

John Hancock



New Agent Name: _____

States to be appointed in: _____

Anti-Money Laundering (AML) Training Requirements:

AML training was completed through LIMRA on: ____/____/____

AML training was completed through an independent program on: ____/____/____

(Certificate Attached)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Oak Tree Financial, Inc. to obtain a consumer report or investigative consumer report about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having information about myself including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, person characteristics and mode of living – to release such information to Oak Tree Financial, Inc. or any consumer reporting agency that is preparing a consumer report of investigative consumer report about myself for Oak Tree Financial, Inc.

I HAVE READ AND UNDERSTAND THE REPORTING AND DISCLOSURE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

I AUTHORIZE THE RELEASE OF INFORMATION ACCORDING TO THE TERMS OF THE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

Signature of Agent: _____ Date: _____

Appointment Requirements:

- _____ Complete Application Data Information Form
- _____ **REQUIRED:** Complete EFT form and attached a voided check copy
- _____ **REQUIRED:** Attach current copy of Resident State Life License
- _____ **REQUIRED:** Attach current copy of E&O

Pre-Appointment States: PA, WI and MT

Please return to:
OAKTREE Life and Annuity
4227 Lafayette Center Drive, Ste. A
Chantilly, VA 20151
Ph.: 800-842-9124
Fax: 703-995-4393
www.oaktreus.com

Agent Contract Guarantee Agreement Form

Oak Tree Financial, Inc. has agreed to guarantee the obligation(s) of the undersigned to repay loans, advances of commissions and/ or overpayment of commissions made by various insurance companies to the undersigned. In the event at any time in the future Oak Tree Financial, Inc. pays any of the aforesaid obligations, the undersigned agrees to reimburse Oak Tree Financial, Inc. for the sums paid by Oak Tree Financial, Inc. and further agrees that Oak Tree Financial, Inc. shall have the right and is hereby authorized to charge any credit cards identified below as a non-exclusive method of receiving payment for said sums. The undersigned acknowledges that said sums may be charged at any time after Oak Tree Financial, Inc. pays the obligation and acknowledges that payment by Oak Tree Financial, Inc. may not be made for several years after the obligation is incurred by the undersigned. The undersigned hereby waives any statute of limitations with regard to sums owed by the undersigned to Oak Tree Financial, Inc. and agrees that, in the event of nonpayment by the undersigned, Oak Tree Financial, Inc. may report said obligation as unpaid to any credit bureau or reporting agency.

The undersigned agrees to immediately notify Oak Tree Financial, Inc in the event that any of the credit cards listed below are revoked, surrendered, terminated or credit is no longer available under said card. The undersigned further agrees to provide all updated information, including any replacement or expiration of said card. In the event that the undersigned contests any charge and the charge is deemed valid, the undersigned shall reimburse Oak Tree Financial, Inc. for all costs and fees, including attorneys' fees, associated with such contest.

Because this authorization relates to an on-going guarantee of commercial obligations, the undersigned agrees that this authorization shall be irrevocable.

Date	Signature
	Printed Name

AUTHORIZATION TO CHARGE SUMS TO CREDIT CARD Please initial one of the following:

I do not require commission loan advancement, and therefore am not providing credit card information below. I understand, however, that I am required to reimburse Oak Tree Financial, Inc. for any sums paid as guarantee for obligations as detailed above.

I request commission loan advancement, and am providing two (2) credit card numbers below.

<u>Card One (Required)</u>	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	
Card number:			Security Code:
Expiration Date:			
	Name on Card: 		

Billing Address: _____

Cardholder Signature: _____

Card Two (Required)

VISA

Mastercard

Card number: _____ Security Code: _____

Expiration Date: _____ Name on Card: _____

Billing Address: _____

Cardholder Signature: _____

Commitment to Quality of Business

I understand that John Hancock has made certain assumptions pertaining to the quality of business that is submitted to the insurance company for underwriting. These assumptions, including but not limited to the ratio of submitted applications to the placed applications, all factor in to the company's ability to price products. It is my role as a field underwriter to make sure that applicants submitted to the company are pre qualified and that I place at least 70% of the applicants that are submitted to the company. I understand that failure to maintain a 70% placement ratio may result in the termination of my appointment with the company.

Agent Signature

____/____/____

Date



Appointment Data Information

• Please return completed form. Email: USAGENCY@JHANCOCK.COM
Fax: 416-963-7323

- This is an application for appointment to sell life and variable life insurance with the John Hancock Life Insurance Company (U.S.A.).
- Before submitting, please ensure that the Firm and/or Broker-Dealer you are affiliated with has a Selling Agreement with John Hancock Life Insurance Company (U.S.A.).
- If applicable, ensure Anti-Money Laundering training has been completed. Information regarding regulations of life insurance companies is posted on www.johnhancock.com/about/abo_news.jsp.
- Sub-producers appointed through Brokerage General Agency must have Errors and Omissions insurance coverage - minimum \$1Million. A copy of the declaration page is required.

