



JOHN HANCOCK LICENSING & CONTRACTING

**PLEASE COMPLETE THE ATTACHED APPOINTMENT
PAPERWORK AND MAIL, FAX OR EMAIL TO:**

**United Producers Inc
1100 East 6600 South, Suite 505
Salt Lake City, UT 84121**

Fax Toll Free: 888-888-7449

Email: kirby@uproducers.net

Please send a copy of the following with your appointment paperwork:

- **Copy of Insurance License**
- **Copy of E&O Coverage**
- **Anti-Money Laundering Completion Certificate**



Appointment Data Information

• Please return completed form. Email: USAGENCY@JHANCOCK.COM
Fax: 416-963-7323

- This is an application for appointment to sell life and variable life insurance with the John Hancock Life Insurance Company (U.S.A.).
- Before submitting, please ensure that the Firm and/or Broker-Dealer you are affiliated with has a Selling Agreement with John Hancock Life Insurance Company (U.S.A.).
- If applicable, ensure Anti-Money Laundering training has been completed. Information regarding regulations of life insurance companies is posted on www.johnhancock.com/about/abo_news.jsp.
- 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
	Mailing Address		
Mailing Address	Street No. and Name		State No.
	City	State	Zip Code
Contact Information	Business telephone no.	Fax No.	Email Address
	949-863-0700	949-863-9318	licensing@Cpsinsurance.com

Section B - Firm Affiliate Information

Affiliate Name	Tax ID

Licensing Contact Name	Last Name, First Name, Middle Initial	Telephone Number
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Section C - Product Information

Please check off all products you intend to sell on behalf of John Hancock Life Insurance Company (U.S.A.) Life * Variable Life **LTC Rider

- * Please include a copy of your U-4 printout form WebCRD showing your active registration with your Broker/Dealer.
- **Long Term Care Rider licensing requirements are the same as those needed for the sale of Long Term Care products.

Section D - Producer Pay Information

John Hancock USA Commission Scale for Producer			
If recipient of Producer's compensation is a Corporation	<table border="1"> <tr> <td>Corporation Tax ID</td> <td>Corporation Name</td> </tr> </table>	Corporation Tax ID	Corporation Name
Corporation Tax ID	Corporation Name		

Direct Deposit/EFT No Yes - If Yes, please complete Authorization Agreement for Direct Deposit form and attach a check marked VOID.



Firm/General Agent License/Appointment Data Sheet
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

To sell The Company's products, an agent/broker must:

- be properly licensed and then appointed by The Company
- be an NASD Registered Representative (if selling variable products)
- have Errors and Omissions Insurance coverage - minimum \$1 Million (required in order to be appointed with The Company)

Note: In order to sell The Company's products, an agent/broker must be properly licensed and then appointed by The Company. The Company will NOT accept any business until a Selling Agreement has been executed and licensing/appointment procedures have been completed and approved by The Company's licensing department. An Agent License/Appointment Data Sheet must be completed for each representative who will be soliciting business on behalf of the Firm.

Section A - Firm/General Agent Data

Business Name

Business Address

Street No. and Name Apt. No.

City State Zip Code

Business Telephone No. Business Fax No.

State of Incorporation Tax Identification No.

Names of Principals

Licensing Contact

The Company offers the following product lines. Which of our products are you interested in selling? Please indicate all applicable product lines.

- Variable Annuities Variable Life Fixed Life Fixed Annuities Group Pension

Section B - Current License Status - Please attach current copies of all applicable licenses and letter(s) of certification.

States in which you will make John Hancock Sales	Life	Variable	State Appointment form	Letter of Certification
<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

Do you have Errors and Omissions/Professional Liability Insurance coverage (minimum \$1 Million)?

- Yes - If "Yes", please attach a copy of the specifications page of your policy. No

Does your Policy cover all sub-agents? Yes No

Is the Firm NASD Registered? Yes No

“BLANKET ASSIGNMENT FORMS” ARE
FOR Appointments IN STATES THAT
DO NOT ISSUE LICENSES TO
CORPORATIONS.

**DISREGARD IF NOT APPLICABLE TO
YOU.**



Blanket Assignment

John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

For value received,

of

(the "Assignor") assigns to

of

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

In the presence of: Signature of Assignor
(If corporation is completing form, corporate officer(s) must indicate Title)

My Commission Expires:

This document has been received and recorded in the books of The Company. No responsibility is assumed for its sufficiency.



Authorization Agreement for Direct Deposit of Regular Compensation Payments

- To have your pay deposited into two accounts (the accounts may be different banks), indicate either a % of net pay or a flat amount for the primary bank account.
- Direct Deposits will be effective on the second or third commission run following the receipt of this form (the bank requires advance notification of one pay period to verify account information).

Send completed form by Mail: John Hancock PO Box 600 Buffalo NY 14201-0600 Fax: 416-963-7323 Email: usagency@jhancock.com This is not a secure email site.

