

# DIRECT DEPOSIT APPLICATION



## STRUCTURED SETTLEMENTS

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 Life Insurance Company 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 Unit T-24  
                                    John Hancock Life Insurance Co.  
                                    P.O. Box 111  
                                    Boston, Massachusetts 02117-0111