



# Appointment Data Information

- This is an application for appointment to sell life insurance, annuity and/or long-term care products with the John Hancock companies shown below.
- Before submitting, please ensure that the Firm and/or Broker-Dealer you are affiliated with has a Selling Agreement with the corresponding John Hancock company.
- Sub-producers appointed through a Brokerage General Agency must have Errors and Omissions insurance coverage – minimum \$1Million. A copy of the declaration page is required.

## Section A - Personal Information

Name Last Name, First Name, Middle Initial

Date of Birth 

Month	Day	Year
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 Social Security Number 

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 National Producer Number 

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Home address 

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

Branch/Mailing address 

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

Contact information 

Business telephone No.	Fax No.	Email address
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## Section B - Firm Affiliate Information

Check all that apply  Broker/Dealer  Brokerage General Agency  Insurance Agency

Affiliate Name	Tax ID	Telephone Number
Partners Advantage Insurance Services LLC	71-0941992	888-251-5525
CapitalCare, Inc.		800-810-5108

Licensing Contact Name Last Name, First Name, Middle Initial [contracting@partnersadvantage.com](mailto:contracting@partnersadvantage.com) Telephone Number **888-251-5525**

## Section C - Product Information

Please check off all products you intend to sell on behalf of John Hancock.

Company Name	Products						
	Life	* Variable Life	** Long Term Care (LTC)	Fixed Annuities	* Variable Annuity	** LTC Partnership	401K
John Hancock Life Insurance Company (U.S.A.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
John Hancock Life Insurance Company	<input type="checkbox"/> 1.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
John Hancock Variable Life Insurance Company	<input type="checkbox"/> 2.						

1. Performance Survivorship UL, Level Premium Traditional Whole Life and Modified Premium Whole Life are the only life products issued by John Hancock Life Insurance Company.
2. Performance Survivorship UL and Level Premium Traditional Whole Life products are the only life products issued by John Hancock Variable Life Insurance Company.

\* Please include a copy of your U-4 printout form WebCRD showing your active registration with your Broker/Dealer. If you are selling variable or fixed annuity business in California please provide proof you have completed the annuity training requirement.

\*\* Provide a copy of your Continuing Education Qualification if you are selling LTC in the following states - CA, CO, CT, IL, IN, MA, MD, NC, WA

## BROKERAGE GENERAL AGENT (BGA) PRODUCER AGREEMENT

IT IS AGREED as of \_\_\_\_\_<sup>th</sup> \_\_\_\_\_, \_\_\_\_\_, by and between Partners Advantage Insurance Services (hereafter referred to as "Brokerage General Agent/BGA") and \_\_\_\_\_ (hereafter referred to as "Producer,") unless otherwise specified, that in consideration of Brokerage General Agent's continued good will and patronage:

- A. Brokerage General Agent agrees that commission payments, if any, made by the Brokerage General Agent to Producer shall be vested in Producer to the same extent that commission on the same transaction are vested in Brokerage General Agent by applicable insurance company, with the exception of group insurance which may be subject to a Broker Records direction.
- B. Producer agrees to indemnify, defend and hold harmless Brokerage General Agent and respective insurance carrier its affiliates, subsidiaries, officers, directors, employees and agents (hereafter referred to as "Carrier") against all liabilities, losses, claims, demands, damages, judgments, costs or expenses of any nature, type or kind (including reasonable attorney's fees) which they or any of them may incur or be subject to due to any act or omission (including but not limited to any alleged violations of applicable insurance or securities laws and regulations) on the part of the Producer or any person acting on its behalf. Such indemnification shall survive the termination of this Producer Agreement.
- C. Producer agrees to obtain and maintain from the date of this Agreement forward at Producer's Expense liability insurance coverage with limits for any single claim or occurrence of at least one million dollars (\$1,000,000) with a deductible of no more than five thousand dollars (\$5,000) from an insurance carrier licensed to do business in the state of applicable jurisdiction. This insurance coverage will include protection against any errors and/or omissions on the part of the Producer and his or her agents and employees. Producer will be listed as the name insured. Producer agrees to provide proof of such insurance to Brokerage General Agent and to furnish Brokerage General Agent with a copy of the applicable insurance policy (or policies) upon the request of Brokerage General Agent.
- D. In the event that any commission, premium, or fee paid or credited to Producer must be refunded or returned by Brokerage General Agent to insurer, Brokerage General Agent is authorized, but not obligated, to make payment on Producer's behalf and will be reimbursed for this payment in full by Producer within thirty (30) days of the date of such payment. If such payment is not made by Producer, the Brokerage General Agent is authorized to debit any commission which may be due to Producer until such obligation has been fulfilled. Producer will also reimburse Brokerage General Agent for any and all cost and expenses (including reasonable attorney's fees) incurred by Brokerage General Agent in collecting any such sums from Producer.

