# 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 6:00 P.M. Eastern Time

| | |
|---|---|
| John Hancock: | 1-800-377-7311 |
| TDD Hearing/Speech Impaired: | 1-800-832-5282 |
| Policyholder Services Fax: | 1-617-572-6010 |
| Email: | LTCForms@jhancock.com |

## Return this form to:

John Hancock Financial Services
PO Box 55978
Boston, MA 02205-5978

☐ Add ADP to an existing policy     ☐ Change bank information on an existing policy

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### 1. AUTOMATIC DEDUCTION PLAN OPTIONS

☐ Add ADP to an existing policy     ☐ Change bank information on an existing policy

Frequency:    ☐ Monthly    ☐ Quarterly    ☐ Semi-Annual    ☐ Annual

Draft day (Day must = 1-28): _____

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### 2. POLICY INFORMATION

Insured's Name: _____
FIRST      MIDDLE      LAST

Payor Name: _____
FIRST      MIDDLE      LAST

Payor Address: _____
CITY      STATE      ZIP

Policy Number(s): _____

Home Phone Number: _____ Cell phone number: _____

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### 3. BANKING INFORMATION (PLEASE ATTACH YOUR VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM)

Name of bank: _____ Bank account owner: _____

Account type: _____

Bank routing number: _____ Account number (Checking/Savings): _____

I authorize John Hancock Life Insurance Company (U.S.A.) and in New York John Hancock Life & Health Insurance Company 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 and affiliated companies of any change to my bank account information two weeks prior to the date that the change is effective.

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BANK ACCOUNT OWNER SIGNATURE      DATE