For assistance, please call our toll free number : 1-800-505-9427, Option 1

Producer Name	Producer Code (if known)	Payroll Number
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Payee's SSN ID Last four digits only	or Payee's Tax ID								
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Contact Information	
Name	
Address - Number, Street, Apt., City, State, Zip Code	
Telephone Number	Email Address

Primary Bank Information		
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Updated Information	
Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		
If two accounts, indicate _____ % net pay OR \$ _____		amount for the primary account.

Secondary Bank Information* - If this is the same bank as above, only complete the account information.		
Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		

* Not available for all John Hancock Statutory Companies. Please contact your Compensation Representative for details.

Authorization

I/We, the undersigned, hereby authorize John Hancock Life Insurance Company (U.S.A.) (hereinafter referred to as The Company) to initiate:

- credit entries to my/our bank account(s) indicated above;
- any necessary debit entries and adjustments to correct entries made in error.

This authorization is to remain in full force and in effect until The Company has received advance notification in writing from me/us of its termination or a new signed authorization form. I/We understand that such notification and new authorization must be provided and received by The Company in such time and such manner as to afford The Company a reasonable opportunity to act on them.

Signature of Account Holder	Signature of Joint Account Holder	Date
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JOHN HANCOCK USA FIRST YEAR COMMISSION SCALE

Sub-Agent Commission Schedule D

FOR:
CPS

UNIVERSAL LIFE	FIRST YEAR COMMISSION (%FC)	PRODUCTION BONUS (% OF FC)	TOTAL COMPENSATION AS A % OF QUALIFYING 1ST YEAR PREMIUM	RENEWAL AND EXCESS PREMIUMS COMMISSION
PROTECTION UNIVERSAL LIFE G'09 *	50 % to Commissionable Premium (in 1st year only)	40%	70%	3 % excess 2 % renewals (yrs 2 - 10)
PROTECTION SURVIVORSHIP UNIVERSAL LIFE-G '08 * SULG08	50 % to Commissionable Premium (in 1st year only)	40%	70%	3 % excess 2 % renewals (yrs 2 - 10)
ACCUMULATION UNIVERSAL LIFE '09 * AUL09	50 % to Commissionable Premium (in 1st year only)	40%	70%	3 % excess 2 % renewals (yrs 2 - 10)
PERFORMANCE UNIVERSAL LIFE '08 * PUL08	50 % to Commissionable Premium (in 1st year only)	40%	70%	3 % excess 2 % renewals (yrs 2 - 10)
PERFORMANCE SURVIVORSHIP UL '06 * PSUL06	50 % to Commissionable Premium (in 1st year only)	40%	70%	3 % excess 2 % renewals (yrs 2 - 10)
PROTECTION UNIVERSAL LIFE G'09 with Cash Value Enhancement Option * 1 st year commissions will be spread over 4 years as follows:				
YEAR 1	14% of 1 st year premium Up to Target Commissionable Premium	40%	19.6%	
YEAR 2 Provided the policy is in force as of the 1 st anniversary	14% of 1 st year premium Up to Target Commissionable Premium	40%	19.6%	3 % excess
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	40%	19.6%	2 % renewals (yrs 2 - 10)
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	40%	19.6%	
PROTECTION SURVIVORSHIP UL-G '08 with Cash Value Enhancement Option (SBCVL) * 1 st year commissions will be spread over 4 years as follows:				
YEAR 1	14% of 1 st year premium Up to Target Commissionable Premium	40%	19.6%	3 % excess
YEAR 2 Provided the policy is in force as of the 1 st anniversary	14% of 1 st year premium Up to Target Commissionable Premium	40%	19.6%	2 % renewals (yrs 2 - 10)
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	40%	19.6%	
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	40%	19.6%	
ACCUMULATION UNIVERSAL LIFE '09 with Enhanced Surrender Value (AU9EL) * ** 1 st year commissions will be spread over 4 years as follows:				
YEAR 1	14% of 1 st year premium Up to Target Commissionable Premium	40%	19.6%	3 % excess
YEAR 2 Provided the policy is in force as of the 1 st anniversary	14% of 1 st year premium Up to Target Commissionable Premium	40%	19.6%	2 % renewals (yrs 2 - 10)
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	40%	19.6%	
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	40%	19.6%	
** Please see product commission schedule for ESV product chargeback details				
ACCUMULATION UNIVERSAL LIFE '09 with Cash Value Enhancement (AU9CL) * ** 1 st year commissions will be spread over 4 years as follows:				
YEAR 1	14% of 1 st year premium Up to Target Commissionable Premium	40%	19.6%	3 % excess
YEAR 2 Provided the policy is in force as of the 1 st anniversary	14% of 1 st year premium Up to Target Commissionable Premium	40%	19.6%	2 % renewals (yrs 2 - 10)
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	40%	19.6%	
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	40%	19.6%	
** Please see product commission schedule for CPE product chargeback details				