Chargeback
Rolling Target products outside of Free Look period but within 18 months of the Policy Year Date	50% of total commissions and SI paid

## Contract Exchanges

When a policy is changed, the compensation, if any, shall be determined by The Company.

The Company shall determine the compensation on any new policy when:

- a) A policy issued by The Company on the same life has been surrendered or lapsed within six months of the application for a new policy, OR
- b) The new policy appears to have replaced an existing policy in full or part issued by The Company within six months of the date of application.

## Spread Commissions

Certain products/riders may require that first-year commissions be paid out over several years. The payment in each subsequent year is dependant on the policy remaining in force as of the anniversary date at the beginning of that policy year. Policy lapse or surrender prior to the anniversary date will result in an elimination of future commission payments even if the full first-year commission and SI amounts have not yet been paid out.

The guidelines herein apply to life insurance products sold through John Hancock Life Insurance Company (U.S.A.) (not licensed in New York)  
Product-specific exceptions may apply in place of or in addition to the information provided here and are described in that product's documentation.  
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