



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: (617) 572-4034 or

Send to: John Hancock Life Insurance Company
Guaranteed & Structured Financial Products
Annuity Division, T-24
John Hancock Place
200 Clarendon Street
Boston, MA 02117