



Automatic Deduction Plan (ADP) For Insurance Premiums

Use this form to authorize withdrawals from your checking/savings account to pay your insurance premium.

Need more information? Call:

Monday through Friday 8:00 A.M. to 6:30 P.M. Eastern Time

John Hancock: 1-800-377-7311

TDD Hearing/Speech Impaired: 1-800-832-5282

Return this form to:

John Hancock Financial Services

1 John Hancock Way, Suite 1965 R-03

Boston, MA 02217-1965

Please complete sections 1 and 2.

PLEASE CHECK ONE:

New Policy

Add ADP to an Existing Policy

Change Bank Information on an Existing Policy

Payment for Protested Draft (Validation)

1. Policy or Contract Information

Insured's Name: _____
First Middle Last

Owner's Name: _____
First Middle Last

Owner's Address: _____
City State Zip

Policy/Contract Number(s): _____

Daytime Phone: _____ Evening Phone: _____

2. Banking Information (Please attach your voided check or savings deposit slip to this form.)

Name of Bank: _____ Bank Account Owner: _____

Account Type: _____ Desired Draft Day (Month/Day)(Day must = 1-28): _____

Bank Routing Number: _____ Account Number (Checking/Savings): _____

I authorize John Hancock Life Insurance Company and affiliated companies to deduct the necessary premiums from the account listed above, to pay for the policies listed above. I understand the deduction will occur on the date I have selected in Section 2. If no date is selected the draft will occur on the policy issue day. I need to notify John Hancock and affiliated companies of any change to my bank account information two weeks prior to the date that the change is effective.

Bank Account Owner Signature

Date

