



AGENT / COMPANY APPOINTMENT APPLICATION

Agent Appointment

Name: _____
Last First Middle Initial

DOB: ____/____/____ Social Security Number: ____-____-____

Resident Address: _____
Street Address

City State Zip Code

****Copy of current license required with application***

Company Appointment

Company Name: _____

Business Address: _____
Street Address

City State Zip Code

Tax ID Number: _____

****Copy of current license required with application***

Please fax or send completed application and copy of license.

Fax to: (866) 329-5477
Send to: John Hancock Life Insurance Company
Fixed Products Z-8
601 Congress Street
Boston, MA 02210