



STRUCTURED SETTLEMENTS DIRECT DEPOSIT APPLICATION

If your check is to be sent directly to your bank or financial services company for direct deposit, please complete all of the following information. Please print carefully.

PAYEE INFORMATION

Contract Number: _____ SSN: _____

Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

CHECK MAILING ADDRESS

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

ACCOUNT INFORMATION (Please check one of the following)

Checking Account Number _____

Savings Account Number _____

Account is in the name of _____

ABA Number (Nine-digit) _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

I hereby authorize John Hancock to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

Payee Signature _____ **Date** _____

Additional Signature _____ **Date** _____

(If joint account, both persons must sign)



Mailing Address

Fixed Product Administration
John Hancock
P.O. Box 55446
Boston, MA 02205-5446



Website

www.jhstructures.com



Phone

800-624-5155



Fax

617-572-0355

0812:SSDEPOSIT

Insurance products are issued by: John Hancock Life Insurance Company (U.S.A.), Bloomfield Hills, MI 48604 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595, herein collectively referred to as John Hancock.