

AUTOMATIC DEDUCTION PLAN (ADP) FOR INSURANCE PREMIUMS



Use this form to authorize withdrawals from your checking/savings account to pay your insurance premium.

NEED MORE INFORMATION? CALL:

MONDAY through FRIDAY 8:00 A.M. TO 7:00 P.M. EASTERN TIME
 John Hancock: 1-800-732-5543
 TDD Hearing/ Speech Impaired 1-800-832-5282

RETURN THIS FORM TO:

John Hancock Signature Services
 1 John Hancock Way, Suite 1301
 Boston, MA 02217

Please complete sections 1 and 2a or 1 and 2b.

PLEASE CHECK ONE:

- New Policy Add ADP to an Existing Policy Change Bank Information on an Existing Policy Payment for Protested Draft (Validation)

1 POLICY OR CONTRACT INFORMATION

| | |
|--------------------------------------|--|
| Insured's Name (first, middle, last) | Policy/Contract Number(s) |
| Owner's Name (first, middle, last) | Soc. Sec. or Tax ID Number |
| Owner's Address - Street | City |
| State Zip | () () |
| | Daytime Phone Evening Phone |

2a BANKING INFORMATION Please enclose your voided check or savings deposit slip with this application. Section 2a applies to the following products: Single Life; Mod Plus, Level Premium Whole Life, Term, LTC, FV I, FV II, VLI, ULI, MVL and MVL II (MVL II checking accounts only) Complete section 2b for Estate Protection

| | | | |
|---------------------------------------|---------------------|------------------------------------|--|
| Name of Bank | Bank Account Owner | | |
| Account Type (Checking or Savings) | Bank Routing Number | Checking or Savings Account Number | Desired Draft Day (Month/Day) *Day must = 1 - 28 |

I authorize John Hancock Life Insurance Company and affiliated companies to deduct the necessary premiums from the account listed above, to pay for the policies listed above. I understand the deduction will occur on the date I have selected in Section 2. If no date is selected the draft will occur on the policy issue day. I need to notify John Hancock Life Insurance Company and affiliated companies of any change to my bank account information two weeks prior to the date that the change is effective.

| | |
|------------------------------|------|
| Bank Account Owner Signature | Date |
|------------------------------|------|



Please attach your voided check or savings deposit slip here

2b BANKING INFORMATION Please enclose your voided check with this application.
Section 2b applies to the following products: Estate Protection: Level EP, Mod EP, ULEP, VEP and VEP II

Name of Bank

Bank Account Owner

Bank Routing Number

Checking Account Number
(Checking Accounts Only)

I authorize John Hancock Life Insurance Company and affiliated companies to deduct the necessary premiums from the account listed above, to pay for the policies listed above. I understand the deduction will occur on the 19th of each month. I need to notify John Hancock Life Insurance Company and affiliated companies of any change to my bank account information two weeks prior to the date that the change is effective.

Bank Account Owner Signature

Date