Section A - Personal Information

Name

Date of Birth

Month	Day	Year
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 Social Security Number National Producer Number

Home Address

Street No. and Name		Apt No.
City	State	Zip Code

Mailing Address

Street No. and Name		Suite No.
City	State	Zip Code

Contact Information

Business telephone no.	Fax No.	Email Address
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Section B - Firm Affiliate Information

Affiliate Name

Tax ID

Licensing Contact Name Telephone Number

Section C - Product Information

Please check off all products you intend to sell on behalf of John Hancock Life Insurance Company (U.S.A.) Life * Variable Life **LTC Rider

- * Please include a copy of your U-4 printout form WebCRD showing your active registration with your Broker/Dealer.
- **Long Term Care Rider licensing requirements are the same as those needed for the sale of Long Term Care products.

Section D - Producer Pay Information

John Hancock USA Commission Scale for Producer

If recipient of Producer's compensation is a Corporation

Corporation Tax ID	Corporation Name
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Direct Deposit/EFT No Yes - If Yes, please complete Authorization Agreement for Direct Deposit form and attach a check marked **VOID**.



Firm/General Agent License/Appointment Data Sheet
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

To sell The Company's products, an agent/broker must:

- be properly licensed and then appointed by The Company
- be a FINRA Registered Representative (if selling variable products)
- have Errors and Omissions insurance coverage - minimum \$1 Million (required in order to be appointed with The Company)

Note: In order to sell The Company's products, an agent/broker must be properly licensed and then appointed by The Company. The Company will NOT accept any business until a Selling Agreement has been executed and licensing/appointment procedures have been completed and approved by The Company's licensing department. An Agent License/Appointment Data Sheet must be completed for each representative who will be soliciting business on behalf of the Firm.

Section A - Firm/General Agent Data

Business Name

Business Address Street No. and Name Apt No.

City State Zip Code

Business Telephone No. () Business Fax No. ()

State of Incorporation Tax Identification No.

Names of Principals

Licensing Contact

Section B - Current License Status - Please attach current copies of all applicable licenses and letter(s) of certification.

States in which you will make John Hancock Sales	Life	Variable	State Appointment form		Letter of Certification	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable

Does the firm have Errors and Omissions/Professional Liability Insurance coverage (minimum \$1 Million)?

Yes No If "Yes", please attach a copy of the specifications page of your policy.

Does your Policy cover all sub-agents?

Yes No

Is the Firm FINRA Registered?

Yes No



Consumer Investigation and Appointment Authorization

A consumer investigation report which meets company standards is required for appointment to solicit business on behalf of John Hancock Life Insurance Company (U.S.A.) (hereinafter referred to as "John Hancock USA"). All information requested on this form must be complete and accurate, and will be used as the basis for the investigation.

Section A - Personal Data - To be completed by each individual applying to sell John Hancock USA products

Name Last First Middle Initial

Other names known by Gender M F

Date of birth

Month	Day	Year
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 Social Security Number

Home address

Street No. and Name		Apt No.
City	State	Zip Code

Mailing address

Street No. and Name		Suite No.
City	State	Zip Code

Business address

Street No. and Name		Suite No.
City	State	Zip Code

E-mail address Client service telephone no.

Business telephone no. Cell no.

Home telephone no. Fax no.

Professional designation(s)

Name of General Agency Affiliation (if applicable)

Section B - License History for Individual Producer - Please attach a current copy of all applicable licenses.

Resident State information

State	License		Agent	Broker	Life	Health	VL	Issue date			License number
	Yes	No						Month	Day	Year	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Additional state(s) in which you intend to solicit business on behalf of John Hancock USA

State	License		Agent	Broker	Life	Health	VL	Issue date			License number
	Yes	No						Month	Day	Year	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Section C - Broker / Dealer Data

Are you FINRA registered? No Yes If Yes - CRD Number

Please list Broker/Dealer affiliations for the previous five years. (Attach additional sheet if necessary).

As part of the consumer investigation process any or all of the broker dealers listed below may be contacted.

Please indicate whether or not your current broker dealer can be contacted. Yes No

Name	City	State	From			To			Contact Name
			Month	Day	Year	Month	Day	Year	

Section D - Employment / Contract History - To be provided on an individual level for each applicant.

Please provide all employers or company appointments for the past 10 years (attach additional sheet if necessary).

As part of the consumer investigation process any or all of the employers listed below may be contacted.

