CARRIER: JOHN HANCOCK/MANULIFE
PACKET CURRENT AS OF: 03-18-05

CARRIERS REQUIRE ALL
PAGES OF THE
LICENSING PACKET BE
SUBMITTED IN ORDER TO
COMPLETE YOUR
CONTRACTING – THEY NEED
THE ENTIRE
CONTRACT/AGREEMENT AND
ALL RELATED DOCUMENTS.

EVERY PAGE NEEDS TO BE REVIEWED, COMPLETED, OR SIGNED – THANK YOU FOR MAKING SURE TO RETURN EVERY PAGE OF THE PACKET WE SEND TO YOU, BACK TO US AT CPS.



No new filing is required.

AG2029US (01/2005)

## **Appointment Data Information**

This is an application for appointment to sell life insurance, annuity and/or long-term care products with the John Hancock companies shown below. Before submitting, please ensure that the Firm and/or Broker-Dealer you are affiliated with has a Selling Agreement with the corresponding John Hancock company. 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 Last Name, First Name, Middle Initial Name Date of Birth Month Day Year Social Security Number Street No. and Name, Apt No. Home address Zip Code Street No. and Name, Suite No Branch/Mailing address Clty Zip Code Cell /Pager No. Business Telephone No. Fax No. Contact numbers Section B - Firm Affiliate Information □ Brokerage General Agency Check all that apply Broker/Dealer Insurance Agency Telephone Number Affiliate Name Tax ID 953339518 -863-6700 > VC. Licensing Contact Name Last Name, First Name, Middle Initial Telephone Number Section C - Product Information Please check off all products you intend to sell on behalf of John Hancock. **Products** Company Name \*\* Long Term Care \*\* LTC Life \* Variable Life Fixed Annuities \* Variable Annuity 401K Partnership V John Hancock Life Insurance Company (U.S.A.) П V John Hancock Life Insurance Company V John Hancock Variable Life Insurance Company All NEW LIFE INSURANCE products introduced in 2005 will be sold through John Hancock Life Insurance Company (U.S.A.). \* Please include a copy of your U-4 printout form WebCRD showing your active registration with your Broker/Dealer. If you are selling variable or fixed annuity business in California please provide proof you have completed the annuity training requirement. \*\* Provide a copy of your Continuing Education Qualification if you are selling LTC in the following states - CA, CO, CT, IL, IN, MA, MD, NC, WA Section D - John Hancock Statutory Companies Please check mark all applicable companies you require an appointment through. John Hancock Life Insurance Company √John Hancock Variable Life Insurance Company John Hancock Life Insurance Company (U.S.A.) - (formerly The Manufacturers Life Insurance Company U.S.A.) Appointments previously active with The Manufacturers Life Insurance Company (U.S.A.) will remain active under the new company name.

#### JOHN HANCOCK APPOINTMENT SUMMARY

STATUS	TIMEFRAMES	STATES
Wait for Insurance Department to issue appointments	3-4 weeks from date of receipt at John Hancock (also can depend on states	AL, DE, KY, LA, MA*, MD, NM, OK, SC, SD, VT, WA, WV*, WY.
	backlog)	*submission of two original forms
Immediate Effective States for appointment paperwork	Effective on the date processed by John Hancock (Please allow 5 days for internal handling.)	AK, AR, AZ, CA, CO, CT, DC, FL, GA**, HI, IA, ID, IL, IN, KS*, ME, MI, MN, MO, MS, MT, NE, NH, NJ, NY, NC, ND, NV, OH, OR, PA, PR, RI, TN, TX, UT, VA, WI.  *the Kansas state letter showing lines of business must also be submitted  **a Georgia appointment form, gid122, copies accepted

#### Corporation must be appointed to receive commissions in all states except:

FL, IA, TN, VT, WV, WI, GA

## States that issue Corporate licenses for verification only:

AL, DE, NE, MO, MN, NM residents

## Corporate Appointment automatically appoints all individuals on corporate license in:

AK, CA, ID, KY, MT, NV, OR, TX, UT, WA, WY

In all other states when appointing a Corporation we need an individual appointment to submit the Corporation.

