

2. New Servicing (Non-Commissionable) Agent's Information (provided by new agent)

Agent Name: _____ SS#/JH Payroll: _____ Agent's Firm: _____

Update Address Business Address: _____
Street

City _____ State _____ Zip _____

Email Address: _____

3. Release of Current Agent and Agency Information (provided by current agency/firm)

Agency/Firm Name: _____ Agent's Name: _____

Update Address Business Address: _____
Street

City _____ State _____ Zip _____

Release Authorization: I release all rights to the above mentioned policy number(s).

SIGN
HERE

Signature of registered Writing Agent

Today's Date (MM/DD/YYYY)

Print Name

SIGN
HERE

Signature of Registered Principal of the Firm

Today's Date (MM/DD/YYYY)

Print Name

4. New Writing (Commissionable) Agent and Firm Information (provided by new agency firm)

Agency/Firm Name: _____ Agent's Name: _____

Update Address Business Address: _____
Street

City _____ State _____ Zip _____

Email Address: _____

Accepting Firm:

SIGN
HERE


Signature of Registered Principal of the Firm

Today's Date (MM/DD/YYYY)

Print Name

Submission Instructions


To mail this form:

 John Hancock Financial Services
LTC Commissions
197 Clarendon St. C-05-D
Boston, MA 02117

To email this form:

 mgacommissions@jhancock.com

To fax this form:

 1-617-421-4126

Need more information? Call:

Monday through Friday
8:00 A.M. to 6:00 P.M. Eastern Time
John Hancock Long-Term Care: 1-800-377-7311
TTD Hearing/Speech Impaired: 1-800-832-5282

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