



# Agent License / Appointment Data Sheet

## John Hancock Life Insurance Company of New York

(hereinafter referred to as John Hancock New York or The Company)

Forward all Agent Licensing/Appointment paperwork to:

**Regular Mail:**

John Hancock Life Insurance Company of New York  
Licensing Department  
P.O. Box 55013  
Boston MA 02205-5013

**Overnight Mail:**

John Hancock Life Insurance Company of New York  
Licensing Department  
601 Congress Street  
Boston MA 02210-2805

**For Inquiries:**

Telephone: 1-800-551-2078 (Option 5)  
Fax: 1-617-663-3719

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

- be a Life Agent (LA) license holder and then appointed by The Company in the State of New York
- be an NASD Registered Representative (if selling variable products)
- have Errors and Omissions insurance coverage (required in order to be appointed with The Company)

**Note:** The Company will NOT accept any business until licensing and appointment procedures have been completed and approved by The Company's licensing department. This application for Licensing/Appointment will only be processed if the General Agency and/or Broker-Dealer with whom you are affiliated has executed a Selling Agreement with The Company.

**Section A - Personal Data**

Name Last  First  Middle Initial

Are you a Representative of a General Agency?  No  Yes - If Yes, please indicate Name of General Agency.

Date of Birth 

|       |     |      |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|

 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 |

E-Mail Address  Client Service Telephone No.

Fax No.  Business Telephone No.

Home Telephone No.  Cell No.

Professional Designation(s)

Do you have E & O coverage?  Yes - If Yes, please attach a copy of the specifications page for your policy.  
 No - If No, are you covered under your employer's General Agency/Broker-Dealer's E & O policy?  Yes  No

**Section B - Current License Status for New York State - Please attach a current copy of your Life Agent (LA) New York Insurance License.**

Resident  Non-Resident  Currently licensed?  Yes  No  Life  Health  V.A. License Number: **LA -**

John Hancock New York products you will be actively selling - Please check where applicable.

Life (Fixed and/or Variable)  Annuities (Fixed and/or Variable)  Group Products (e.g. 401K, ARA)

**Section C - Broker-Dealer Data**

Are you NASD registered?  No  Yes - If Yes, please indicate: CRD No.

Broker-Dealer Name

Broker-Dealer Home Office Address 

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