



LIFE INSURANCE

Agent of Record Block Transfer Request

- Send completed form by **Mail:** John Hancock
PO Box 600
Buffalo NY 14201-0600
- **Fax:** 416-963-7323
- **Email:** usagency@jhancock.com
This is not a secure email site.
- For assistance, please call our toll free number : 1-800-505-9427, Option 1 and then, Option 3.
- This authorization is to remain in effect until John Hancock has received notification in writing to change the information below. Any new notification to change will need to be signed by authorized person(s).

Client Index Listing Required *Listing of Policies Attached*

SECTION A - CURRENT AGENT INFORMATION

Agent's Name		SSN or Agent Code No.
Mailing Address		
Phone No.	Email	

SECTION B - CURRENT AGENCY/FIRM INFORMATION

Agency/Firm's Name		
Business Address		
Phone No.	Email	

RELEASE AUTHORIZATION

I release all rights to the above mentioned agent's policies.

X

Signature of Registered Principal of the Firm _____ Name _____ Date _____

SECTION C - NEW AGENT INFORMATION

Agent's Name		SSN or Agent Code No.
Mailing Address		
Phone No.	Email	

SECTION D - NEW AGENCY/FIRM INFORMATION

Agency/Firm's Name		
Business Address		
Phone No.	Email	

ACCEPTING FIRM

I accept all rights to the above mentioned agency/firm policies.

X

Signature of Registered Principal of the Firm _____ Name _____ Date _____