In the event of litigation to determine the respective rights, duties and/or obligations of the parties under this Agreement, the prevailing party shall be entitled to reasonable attorney's fees.

Producer certifies that information provided to Brokerage General Agent in this Agreement is correct and complete.

It is understood that a life insurance company or Brokerage General Agent may run a routine inspection to provide information concerning Producer's general reputation, personal characteristics, and mode of living in connection with Producer's application to act as one of their representatives.

Producer authorizes Brokerage General Agent to distribute pending case status, product information, insurance company information, sales or marketing information to Producer via e-mail, fax or mail.

IN WITNESS WHEREOF, the Brokerage General Agent and the Producer have caused this instrument to be signed by authorized officers, as of the date first above written.

BGA: Partners Advantage Insurance Services

Producer: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: President

Title: \_\_\_\_\_

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**Authorization for Direct Deposit  
of Brokerage Compensation Payments**

Please note:

\*Direct Deposits will be effective on the second or third commission run following the receipt of this form (the bank requires advance notification to verify account information).

\*If a firm/company is the name on the bank account being used by an individual person whose commissions are verified through their social security number, this individual will still receive a 1099 at year end.

**\*ALL FIELDS ARE REQUIRED FOR PROCESSING.**

**\*PRIMARY EMAIL ADDRESS IS REQUIRED FOR STATEMENT DELIVERY.**

<b>Payee</b> <i>Party for whom direct deposit is being requested</i>		
Payee Name	Payroll Number	Payee SSN or Tax Id

<b>Contact Information</b> <i>This party will be contacted with any questions</i>		
Name, if different than above	Address	Phone#

<b>Email Address</b> <i>Party or multiple parties to receive emailed copy of commissions statements.</i>		
Email Address#1 (REQUIRED)	Email Address#2	Email Address#3

<b>Section D Bank Information</b>	<input type="checkbox"/> New Enrollment
	<input type="checkbox"/> Updated Account Information
Name on Bank Account	
Bank Name	
Bank Address	
Bank Telephone Number	
Transit/Routing Number (must be 9 digits)	
Payee's Account Number	<input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account

I/We, the undersigned, hereby authorize John Hancock Financial Services to initiate:  
 1.) credit entries to my/our bank account 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 John Hancock Financial Services has received advanced 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 John Hancock Financial Services in such time and such manner as to afford John Hancock Financial Services a reasonable opportunity to act on them.

\_\_\_\_\_  
 Signature of Account Holder                      Signature of Joint Account Holder                      Date



# Blanket Assignment

John Hancock Life Insurance Company (U.S.A.)  
(hereinafter referred to as The Company)

For value received,

of

(the "Assignor") assigns to

of

any and all commissions and bonuses to which Assignor may be entitled. This assignment is subject to all claims of The Company.

Signed at   This  Day of  Year

In the presence of:  Signature of Assignor  
(If corporation is completing form, corporate officer(s) must indicate Title)

My Commission Expires: 

Month	Day	Year
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This document has been received and recorded in the books of The Company. No responsibility is assumed for its sufficiency.



# Release of Blanket Assignment

John Hancock Life Insurance Company (U.S.A.)  
(hereinafter referred to as The Company)

Name of Assignee

For value received, the undersigned Assignee hereby releases to

Name of Assignor

all rights and interest in any commission previously assigned by the Assignor to the Assignee on

Month	Day	Year
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arising from all business written under the code number(s)

Signed at

This

Day of

Year

City	State
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Signature of Assignor

(If corporation is completing form, corporate officer(s) must indicate Title)

In the presence of:

Notary Public

x

My Commission Expires:

Month	Day	Year
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This document has been received and recorded in the books of The Company. No responsibility is assumed for its sufficiency.