



Agent of Record Change Request

Introduction

Use this form to make changes to the agent of record on your John Hancock Long-Term Care policy

- For servicing agent (non-commissionable agent) change request, please complete the information in section 1 and section 2 only.
- For writing agent (commissionable agent) change request and/or agency transfer, please complete sections 1, 3, and 4.
- 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.

Questions about this form?

☎ 1-800-377-7311

To email this form:

✉ mgacommissions@jhancock.com

☰ **See the end of this document for return instructions**

1. Policyholder Information

Insured's Name:

First

Middle

Last

Insured's Address:

Street

City

State

Zip

Policy Number(s):

Phone Number:

Email Address:

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 1 and 2

Agency
Please complete section 1, 3, and 4

Writing Agent (Commissionable Agent)
Please complete section 1, 3, and 4

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

SIGN
HERE

Insured's Signature

Today's Date (MM/DD/YYYY)

2. New Servicing (Non-Commissionable) Agent's Information (provided by new agent)

Agent Name: _____ SS#/JH Payroll: _____ Agent's Firm: _____

Update Address Business Address: _____
Street

City _____ State _____ Zip _____

Email Address: _____

3. Release of Current Agent and Agency Information (provided by current agency/firm)

Agency/Firm Name: _____ Agent's Name: _____

Update Address Business Address: _____
Street

City _____ State _____ Zip _____

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

SIGN
HERE

Signature of registered Writing Agent

Today's Date (MM/DD/YYYY)

Print Name

SIGN
HERE

Signature of Registered Principal of the Firm

Today's Date (MM/DD/YYYY)

Print Name

4. New Writing (Commissionable) Agent and Firm Information (provided by new agency firm)

Agency/Firm Name: _____ Agent's Name: _____

Update Address Business Address: _____
Street

City _____ State _____ Zip _____

Email Address: _____

Accepting Firm:

SIGN
HERE


Signature of Registered Principal of the Firm

Today's Date (MM/DD/YYYY)


Print Name

Submission Instructions


To mail this form:

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

To email this form:

 mgacommissions@jhancock.com

To fax this form:

 1-617-421-4126

Need more information? Call:

Monday through Friday
8:00 A.M. to 6:00 P.M. Eastern Time
John Hancock Long-Term Care: 1-800-377-7311
TTD Hearing/Speech Impaired: 1-800-832-5282

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