



Authorization for direct deposit for commission payment

Payee information (party for whom direct deposit is being requested)

Payee name: _____

Address: _____

City/State/Zip: _____

Payee SSN/TIN: _____

Email address: _____

Phone number: _____

Acknowledgement

I/We, the undersigned, hereby authorize John Hancock to initiate:

1. To deposit the payment of any commissions/bonuses to my account at the financial institution named above.
 2. Make any necessary debit entries and adjustments to correct entries made in error.
- If the agent is also a policyholder, we may pay claims/refunds using the same account as we do for commission payments.

This authorization is to remain in full force and in effect until John Hancock has received advance 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 in such time and such manner as to afford John Hancock a reasonable opportunity to act on them.

I/We understand that John Hancock assumes no cost of any nature which may be charged to, or incurred by, the payee's checking account.

I/We understand that failure to notify John Hancock of an account change may cause my automatic deposit to be delayed or returned unprocessed by my financial institution.

If you change your financial institution and/or account number, you must fill out a new *Authorization for direct deposit for commission payment* form.

I/We accept all of the above conditions, which I/we have read and fully understand.

Signature of Account Holder: _____

Signature of Joint Account Holder: _____

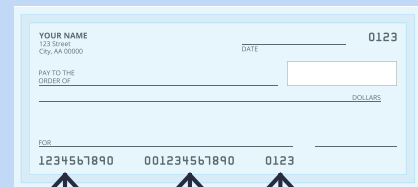
Date: _____

Bank information

Name on bank account (account holder): _____

Bank transit/routing number: _____

Checking account number: _____



Return completed form to:

John Hancock LTC Licensing
200 Berkeley Street, B-5-1
Boston, MA 02117
Email: mgalicensing@jhancock.com

Have questions?

Call 1-800-377-7311, option 2