Please indicate whether or not your current employer can be contacted. Yes No

Name	City	State	From			To			Contact Name
			Month	Day	Year	Month	Day	Year	

Have you ever been, or are you currently appointed and / or contracted with:

- 1. John Hancock Life Insurance Company (U.S.A.) Yes No
- 2. John Hancock Distributors LLC Yes No
- 3. John Hancock Life Insurance Company of New York Yes No
- 4. John Hancock Life Insurance Company Yes No
- 5. John Hancock Variable Life Insurance Company Yes No

Section E - Due Diligence - Please respond to all applicable questions for you AND any organization over which you have exercised management control. If you answer Yes to any question other than 1 and 2, you MUST attach an explanation with all relevant information and supporting documents.

- 1. Are you currently bonded? Yes No
- 2. Do you have Errors & Omissions coverage (minimum \$1 million)? (Please attach a copy of the specifications page for your policy. Please note that Errors & Omissions coverage is required for appointment.) Yes No
- 3. Have you been discharged or permitted to resign because you were accused of:
 - a) violating investment or insurance related statues, regulations, rules or industry standards of conduct? Yes No
 - b) fraud or the wrongful taking of property? Yes No
 - c) failure to supervise in connection with investment or insurance related statutes, regulations, rules or industry standards of conduct? Yes No
- 4. Have you or a firm that you exercised management or policy control over, or owned 10% or more of the securities of, failed in business, made a compromise with creditors, filed a bankruptcy petition or been declared bankrupt? Yes No
- 5. Has a broker or dealer firm that you exercised management policy or control policy over, or owned 10% or more of the securities of, been declared bankrupt, had a trustee appointed under the Securities Investor Protection Act, or had a direct payment procedure initiated? Yes No
- 6. Do you owe any money to an insurance company? Yes No
- 7. Do you have any unsatisfied judgments or liens against you? Yes No
- 8. Have you ever defaulted on a:
 - a) Promissory note? Yes No
 - b) Any other debt, including consumer or credit card debt? Yes No
- 9. Within the past 10 years, has any life insurance company canceled your contract or appointment for any reason other than lack of production? Yes No
- 10. Have you ever had your insurance license or securities registration revoked? Yes No

Section E - Due Diligence - continued - Please respond to all applicable questions for you AND any organization over which you have exercised management control. If you answer Yes to any question other than 1 and 2, you MUST attach an explanation with all relevant information and supporting documents.

- 11. Within the past 10 years, have you ever had a complaint filed against you that resulted in:
 - a) a fine or penalty? Yes No
 - b) censure? Yes No
 - c) cease and desist order? Yes No
 - d) consent order? Yes No
- 12. With the exception of routine traffic violations, have you ever been convicted of or plead guilty or nolo contendere (no contest) in a court to:
 - a) a misdemeanor? Yes No
 - b) a felony? Yes No
- 13. Are you involved in any pending or current litigation, investigations or E & O claims? Yes No
- 14. Within the past 10 years, has any E&O carrier denied, paid claims on, or canceled your coverage? Yes No
- 15. Within the past 10 years, has a bonding or surety company denied, paid out on, or revoked a bond to you? Yes No
- 16. Have you changed resident states more than 3 times in the past 10 years? Yes No
- 17. Have you changed broker / dealers more than 3 times in the past 5 years? Yes No

Section F - Corporate / Partnership Data - Complete only if the contract is in the name of a corporation or partnership. If the contract is for an individual, or if a Sub-Agent / Principal of a General Agent is completing this form, please proceed to Section H.

Name of corporation/ partnership

Address

<small>Street No. and Name</small>	<small>Suite No.</small>
<small>City</small>	<small>State</small>
	<small>Zip Code</small>

Telephone no. () Fax no. ()

Tax ID number Client service telephone no. ()

Name of current general agent (if applicable)

Names of other principals

Office manager or primary contact Telephone no. ()

Does your resident state license Yes No If Yes, License No. If No, please complete the Blanket Assignment, Form no. AG1058US and submit either Articles of Incorporation or Partnership Agreement.

State of incorporation / state of formation Commissions are paid to the: firm associate If commissions are to be paid to the associate, please complete Blanket Assignment, Form no. AG1058US.

Section G - Corporate/Partnership License History - Please attach a copy of the current corporation's license.

