

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.**



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

Name	Last Name, First Name, Middle Initial				
Date of Birth	Month	Day	Year	Social Security Number	
Home address	Street No. and Name, Apt No.				
	City	State		Zip Code	
Branch/Mailing address	Street No. and Name, Suite No.				
	City	State		Zip Code	
Contact numbers	Business Telephone No.		Fax No.		Cell /Pager No.

Section B - Firm Affiliate Information

Check all that apply ☐ Broker/Dealer ☒ Brokerage General Agency ☐ Insurance Agency

Affiliate Name	Tax ID	Telephone Number
CPS Ins. Svc.	95333 9518	949-863-0700

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.

Company Name	Products						
	Life	* Variable Life	** Long Term Care (LTC)	Fixed Annuities	* Variable Annuity	** LTC Partnership	401K
John Hancock Life Insurance Company (U.S.A.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
John Hancock Life Insurance Company	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
John Hancock Variable Life Insurance Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

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.
No new filing is required.

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 backlog)	AL, DE, KY, LA, MA*, MD, NM, OK, SC, SD, VT, WA, WV*, WY. *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 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)

For value received,

Name of Assignor (and Code Number, if applicable)

of

City

State

(the "Assignor") assigns to

Name of Assignee

of

City

State

any and all commissions and bonuses to which Assignor may be entitled. This assignment is subject to all claims of The Company.

Signed at

This

Day of

Year

City

State

Signature of Assignor

(If corporation is completing form, corporate officer(s) must indicate Title)

In the presence of:

Notary Public

x

My Commission Expires:

Month

Day

Year

This document has been received and recorded in the books of The Company. 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

For value received, the undersigned Assignee hereby releases to

Name of Assignor

all rights and interest in any commission previously assigned by the Assignor to the Assignee on

Month	Day	Year
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arising from all business written under the code number(s)

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Signed at

This

Day of

Year

City	State
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Signature of Assignor

(If corporation is completing form, corporate officer(s) must indicate Title)

In the presence of:

Notary Public

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x

My Commission Expires:

Month	Day	Year
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This document has been received and recorded in the books 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 Number _____ Email Address _____

Business Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

Mail to (check one): ☐ Home ☐ Business

Preferred method of receiving correspondence (check one):

☐ email ☐ fax ☐ mail

Business Phone _____ Home Phone _____

Social Security # _____ Tax ID # _____

Insurance License Number _____ Date of Birth _____

Designations: CLU CPCU ChFC RHU CFP LUTC CIC (circle applicable)

Do you carry E&O insurance? ☐ No ☐ Yes, name of carrier _____

Do you assign commissions? ☐ No ☐ Yes, to whom _____

Are you securities licensed? ☐ No ☐ Yes (circle applicable) 6 7 22 24 26 63

If NASD registered, what is the name of your broker dealer? _____

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***** 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, judgments, 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.

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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

<u>UNIVERSAL LIFE</u>	<u>FIRST YEAR COMMISSION (FYC)</u>	<u>RENEWAL AND EXCESS PREMIUMS COMMISSION</u>
PROTECTION UNIVERSAL LIFE G'05 UL - G 05	50 % of Commissionable Premium (In 1 st year only)	0% excess 1% renewals (years 2 - 10)
SURVIVORSHIP UL SUL - G	50 % of Commissionable Premium (In 1 st year only)	0% excess 1% renewals (years 2 - 10)
PROTECTION UNIVERSAL LIFE G'05 with Cash Value Enhancement Option (UG5CL) 1 st year commissions will be spread over 4 years as follows:		0% excess 1% renewals (years 2 - 10)
YEAR 1	14% of 1 st year premium Up to Target Commissionable Premium	
YEAR 2 Provided the policy is in force as of the first Anniversary	14% of 1 st year premium Up to Target Commissionable Premium	
YEAR 3 Provided the policy is in force as of the 2 nd Anniversary	14% of 1 st year premium Up to Target Commissionable Premium	
YEAR 4 Provided the policy is in force as of the 3 rd Anniversary	14% of 1 st year premium Up to Target Commissionable Premium	
SUL 04 with Cash Value Enhancement Option (S4CVL) 1 st year commissions will be spread over 4 years as follows:		0% excess 1% renewals (years 2 - 10)
YEAR 1	14% of 1 st year premium Up to Target Commissionable Premium	
YEAR 2 Provided the policy is in force as of the first Anniversary	14% of 1 st year premium Up to Target Commissionable Premium	
YEAR 3 Provided the policy is in force as of the 2 nd Anniversary	14% of 1 st year premium Up to Target Commissionable Premium	
YEAR 4 Provided the policy is in force as of the 3 rd Anniversary	14% of 1 st year premium Up to Target Commissionable Premium	
Effective 3/1/2005		

03/18/05

JOHN HANCOCK USA FIRST YEAR GROSS COMMISSION SCALE

FOR
Sub-Agents of
CPS INSURANCE SERVICES, INC.

Effective 3/01/2005

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