

John Hancock Long-Term Care

Long-Term Care Insurance
Commissions Department, C-05-D
197 Clarendon Street
Boston, MA 02117
1-800-377-7311 option 1 then 6
Fax: 617-421-4126



Instructions on Completing the Agent of Record Change request

- For servicing agent (non-commissionable agent) change request, please complete the information in section A and section C only.
- For writing agent (commissionable agent) change request and/or agency transfer, please complete sections A, B and D.
- All signatures must be present in order for any agent of record change to occur. Federal law dictates client authorization releasing personal information to any new party.
- Agent's and firm's appointments must be current in the state where they client resides, including all relevant Long Term Care continuing education requirements. The accepting firm must have selling agreement with John Hancock for the long term care product line.

Signature (authorizing the transfer of commissions and servicing) is required from the principle of the current agency in any broker-dealer/firm changes where the agency is receiving any type of compensation.

- For an in-house change of agent, a letter of instruction signed by the principal of the agency can be submitted.
- Registered principal of the firm: NASD registered person with series 24 or series 26 registration and is eligible to sign on behalf of the firm.
- If the Agent of record change is for a Fortis policy, before the product became John Hancock/Fortis, agent must have been appointed with Fortis to receive compensation.

This form can be faxed, emailed or mailed:

Fax: 617-421-4126

Email: mgacommissions@jhancock.com

Mailing Address:

John Hancock Financial Services LTC Commissions
197 Clarendon Street. C-05-D
Boston, MA 02117

For status, please call: 1-800-377-7311 option 1 then 6.



LONG-TERM CARE
INSURANCE

Agent of Record Change Request

I am requesting that John Hancock/Manulife change the following on my John Hancock/Manulife Insurance policy/policies.

Servicing Agent (Non-Commissionable Agent)
Please complete section A and C

Agency
Please complete section A, B, and D

Writing Agent (Commissionable Agent)
Please complete section A, B, and D

Policy Number(s): _____

Section A: Policyholder Information

First Name Last Name

Address

City State Zip Phone

Release Authorization: I authorize John Hancock Life Insurance Co. to disclose to my new agent/firm information related to my policy or policies.

Signature of Insured Owner

Section B: Release of Current Agent and Agency Information (provided by current agency/firm)

Agency/Firm Name Agent's Name

Business Address

City State Zip

Release Authorization: I release all rights to the above mentioned policy number(s).

Signature of Registered Writing Agent Print Name

Signature of Principal of the Firm Print Name

Section C: New Servicing (Non-Commissionable) Agent's Information (provided by new agent)

Agent Name SS#/JH Payroll Agent's Firm

Business Address

City State Zip

Section D: New Writing (Commissionable) Agent and Firm Information (provided by new agency firm)

Agency/Firm Name Agent's Name SS#/JH Payroll

Business Address

City State Zip

Accepting Firm:

Signature of Registered Principal of the Firm Print Name