State	License		Agent	Broker	Life	Health	VL	Issue date			License number
	Yes	No						Month	Day	Year	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

What is this license for? A corporation A partnership

Additional state(s) in which you intend to solicit business on behalf of John Hancock USA

State	License		C - Corporation P - Partnership S - Sole Proprietorship	Agent	Broker	Life	Health	VL	Issue date			License number
	Yes	No							C	P	S	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Is the corporation/partnership FINRA registered? Yes No If Yes - CRD Number

Section H - Information Regarding Investigative Consumer Reports

As part of John Hancock USA's procedure for processing your contracting application, an investigative consumer report may be made whereby information relating to you is obtained through personal interviews with third parties such as family members, business associates, financial institutions, regulatory agencies, friends, neighbors or others with whom you are acquainted. This inquiry will seek information as to your character, trustworthiness, financial responsibility, general reputation, personal characteristics and mode of living, whichever may be applicable. The specific nature and scope of the report may encompass: Social Security Number Verification Search; Financial History Search, Bankruptcy Search, Tax/Attachment Liens Search, Criminal Search (County and Criminal Federal), Insurance Licensing Verification Search (Resident State), Disciplinary Actions Record Search and Employment History Search (as required). Subsequent consumer reports may be requested as well to update our files. You will be notified of any subsequent consumer reports requested. You have the right to make a written request for a complete and accurate disclosure of such information, including a complete disclosure of the nature and scope of the investigation from the agency named below. A photocopy or facsimile of this authorization shall be as valid as the original.

These reports are supplied by the investigative consumer reporting agency named below:

Business Information Group, Inc.
P.O. Box 130
Southampton, PA 18966
1-800 260-1680

Section I - Applicant's Declaration and Authorization

I hereby certify that the answers I provided to the questions on this application are accurate and complete. I understand that my request for a contract with John Hancock USA may be denied and any existing contracts with John Hancock USA may be terminated if:

- a) it is determined that any information provided by me on this form is inaccurate or incomplete and / or
- b) it is determined that the results of my consumer investigation report do not meet Company standards.

I authorize any employer, insurance company, general or managing agent, broker / dealer, educational institution, financial institution, consumer reporting agency, criminal justice agency, insurance department or individual having any information relating to my character, trustworthiness, financial responsibility, general reputation, personal characteristics and mode of living, to release such information to John Hancock USA or its representatives. This information includes, but is not limited to, my personal history, employment and job performance history, academic records, credit records, disciplinary and conviction records.

Signed at	City	State	This day of	Year
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Applicant's signature	Name - please print
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For John Hancock USA office use only.

I believe that the applicant named above is of good character and I recommend his / her appointment as an agent for John Hancock USA. Furthermore, I have taken all of the steps prescribed by John Hancock USA to verify the accuracy and completeness of the information that the applicant has provided herein.

I certify that:

- a) the applicant has fulfilled and will continue to fulfill the appropriate education, examination and training requirements for the state in which the applicant is requesting appointment;
- b) the applicant will receive appropriate supervision and that I will make an inspection when needed of any or all risks written by the applicant in order to protect the insurance buying public; and
- c) I will not permit the applicant to transact the business of insurance as an agent for John Hancock USA until he / she is duly licensed and appointed.

Signed at	City	State	This day of	Year
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Signature of regional director/channel director	Name - please print
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Code Number (if applicable)



Authorization Agreement for Direct Deposit of Regular Compensation Payments

- To have your pay deposited into two accounts (the accounts may be different banks), indicate either a % of net pay or a flat amount for the primary bank account.
- Direct Deposits will be effective on the second or third commission run following the receipt of this form (the bank requires advance notification of one pay period to verify account information).

Send completed form by Mail: John Hancock
 PO Box 600
 Buffalo NY 14201-0600

Fax: 416-963-7323
 Email: usagency@jhancock.com
 This is not a secure email site.

For assistance, please call our toll free number : 1-800-505-9427, Option 1

Producer Name	Producer Code (if known)	Payroll Number
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Payee's SSN ID Last four digits only	X X X - X X -	or Payee's Tax ID	-
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Contact Information

Name	
Address - Number, Street, Apt., City, State, Zip Code	
Telephone Number	Email Address

Primary Bank Information

New Enrollment Updated Information

Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		
If two accounts, indicate _____ % net pay OR \$ _____		amount for the primary account.

Secondary Bank Information* - If this is the same bank as above, only complete the account information.

Bank Name		
Bank Address - Number, Street, City, State, Zip Code	Bank Telephone Number	
Transit/Routing Number	Payee's Account Number	Name on Bank Account
<input type="checkbox"/> Checking (attach a check marked VOID) <input type="checkbox"/> Savings*		

* Not available for all John Hancock Statutory Companies. Please contact your Compensation Representative for details.

Authorization

I/We, the undersigned, hereby authorize John Hancock Life Insurance Company (U.S.A.) (hereinafter referred to as The Company) to initiate:

- 1) credit entries to my/our bank account(s) indicated above;
- 2) any necessary debit entries and adjustments to correct entries made in error.

This authorization is to remain in full force and in effect until The Company 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 The Company in such time and such manner as to afford The Company a reasonable opportunity to act on them.

Signature of Account Holder	Signature of Joint Account Holder	Date
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