



**STRUCTURED SETTLEMENTS
DIRECT DEPOSIT APPLICATION**

If your check is to be sent directly to your bank or financial services company for direct deposit, please complete all of the following information:

PLEASE **PRINT** CAREFULLY ALL THE INFORMATION

PAYEE INFORMATION

Contract Number	
First Name MI Last Name	Social Security #
Payee's Legal Residence Address (street)	Telephone #
City, State	Zip Code

CHECK MAILING ADDRESS

Institution Name	
Address	Telephone #
City, State	Zip Code

ACCOUNT INFORMATION (please check one of the following)

- Checking Account Number** _____
- Savings Account Number** _____

Account is in the name of _____

ABA Number (Nine Digit) / _ / _ / _ / _ / _ / _ / _ / _

I hereby authorize John Hancock to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

Payee Signature	Date
Additional Signature (if joint account, both persons must sign)	Date

Mail to: Benefit Control
 John Hancock
 P.O. Box 9512
 Portsmouth, NH 03802-9512
 Phone: (800) 624-5155
 Or Fax to: (617) 572-0355

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595, herein collectively referred to as John Hancock.