LIFE INSURANCE

Instructions on completing Request for Pre-Authorized Payment Plan

Mail your request to:

For Individual Life Products,
Customer Service Center R-02
John Hancock
1 John Hancock Way Suite 1350
Boston MA 02217-1099

For Majestic Series Products,
Specialty Products & Distribution C-6
John Hancock
PO Box 192
Boston MA 02117-0192

Pre-Authorized Payment is not available for FASSST or MDO products.

Please use this information to complete the form correctly and appropriately. This will ensure we receive the form in good order. The form will be considered 'in good order' when:

1) All the required information has been completed.
2) All the appropriate signatures are given.

Section A - Policyowner Information

1) Complete Policyowner's full name, address and policy number(s).
2) Provide appropriate telephone numbers and fax number, if available, in case we need to contact you.

Section B - Banking Information - Used for setting up Pre-Authorized Payment Plan and changing of banking information

1) Complete all applicable banking information.
2) **Please attach your voided check or savings deposit slip.**
3) Indicate the policy number(s), name of insured(s), when you would like these payments to start or what date you would like these payments changed to, type of payment, and amount of payment, or change in premium type or amount.
4) If the planned monthly premium indicated is different from the original planned premium illustrated, your policy may not perform as originally projected. Please contact Customer Service for more details.
5) 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.

Section C - Signatures

1) Ensure that all appropriate signatures are on the form before submitting to our Customer Service Center.
   All bank account owners must sign and date the form.

Retain for your records.

PS5126US (01/2010)

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.

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Please check one: ☐ Set up existing policy on Pre-Authorized Payment Plan ☐ Change bank information on an existing policy

Section A - Policyowner/Life Insured Information

1. a) Name of Policyowner(s) _____

   b) Insured(s) _____

   c) Address _____

   d) Home Phone No. _____ e) Fax Number _____ f) Social Security No./ Tax Identification No. _____

Section B - Banking Information - Please enclose your voided check or savings deposit slip with this application.

1. a) Name of Bank _____ b) Bank Account Owner(s) _____

   c) Account Type ☐ Checking ☐ Savings d) Bank Routing No. _____ d) Account No. _____

Policy Number(s)	Name(s) of Person(s) Insured	First Bank Withdrawal Effective [1.]			Type of Payment and Amount	
		month	day (1 - 28)	year	Premium	Loan [2.]

1. Requested Draft Date is not guaranteed and may require changing based on product.

2. The loan repayment option is not available for all products. Refer to the instruction page, Section B 4) for details.

Section C - Signatures

I authorize John Hancock to deduct the specified premiums and/or loan repayments from the account listed above. I understand the deduction will occur on the date I have selected in Section B. If no date is selected the draft will occur on the policy date. I need to notify John Hancock of any change to my bank account information two weeks prior to the date that the change is effective.

Signed at State _____ Date _____

Name of Bank Account Owner(s) (Please print) _____ Signature of Bank Account Owner(s) x _____

Name of Bank Account Owner(s) (Please print) _____ Signature of Bank Account Owner(s) x _____

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