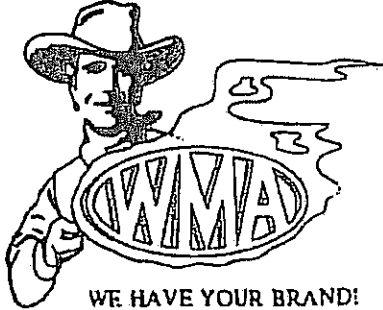


WESTERN MARKETING



Western Marketing New Contracting Coversheet

(Please attach to all new contracting prior to submitting.)

Please fax to 712-642-4248

Today's Date: _____
Recruiter Name: Western Marketing Assoc.
Carrier Name: John Hancock
Header I.D.: New Agent Contracting
Agent/Agency Name: _____
Agent/Agency Level: Street
Agent Agency Upline: _____

Special Instructions:

Please fax to 712-642-4248 with your license.

WESTERN MARKETING ASSOC. CORP.
108 N 2nd Street, P.O. Box 385
Missouri Valley, IA 51555
1-800-852-7152
Fax 712-642-4248



Appointment Data Information

WESTERN MARKETING ASSOC. CORP.
108 N 2nd Street, P.O. Box 385
Missouri Valley, IA 51555
1-800-852-7152
Fax 712-642-4248

• Please return completed form. Email: USAGENCY@JHANCOCK.COM
Fax: 416-963-7323

- This is an application for appointment to sell life and variable life insurance with the John Hancock Life Insurance Company (U.S.A.).
- Before submitting, please ensure that the Firm and/or Broker-Dealer you are affiliated with has a Selling Agreement with John Hancock Life Insurance Company (U.S.A.).
- If applicable, ensure Anti-Money Laundering training has been completed. Information regarding regulations of life insurance companies is posted on www.johnhancock.com/about/abo_news.jsp.
- Sub-producers appointed through Brokerage General Agency must have Errors and Omissions insurance coverage - minimum \$1Million. A copy of the declaration page is required.

Section A - Personal Information

Name	Last Name, First Name, Middle Initial				
Date of Birth	Month	Day	Year	Social Security Number	National Producer Number
Home Address	Street No. and Name				Apt No.
	City	State			Zip Code
Mailing Address	Street No. and Name				Suite No.
	City	State			Zip Code
Contact Information	Business telephone no.		Fax No.		Email Address

Section B - Firm Affiliate Information

Affiliate Name	Tax ID

Licensing Contact Name	Last Name, First Name, Middle Initial	Telephone Number

Section C - Product Information

Please check off all products you intend to sell on behalf of John Hancock Life Insurance Company (U.S.A.) Life * Variable Life **LTC Rider

* Please include a copy of your U-4 printout form WebCRD showing your active registration with your Broker/Dealer.
**Long Term Care Rider licensing requirements are the same as those needed for the sale of Long Term Care products.

Section D - Producer Pay Information

John Hancock USA Commission Scale for Producer	Street	
If recipient of Producer's compensation is a Corporation	Corporation Tax ID	Corporation Name

Direct Deposit/EFT No Yes - If Yes, please complete Authorization Agreement for Direct Deposit form and attach a check marked VOID.

Mark E. Furl

