



Agent of Record Change 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 2 and then, Option 2.
- 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).

Servicing Agent (Non-commissionable Agent) *Commissionable Agent*
 • Complete Section A and B *For Fixed Business, complete Section C and D* *For Variable Business, complete Section A and D*

POLICY INFORMATION

Name of Life Insured		
Policy Number	Policy Number	Policy Number

SECTION A - POLICY OWNER INFORMATION (PROVIDED BY POLICY OWNER)

Full Name and/or Name of Trust	
Address	
Phone No.	Email

RELEASE AUTHORIZATION

I authorize John Hancock to disclose to my new agent/firm information related to my policy or policies.

X

Signature of Policy Owner	Name	Date
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SECTION B - NEW SERVICING (NON-COMMISSIONABLE) AGENT'S INFORMATION (PROVIDED BY NEW AGENT)

Agent's Name	SSN
Agent's Firm	Business Address
Phone No.	Email

SECTION C - CURRENT AGENT AND AGENCY INFORMATION (PROVIDED BY CURRENT AGENCY/FIRM) (FIXED PRODUCTS)

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

RELEASE AUTHORIZATION

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

X

Signature of Registered Principal of the Firm	Name	Date
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SECTION D - NEW COMMISSIONABLE AGENT AND FIRM INFORMATION (PROVIDED BY NEW AGENCY/FIRM)

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

ACCEPTING FIRM**X**

Signature of Registered Principal of the Firm	Name	Date
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