Click Here to Start

LIFE INSURANCE

Instructions for Request for Pre-Authorized Payment Plan

Mail your request to:
Inforce Individual Life Products
Customer Service Center R-02
1 John Hancock Way, Suite 1350
Boston, MA 02217-1099

This pre-authorized payment method is not available for FASSST or MDO products.
Please use these instructions to correctly complete the attached form. This will ensure that the form is received in good order, with all required information and the necessary signatures provided.

1. Insured(s) - Life One and Life Two

1. Provide name(s) and Social Security Number(s) of Insured(s).

2. Policyowner

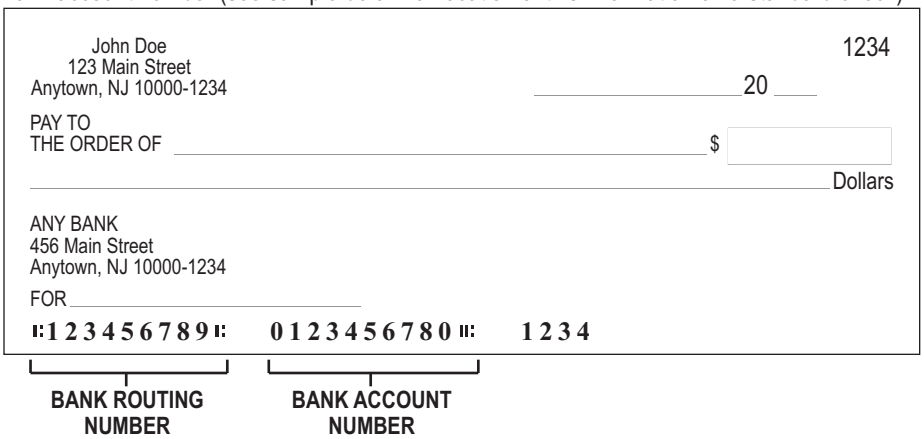
2. Complete name, Social Security Number, Address, Telephone No.(s) and E-mail Address of Policyowner.

3. Pre-Authorized Payment Plan Options

3. Indicate desired drafting information, including:
   a) Request type. Please note that any changes to existing draft information must be submitted at least two weeks prior to the next scheduled draft date.
   b) Draft Frequency - Quarterly, Semi-Annual and Annual frequencies are not available for some Whole Life, Term and Survivorship products issued prior to 2005.
   To confirm availability please contact Customer Service.
   c) Policy number(s). All policies affected by this request must be listed.
   d) Name of Life Insured(s).
   e) Withdrawal effective date (day must be between 1st and 28th).
   f) Type of Payment and Amount.
   Premium - Any changes to premium frequency or amount can result in policy performance which differs from that indicated on an original policy illustration. It is recommended that the result of any changes of this nature be reviewed by means of a new policy illustration before submission.
   Loan - Loan repayments are not available for products with the following prefixes:
   FLEXV, MVL, OAN, ORD, PNO
   ULI, VLI, BOLI, EP, MEVL, MEVL III
   MPP, MUL, MVUL, MVUL98
   PERSUL, PROTSUL, PXUL, PXVUL
   SVUL, ULEP, ULEP99, VEP EDGE
   VEP PLUS, VEP, VEP99
   To confirm availability please contact Customer Service.

4. Pre-Authorized Payment Banking Information - Please attach copy of Void Check

4. Bank account information, including:
   a) Name of bank account owner(s) (if different from Policyowner information provided, the relationship between this entity and the policy must be indicated).
   b) Relationship to Policyowner and relationship to Life Insured.
   c) Name of financial institution.
   d) Account owner type.
   e) Type of account.
   f) Bank routing number (nine digits).
   g) Bank account number (see sample below for location of this information on a standard check).



5. Signatures

Bank account owner signature(s). The correct individual(s) must sign and date this document. These signatures serve as confirmation of the accuracy and authenticity of the banking information provided.

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.

Reset Form

John Hancock
LIFE INSURANCE

Request for Pre-Authorized Payment Plan

Insured - Life One

1. a) Name First Middle Last | b) Social Security Number

Insured - Life Two

c) Name First Middle Last | d) Social Security Number

Policyowner

2. a) Name First Middle Last | b) Social Security Number

c) Address Street Address City State Zip Code

d) Telephone Nos. Personal Business | e) E-mail Address

Pre-Authorized Payment Plan Options

3. a) ☐ Set-up pre-authorized payment plan on existing policy ☐ Change banking information on existing pre-authorized payment plan

b) Frequency [1.] ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

c) Policy Number	d) Name of Life Insured(s)	e) Draft Date (between 1 - 28) [2.]	f) Type of Payment and Amount	
		Day	Premium	Loan [3.]
			$	$
			$	$
			$	$

1. **Quarterly, Semi-Annual and Annual frequencies are not available on all products. Refer to the instruction page, Section 3. b) for details.**
2. **I understand and agree that depending on the selected mode, the required draft amount may differ from the amount indicated above. Requested Draft Date is not guaranteed and may require changing based on product.**
3. **The loan repayment option is not available for all products. Refer to the instruction page, Section 3. f) for details.**

Pre-Authorized Payment Banking Information - Please attach copy of Void Check

4. a) Name of Bank Account Owner(s) | b) Relationship to Policyowner | Relationship to Life Insured

c) Name of Financial Institution | d) Account Owner Type ☐ Individual ☐ Trust ☐ Corporate ☐ Other - _____

e) Type of Account ☐ Savings ☐ Checking | f) Bank Routing No. (9 Digit No.) | g) Bank Account No.

Signature(s) - If the Bank Account Owner is a company or trust, an authorized officer must sign stating title and affixing seal or stamp.

I hereby authorize and request John Hancock to draw checks, which may include withdrawals made electronically, on my account to pay premiums and/or loan repayments on this policy or any policies subsequently designated.

I understand and agree that:

a) Such checks, which may include withdrawals made electronically, shall be drawn to pay premiums falling due on the designated policies. If no date is selected the draft will occur on the policy date.
b) While the Pre-Authorized Payment Plan is in effect, John Hancock will not give notices of premiums falling due on such policies.
c) The Pre-Authorized Payment Plan may be terminated by the bank depositor or by written notice to John Hancock by the Policyowner. If the Pre-Authorized plan is terminated, premiums falling due thereafter shall be payable directly to John Hancock as provided in the policy.
d) I understand that any changes to existing draft information must be submitted at least 2 weeks prior to the next scheduled draft date.
e) By signing this form I confirm the accuracy and validity of the banking information provided for the requested automated draft process.

Signed at City/State | Date

Name of Bank Account Owner(s) | Signature of Bank Account Owner(s) x

Name of Bank Account Owner(s) | Signature of Bank Account Owner(s) x

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.) (not licensed in New York), Boston, MA 02116; John Hancock Life Insurance Company of New York, Valhalla, NY 10595 and John Hancock Life & Health Insurance Company, herein collectively referred to as John Hancock.