

John Hancock

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.

JOHN HANCOCK LIFE INSURANCE COMPANY APPOINTMENT DATASHEET
JOHN HANCOCK VARIABLE LIFE INSURANCE COMPANY APPOINTMENT DATASHEET
ONE JOHN HANCOCK WAY, SUITE #1900
BOSTON, MA 02117-1900
Phone: (877) 569-0736
FAX: (617) 450-8059 ; (617) 421 4187 ; (617) 421 4013

FIRM OR BROKER/DEALER NAME: _____ **AGENCY #** _____

LICENSEE (Individual or Corporate)

LAST NAME/FIRM NAME _____ **FIRST NAME** _____ **MIDDLE INITIAL** _____

SOCIAL SECURITY NUMBER/TIN _____ **DATE OF BIRTH** _____ **STATES TO BE APPOINTED IN:** _____

STREET & APT OR BOX # _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

PHONE # _____ **FAX** _____ **E-MAIL** _____

BUSINESS ADDRESS

STREET & SUITE _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____ **PHONE # (REQUIRED)** _____

AGENCY/FIRM INFORMATION

LICENSED ENTITY _____ **TAX ID NUMBER** _____

LICENSING CONTACT _____ **PHONE #** _____ **FAX** _____

OFFICERS (FOR FIRM APPOINTMENTS)

(PLEASE USE ADDITIONAL PAGES IF NECESSARY)

SSN _____ **DATE OF BIRTH** _____ **NAME** _____ **TITLE** _____

STREET & SUITE _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

PHONE # _____ **FAX #** _____ **EMAIL ADDRESS** _____

BUSINESS PENDING

*****Please note the application date _____ if applicable. We will attempt to accommodate the appointment effective date in accordance to state regulations.**

COMPENSATION

(TO BE COMPLETED BY JOHN HANCOCK CONTRACT HOLDERS ONLY)

Name: _____ **Payroll #** _____ **Pay Producer** _____
Directly? _____ **YES/NO** _____

Licensed Entity: _____

Please attach the following:

- 1) A current insurance license copy for each state in which you wish to obtain an appointment
- 2) If a VL/VA appointment, a current copy of your NASD registration
- 3) Originally signed license application *(if MA agent license or WV non-resident)
- 4) Copies of any additional requirements as may be required by the state(s)*

FOR INTERNAL USE ONLY

REPORTING ORG: _____

REQUEST TYPE: _____

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

Protection Universal Life Compensation

SCHEDULE OF COMMISSION RATES

All commissions are subject to Schedule of Replacements and Chargebacks.

Protection UL

First Policy Year		Policy Years 2-5		Policy Years 6-10	
<u>CPT</u>	<u>Excess</u>	<u>CPT</u>	<u>Excess</u>	<u>CPT</u>	<u>Excess</u>
%	%	%	%	%	%
50	3	3	3	3	3

Chargebacks

If a policy lapses or is surrendered with a premium due date or effective date within the first 24 months, a chargeback will be made equal to the lesser of the total of all commissions paid in the first year up to the target or the amount computed from the following table:

Paid - to - Date At the Time of Lapse (Month after issue)	First Year Earned Commission Chargeback
1 through 12	100%
13	91.66%
14	83.33%
15	74.99%
16	66.66%
17	58.33%
18 through 24.	49.99%

Chargebacks will apply to face amounts surrendered under a full or partial surrender.

Replacements

Please refer to the Special Commission Provisions section of the applicable commission agreement for further information.

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 for each CPS producer.

Agent 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 _____

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 see 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.

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