## Corporate Appointment requires submission of a Corporate Officer, Qualifying or Responsible Individual:

AL, AR, CT, DE, IL, MD, MA, ME, MI, NE, NH, OH, PA, SD

#### States which require an additional original application:

MA (Agents License Only), WV (Non-Resident)

#### Special LTC Appointment Requirements

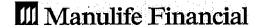
- CA 8 hours LTC Study Course
- CO 2 hours LTC Study Course in addition to Health license
- CT 7 hours LTC (for Partnership only)
- DE Special LTC license required in addition to a Health license
- IL 6 hours LTC Study Course in addition to Health license
- IN 7 hours LTC Study Course in addition to Health license RESIDENTS ONLY & 5 hours LTC Partnership Course RESIDENTS AND NON RESIDENTS
- MA LTC Reference Guide (form LTC 1036) and "Your Options for Financing Long Term Care: A Massachusetts Guide" in addition to health license
- MD 2 hours LTC Study Course needed for first renewal (residents only) PROOF OF COURSE COMPLETION NOT REQUIRED FOR INITIAL JH APPOINTMENT
- NC Special LTC license required in addition to a Health license
- WA 6 hours LTC Study Course

#### Regulatory Requirements:

The Office of Business Conduct at John Hancock requires every agent submitting business to be appointed in **BOTH** the client's resident state and the soliciting state (written) for the following states:

Alaska, Arkansas, Colorado, Idaho, Illinois, Maine, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, Puerto Rico, Rhode Island, West Virginia.

Both appointments must be effective prior to submitting business per the state guidelines above. 8/8/01

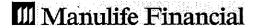


## **Blanket Assignment**

## The Manufacturers Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

City			State	
	· · · · · · · · · · · · · · · · · · ·			
e "Assignor") assigns to [i	Name of Assignee			
City			State .	
and all commissions and	d bonuses to which Assigno	r may be entitled	. This assignment is subject to all claims of The Comp	pany.
	•			
ned at		This	Day of	Year
	State			
a Aleksan Duk	B.		Signature of Assignor (If corporation is completing form, corporate officer)	s) must indicate Title)
ine presence of: Notary Pub	li <b>G</b>		x	
Commission Expires:	Morth Day Year			
is document has been rec	ceived and recorded in the b	ooks of The Co	mpany. No responsibility is assumed for its sufficiency	·.



## Release of Blanket Assignment

## The Manufacturers Life Insurance Company (U.S.A.)

(hereinafter referred to as The Company)

• •				
Name of Assignee				
	Name of Assign		,	
For value received, the undersigned Assignee hereby release	ases to Raine of Assigni			
all rights and interest in any commission previously assigned	d by the Assignor to	o the Assignee on	Month Day Year	
arising from all business written under the code number(s)	:			-
			,	
Signed at	This	Day of		Year
City State	1100	Day of		
		Signature of Assig	nor ompleting form, corporate officer(s) must	indicate Title)
In the presence of: Notary Public		x		
				180
My Commission Expires: Month Day Year				
My Commission Expires.			•	
• • • • • • • • • • • • • • • • • • • •				
This document has been received and recorded in the book	s of The Company	. No responsibility	is assumed for its sufficiency.	
•				
			•	
•				

## CPS PRODUCER PROFILE

Please complete this form, and return it to us. We must have a completed and signed version of this form on file.

Producer Name		
Company/Corporation Name		
Fax NumberEn	nail Address	
Business Address		
City	•	
Tome Address	•	
ity		Zip
ail to (check one): [ ] Home [ ] Busi	iness	
referred method of receiving correspondence	e (check one):	
[] email [] fax [] mail	•	
usiness Phone	Home Phone	
ocial Security #		
nsurance License Number	Date of Birth	
esignations: CLU CPCU ChFC RHU CFP	LUTC CIC (circle	applicable)
o you carry E&O insurance? [ ] No [ ] Yes	s, name of carrier	
o you assign commissions? [ ] No [ ] Yes,		
are you securities licensed? [ ] No [ ] Ye		
of NASD registered, what is the name of your	r broker dealer?	
Page 1		
***** Important, please read and sign other	side ****	

CPS INSURANCE SERVICES / CA LIC.# 0571612
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255
LICENSING DEPARTMENT FAX 949-225-7157

IT IS AGREED by and between CPS Insurance Services (hereinafter referred to as MGA), and the producer whose name appears on page 1 (hereinafter referred to as Producer) that in consideration of MGA's continued goodwill and patronage:

