



---

---

## LICENSING REQUIREMENTS

---

---

Please include the following requirements and Fax to **425-453-0909**  
Or E-Mail to **Contracting@theannuitysourceinc.com**

### Contracting Requirements

---

- Completed Contracting Packet
- Copies of all Resident and Non-Resident Licenses
- Current E&O Coverage Declaration Page
- Voided Check for EFT
- If you answered “yes” to any question re: special circumstances, please include an Explanation Document.

### Training Requirements

---

- If you are submitting new business with contracting, please provide a copy of the client application. Also please ensure you have completed the Carrier Product Training PRIOR to dating any new business.
- If applicable, provide a copy of your NAIC state required suitability training completion certificate.
- Please complete your AML Training via the LIMRA site.

<https://aml.limra.com>

**Username:** First four letters of last name and last six of the social - all lowercase

**Password:** First time users will use the last name (lowercase)

**Licensing Questions please call:**

**800-743-4930**

[www.theannuitysourceinc.com](http://www.theannuitysourceinc.com)



LIFE INSURANCE

### Appointment Data Information

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

- This is an application for appointment to sell life or variable life insurance with the John Hancock Life Insurance Company (U.S.A.) (not licensed in New York).
- Before submitting, please ensure that the Firm and/or Broker-Dealer(s) listed in Section B hold a Selling Agreement with John Hancock Life Insurance Company (U.S.A.).
- The attached **W-9 Request For Taxpayer Identification Number and Certification** form must be completed and submitted with the Appointment Data Information sheet for all individuals or organizations listed in Section A and Section D below. However, if the new Appointee/Recipient of compensation are not U.S. persons the appropriate **Form W-8** should be completed, which is available on the IRS website <http://www.irs.gov/Forms-&Pubs>. See the instructions included with the Form W-9 for more information.
- If applicable, ensure Anti-Money Laundering training has been completed. More information at: [http://jh1.jhlifeinsurance.com/JHSalesNet/New\\_Business\\_and\\_Underwriting/New\\_Business\\_Guidelines](http://jh1.jhlifeinsurance.com/JHSalesNet/New_Business_and_Underwriting/New_Business_Guidelines)
- Sub-producers appointed through a Brokerage General Agency must have Errors and Omissions insurance coverage - minimum \$1Million.

#### Section A - Personal Information

Name

Date of Birth 

Month	Day	Year
-------	-----	------

 Social Security Number  National Producer Number

Home Address 

Street No. and Name		Apt No.
City	State	Zip Code

Mailing Address 

Street No. and Name		Suite No.
City	State	Zip Code

Contact Information 

Business telephone no.	Fax No.	Email Address
------------------------	---------	---------------

#### Section B - Firm Affiliate Information

Affiliate Name	Tax ID

Licensing Contact Name  Telephone Number

#### Section C - Product Information

Please check off all products the producer intends to sell:  Life  \* Variable Life  \*\*LTC Rider

\* Include a copy of U-4, WebCRD or FINRA Broker Check report showing active registration with a 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 

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.



LIFE INSURANCE

# Authorization Agreement for Direct Deposit of Regular Compensation Payments

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

**Fax:** 416-963-7323  
**Email:** usagency@jhancock.com  
 This is not a secure email site.

Producer/Firm Name	
Payee's SSN ID	or Payee's TAX ID

### CONTACT INFORMATION

Name	
Address - Street, Apt, City, State, Zip Code	
Telephone Number	Code Update <input type="checkbox"/> Update All Codes <input type="checkbox"/> Update Specific Code - _____

**STATEMENT CONTACT INFORMATION** - To have commissions statement emailed complete the chart below. (Up to a Maximum of 4 recipients).

Contact Name	Contact Phone Number	Email Address

Note: Emailed statements will be received by Wednesday following the commission run.

### PRIMARY BANK INFORMATION

New Enrollment     Updated Information

Bank Name	Bank Telephone Number
Bank Address - Street, City, State, Zip Code	
Payee's Account Number	Transit/Routing Number
Name on Bank Account (Must be the same as Producer/Firm Name)	

Checking (attach a check marked **VOID**)     Savings

### AUTHORIZATION

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

- 1) credit entries to my/our bank account(s) indicated above;
- 2) 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.

<b>X</b> Signature of Account Holder	<b>X</b> Signature of Joint Account Holder	Date
---	---	------

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.