Direct Deposit

- *Complete the enclosed Agreement form.*

You can take advantage of *DIRECT DEPOSIT* for your regular compensation payments

Direct Deposit offers ***Safety***

- no lost or stolen checks
- no postal problems and delays

Direct Deposit offers more ***Convenience***

- no need to visit bank to deposit check
- no need for special check mailing arrangements when on vacation
- provides instant access to cash

It's ***Easy.....***

- Simply complete and mail the enclosed Agreement today!

Direct deposit is a method used by John Hancock to deposit your compensation payments automatically into your checking or savings account.

It's all safely and speedily done by electronic funds transfer (EFT). We can EFT to any financial institution that is a member of the National Automated Clearing House Association.

If you would like your payments to be made by direct deposit, an authorization form must be completed and returned to John Hancock Home Office.

Once you select direct deposit, the service continues automatically until you notify us, in writing, that you wish to terminate this arrangement.

Where applicable, direct deposit can be requested for each of your John Hancock agreements. Your payments can be deposited into a maximum of two accounts.

If you wish to take advantage of this new service, please complete the enclosed authorization form and return to John Hancock in the enclosed return envelope. In addition, please include a check marked VOID showing the account to be credited when deposits are made. This will help ensure that your payments are accurately deposited.

Normally direct deposit will be effective on the second commission run following receipt of the authorization form. However, due to the processing time required, it may take three commission runs before becoming effective. Your commission statement will show "Account Payable, Deposited to Account" when direct deposit begins.

For questions or additional information, please contact 1-800-505-9427, Option 1

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

Payee's SSN ID **Last four digits only** X X X - X X - ____ **or** Payee's Tax ID ____ - ____

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

☐ Checking (attach a check marked **VOID**) ☐ 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

☐ Checking (attach a check marked **VOID**) ☐ 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