

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-producer's appointed through Brokerage General Agency must have Errors and Omissions insurance coverage minimum \$1 Million.

A copy of the	e declarat	ion page	is required.	•									
Section A - Pe	ersonal Ir	formatio	on										
Name Last Name,	First Name, Mid	dle Initial											
Date of Birth	Month Day Year Social Security Number												
Home address	Street No. and	l Name, Apt No	0.										
	City State										Zip Code		
Branch/Mailing address	Street No. and Name, Suite No.												
addiess	City	City State Zip Code											
Contact numbers Business Telephone No.					Fax No.								
Section B - F	rm Affilia	te Inforn	nation										
Check all that a	pply	Brok	ker/Dealer] Brokeraç	ge Gener	al Agency	☐ Insuran	ce Agency					
Affiliate Name					Tax				ID			Telephone Number	
Licensing Contact Name Last Name, First Name, Middle Initial						Telephone Number							
Section C - Pr	oduct Inf	ormatio	n										
			intend to sell on	behalf of Jo	ohn Hand	cock.							
Company Name					Products								
Company Name				Life	* Variab	le Life *	* Long Term Care (LTC)	Fixed Annuities	* Variable Annuity		** LTC Partnership	401K	
John Hancock Life Insurance Company (U.S.A.)													
John Hancock Life Insurance Company													
John Hancock Variable Life Insurance Company													
* Please include annuity busine	e a copy o ess in Cal	f your U- ifornia p	4 printout form V lease provide p	VebCRD sl roof you l	howing yo	our active npleted the	h John Hancock registration with y le annuity trainii ling LTC in the f	your Broker/De ng requireme	ealer. If yo u n t.	u are sell	ing variable o		
Section D - Jo	hn Hanc	ock Stat	utory Companie	es									
		•	companies you re	equire an a	appointme	ent throug	h.						
	John Hancock Life Insurance Company John Hancock Variable Life Insurance Company												
Joint Hall	JJON VUIII	ANIO LIIO	Jaranioo Comp	~··y									