



Agent of record change request

Important information

Use this form to make changes to the agent of record on your John Hancock long-term care policy.

- **For a servicing agent** (non-commissionable agent) change request, complete sections 1, 2A, 2B, and sign section 3.
- **For a writing agent** (commissionable agent) change request and/or firm transfer, complete sections 1, 2A, 2C, 2D, and sign section 3.
- All signatures must be present in order for any agent of record change to occur.
- To receive commissions, the agent must be affiliated with a firm that had a selling agreement in place prior December 1, 2016.

Contact us

Website
johnhancock.com/ltc

Phone: 800-377-7311
TTY: 800-832-5282

Return instructions
See the end of this document for return instructions.

1. Policy information

All policies to which these instructions apply (provide one policy per line)

Policy number

Policy number

Policy number

Note: If you need to list more than 3 policies, please do not enter more than one policy per line. Instead, submit an additional form for the remaining policy(ies).

Insured information

Insured's name

Phone number

Email address

2. Agent changes

A. Select which of the following changes you would like to make to your policy(ies):

- Servicing agent** (non-commissionable agent)
Complete section 2B.
- Writing agent** (commissionable agent)
Complete sections 2C and 2D.
- Firm**
Complete sections 2C and 2D.

B. New servicing agent information (non-commissionable agent)

Servicing agent's name

Social Security number

Phone number

Email address

Firm's name

Address



Policy number(s): _____

2. Agent changes (continued)

C. New writing agent information (commissionable agent)

Writing agent's name _____ Social Security number _____

Phone number _____ Email address _____

Firm's name _____

Address _____

D. Releasing firm information

Releasing agent's name _____

Firm's name _____

3. Signature and authorization

By signing below, the insured authorizes John Hancock to disclose to their new agent, and if applicable, firm, information related to my policy(ies), the new agent and firm accept all rights to the policies, and the releasing firm releases all rights to the policies.

SIGN HERE _____
Signature of insured Today's date (MM/DD/YYYY)

SIGN HERE _____
Signature of new agent Today's date (MM/DD/YYYY)

SIGN HERE _____
Signature of registered principal of new firm Today's date (MM/DD/YYYY)

Print name

SIGN HERE _____
Signature of releasing agent Today's date (MM/DD/YYYY)


SIGN HERE _____
Signature of registered principal of releasing firm Today's date (MM/DD/YYYY)

Print name

Return instructions

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

 **Mail** John Hancock Financial Services
LTC Commissions
PO Box 55978, Boston, MA 02205

 **Email** mgacommissions@jhancock.com

