

Atlantic Financial

Life • Annuity • Long Term Care

IMPORTANT

*ALL LICENSING AND CONTRACTING APPOINTMENT
PAPERWORK IS TO BE FAXED TO 860-331-8551 ATTENTION:
CONTRACTING*

Include:

1. Contract
2. Proof of Errors & Omissions coverage
3. Attach copies of all active insurance licenses
4. Voided Check

For faster processing please use this form as your cover page

Or MAIL to:
Atlantic Financial
171 Market Square
Suite 106
Newington, CT 06111

Sincerely,

The Atlantic Financial Team

The John Hancock Life Insurance Company (U.S.A.)

LICENSING DATA SHEET

To become licensed and appointed with John Hancock Life Ins Company (U.S.A.) to sell Venture products.

Inquiries: 800-224-3687 Option 6 9:00 A.M.- 5:00 P.M. (Eastern), Monday through Friday FAX: 617- 663-3719

MAILING INSTRUCTIONS

Mailing Address: Express Mail Deliveries
P.O. Box 55230 601 Congress Street
Boston, MA 02205-5230 Boston, MA 02210

PLEASE RETURN A COPY OF THE FOLLOWING:

- Data Sheet
- NASD registration listing or CRD
- License
- Original form if applicable

CURRENT LICENSE STATUS

Are you currently Life licensed?	(YES) or (NO)
Are you Variable Annuity licensed?	(YES) or (NO)
Please indicate the state(s) in which you wish to sell Venture products: (attach current license copies & NASD or CRD)	

PERSONAL DATA

NAME:	SOCIAL SECURITY NUMBER:
BIRTH DATE:	PLACE OF BIRTH:
RESIDENT ADDRESS:	BUSINESS ADDRESS:
CITY: STATE:	CITY: STATE:
COUNTY: ZIP:	COUNTY: ZIP:
PHONE:	PHONE:

BROKER DEALER DATA

I am a NASD Registered Representative with:			
Company Home Office Address:	City:	State:	Zip:
Company Phone:	Fax Number:		

NOTE: This application for Licensing/Appointment will only be processed if the Broker Dealer with whom you are affiliated has executed a Selling Agreement with The John Hancock Life Insurance Company (U.S.A.) and holds a corporate license in the state(s) in which you want to do business.

We will not accept any business unless licensing procedures have been completed and approved by our licensing department.