- A. MGA agrees that commission payment, if any, made by MGA to Producer shall be vested in Producer to the same extent that commissions on the same transaction are vested in MGA by applicable insurance company, with the exception of group insurance which may be subject to a Broker of Record direction.
- B. In the event that any commission, premium, or fee paid or credited to Producer must be referenced or returned by MGA to the insurer, MGA is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, then MGA is authorized to debit any commissions which may be due Producer until such obligation has been fulfilled. Producer will also reimburse MGA for any and all costs and expenses (including reasonable attorney's fees) incurred by MGA in collection of any such sums from Producer.
- C. Producer agrees to hold MGA harmless and indemnify MGA against any and all liability, loss, damages, judgements, costs or expenses of any nature, type or kind (including reasonable attorney's fees) incurred by MGA or imposed upon MGA as a result of any allegedly wrongful or tortious act or omission on part of the Producer.
- D. The Agent/Company consents to the transmission of information, whether personal, commercial or of an advertising nature, by way of the fax number or email address set forth herein, or other fax numbers or email addresses of the agent/company.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Producer			Date	•

We appreciate your business.

Page 2

CPS INSURANCE SERVICES / CA LIC.# 0571612
9 CORPORATE PARK DRIVE, SUITE 100, IRVINE, CA 92606
PHONE 949-863-0700 / PHONE 800-326-5433 / FAX 949-863-9318 / FAX 800-436-8255
LICENSING DEPARTMENT FAX 949-225-7157

## JOHN HANCOCK USA FIRST YEAR GROSS COMMISSION SCALE

## FOR

## Sub-Agents of

## CPS INSURANCE SERVICES, INC.

Effective 3/01/2005

UNIVERSAL LIFE	FIRST YEAR COMMISSION (PYC)	RENEWAL AND EXCESS PREMIUMS COMMISSION
PROTECTION UNIVERSAL LIFE G'05 UL – G 05	50 % of Commissionable Premium	0% excess 1% renewals
SURVIVORSHIP UL SUL - G	(In 1 <sup>st</sup> year only)  50 % of Commissionable  Premium  (In 1 <sup>st</sup> year only)	(years 2 – 10)  0% excess 1% renewals (years 2 – 10)
PROTECTION UNIVERSAL LIFE G'05 with Cash Value Enhancement Option (UG5CL)  1st year commissions will be spread over 4 years as follows:		0% excess 1% renewals (years 2 – 10)
YEAR 1	14% of 1 <sup>st</sup> year premium Up to Target Commissionable Premium	
YEAR 2 Provided the policy is in force as of the first Anniversary	14% of 1 <sup>st</sup> year premium Up to Target Commissionable Premium	
YEAR 3 Provided the policy is in force as of the 2 <sup>nd</sup> Anniversary	14% of 1 <sup>st</sup> year premium Up to Target Commissionable Premium	
YEAR 4 Provided the policy is in force as of the 3rd Anniversary	14% of 1 <sup>st</sup> year premium Up to Target Commissionable Premium	
SUL 04 with Cash Value Enhancement Option (S4CVL)  1st year commissions will be spread over 4 years as follows:	· · · · · · · · · · · · · · · · · · ·	0% excess 1% renewals (years 2 – 10)
YEAR 1	14% of 1 <sup>st</sup> year premium Up to Target Commissionable Premium	
YEAR 2 Provided the policy is in force as of the first Anniversary	14% of 1 <sup>st</sup> year premium Up to Target Commissionable Premium	
YEAR 3 Provided the policy is in force as of the 2 <sup>nd</sup> Anniversary	14% of 1 <sup>st</sup> year premium Up to Target Commissionable Premium	
YEAR 4 Provided the policy is in force as of the 3rd Anniversary	14% of 1 <sup>st</sup> year premium Up to Target Commissionable Premium	

## JOHN HANCOCK USA FIRST YEAR GROSS COMMISSION SCALE FOR

# Sub-Agents of CPS INSURANCE SERVICES, INC.

Effective 3/01/2005

FRADITIONAL PRODUCTS	FIRST YEAR COMMISSION	RENEWAL. COMMISSION
	(FYO)	
TERM	50%	N/A
TERM 10 (2003)		
TERM 15 (2003)	50%	N/A
TERM 20 (2003)	50%	N/A
SURVIVORSHIP TERM	50%	1%
PREMIER WHOLE LIFE	50%	2% (2-10)
(PWL95) Life Plus Rider	50%	2% (2-10)
CEO	3%	1%
SURVIVORSHIP WHOLE LIFE	50%	2% (2-10)
(TMS97) Life Term Rider	40%	2% (2-10)
CEO	3%(on all first year deposits only)	N/A
Effective 3/1/2005		