Reset form

FOR AGENCY USE ONLY

Appointment information request

Important information

- **Universal life and term**
  Licensing requirements can be found by signing in at **partnerlink.jhancock.com**.
- **Long-term care rider**
  Training requirements can be found by signing in at **partnerlink.jhancock.com**. Courses must be approved by ClearCert before we can accept them as valid training. Visit clearcert.com for more information.
- **Variable life**
  The producer must have an active registration with a broker-dealer that has a selling agreement with John Hancock.
- **New York life and variable life**
  Training requirements can be found by signing in at **partnerlink.jhancock.com**. The producer must complete New York Regulation 187 training in order to to sell John Hancock products in the state of New York.
- **All products**
  Anti-money laundering training requirements can be found by signing in at **partnerlink.jhancock.com**.

Contact information

Email: usagency@jhancock.com

Phone: 800-505-9427, option 2
TTY: 800-832-5282

Mail: See return instructions at end of this form.

1. Appointment information

Policy information:

☐ Yes ☐ No Has a policy been submitted to John Hancock?

If **yes**, provide the following: _____ (Policy number) _____ (State of solicitation)

Producer information:

_____ (Name (First)) _____ (MI) _____ (Last)

_____ (Date of birth (mm/dd/yyyy)) _____ (Social Security number) _____ (National producer number)

_____ (Phone number) _____ (Email address)

_____ (Home address)

_____ (Mailing address* (if different from above))

☐ **Check here if the address provided is a permanent address change.**

2. Appointing or upline firm information

_____ (Firm name)

_____ (Contact name)

_____ (Contact phone number) _____ (Contact email address)

* If payments are paid under your Social Security number, an IRS Form W-9 will be mailed to your mailing address. Correspondence regarding your appointment status will also be mailed to this address.

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.

3. Affiliate information

Select all that apply:

☑ **Broker-dealer:**

Oakwood Capital Securities, Inc. — Name

41-1589846 — Taxpayer identification number (TIN)

☐ **General agency or firm:**

Name

Taxpayer identification number (TIN)

4. Producer pay information

☑ Yes ☐ No Are producer commissions payable to a broker-dealer?
If **no**, provide the producer level compensation scale.

Non-NY commission scale

NY commission scale

☐ Yes ☐ No Are producer commissions payable to a corporation?
If **yes**, provide the following:

Corporation name

Taxpayer identification number (TIN)

A commission scale is required for agent's direct pay, including agents assigning pay to a corporation.

5. Payment delivery options

Select a payment delivery option for producer commissions.

Option 1: ☐ **New direct deposit account** (no minimum): Please include a Direct deposit request form and an IRS Form W-9.
Note: The payee indicated on this form needs to match the voided check provided.

Option 2: ☑ **Existing direct deposit account** (no minimum): Use the account information already on file for the producer/corporation.

Option 3: ☐ **Check** (minimum $1,000).

Option 4: ☐ **Not applicable** (compensation being paid to general agency or broker-dealer).

Return instructions

Please submit your completed and signed form via one of the following:

Upload: Upload completed forms to:
https://sales.johnhancockinsurance.com/financial-professionals/PRD/life-insurance/doing-business-with-john-hancock/producer-appointment.html

Email: usagency@jhancock.com

Mail: John Hancock—Licensing and compensation
PO Box 55447, Boston MA 02205