



JH Life eTicket

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LIFE-6842 6/17

JH Life eTicket allows you — and your producers — to quickly and easily initiate an application for John Hancock Term and John Hancock Term with Vitality. Please contact your John Hancock salesperson for information on adding JH Life eTicket custom link directly to your firm's website; the eTicket can also be accessed from John Hancock's producer website.

General information

Agency Details

Before submitting business via JH Life eTicket, confirm the information displayed on the "Agency Management" page. **IT IS IMPORTANT TO UPDATE YOUR "GENERAL AGENT NUMBER" TO MATCH YOUR JOHN HANCOCK APPOINTMENT NUMBER.** You will need this number to view your cases on APPSLive.com.



Principaling

You can also set up the "principaling" feature from the "Agency Management" page. Principaling allows you to review the Ticket before it is submitted to John Hancock. It is important to note that if this feature is selected, nothing will happen with the submission (i.e., telephone interview with the client, setting up the case in our New Business system, etc.) until you've reviewed each screen within the eTicket and hit "submit."

You can set up principaling for all of your agents, or on an individual basis.



User Administration

Use this page to pre-register your agents, and/or add, delete, and modify other users. You can also reset a user's password from this page.

John Hancock INSURANCE							,	Angela Calcagno	•
Search > Case pool Y Application Management	User Admini	ort Users		T Mew Agen	ry Hierarchy Search		Status: All	•	analy
User Administration	(generit rese generit						outdor par		(PP-)
Invitation Administration	ID Login	LastName	First Name	Phone	E-mail	Status	Agency	Role	
Agency Management	261 JHancock	Hancock	John		hunteal@mfcqd.com	Active	TestAgency	Agent	Delete
Reporting	269 amanda	Murphy	Amanda		amurph v@ihancock.com	Active	TestAgency	Agent	Delete
Password Change	287 samarat	Tripp	Samara		samara tripp@ihancock.com	Active	TestAgency	Agent	Delete
Help	290 jlingenfelter 1613	3 Lingenfelter	Jeff-Agency	8885551212	jling ne@qmail.com	Active	TestAgency	Agency Administrator	Delete
Logout	302 mickeymouse	mouse	mickey		cmilosh@jhancock.com	Active	TestAgency	Agent	Delete
	311 jlingenfelter1	Agent	Jeff	8885551212	JL@hancock.com	Active	TestAgency	Agent	Delete
	314 cmilosh14	agencyadmin	cmilosh		test@aol.com	Active	TestAgency	Agency Administrator	Delete
	717 jtierney	Connelly	Jennifer	6175728669	itiernev@ihancock.com	Active	TestAgency	Agent	Delete
	746 llevyne	Levyne	Linda	8157905134	LLevyne@ihancock.com	Active	TestAgency	Agent	Delete
	748 mgibson	Gibson	Matt		MGibson@ihancock.com	Active	TestAgency	Agent	Delete
	749 cmoya	Moya	Celeste		CMoya@ihancock.com	Active	TestAgency	Agent	Delete
	750 ejohnson	Johnson	Eleanor	2069729070	Eleanor Johnson@ihancock.com	Active	TestAgency	Agent	Delete
	751 klipps	Lipps	Kimberly		KLipps@jhancock.com	Active	TestAgency	Agent	Delete
	766 Calcagno-Agent	Calcagno	Angela	6175721815	Angela Calcagno@hancock.com	Active	TestAgency	Agent	Delete
	767 Calcagno-Agency	Calcagno	Angela		Calcaono.angela@gmail.com	Active	TestAgency	Agency Administrator	Delete

Submitting a ticket



Step 2: Client Information

Enter the client's information.

STEP 1 CLIENT DETAILS STEP 1 > Insured Information > Benaficiary Info	STEP 2	POLICY INFORMATION			
STEP 1 Insured Information Beneficiary Info			STEP 3 AGENT INFORMATION	N	STEP 4 SUBMIT
	rmation				
PLEASE COMPLETE THE HIGHLIGHTED INFORMAT	FION AND SELECT SAVE AND CONTI	NUE TO MOVE TO THE NEXT SECTION.			
PRODUOT	FADE AMOUNT	RATE OLASS	ANNUAL PREMIUM	FATING %	FLAT EXTRA
Term 10 with Vitality	\$1,000,000	Super Preferred NonSmoker	\$276.00		\$0/1000
Email Addrese Preferred phone Personal M					
Personal Phone 617 - 572 - 0000					
Business Phone		TI	PS:		
Address Street	an subluare i mejorio -s)				
	Zip Codo	•	Fields outlined in I	red are re	quired.
Clb/ MA					
Is insured also the O Yes No					
Is insured also the O Yes No Owner?		•	Fields can become	e required	based o

- be required once entered as the preferred phone selection.
- If you answer "No" to "Is insured also the Owner," an Owner screen will appear after you click "Save and Continue".

Step 3: Beneficiaries

Provide the beneficiary information. Only one primary beneficiary is needed to proceed and his/ her social security number is not required.

Removely.					CONTACT US >
STEP 1 CLIENT DETAILS	STE	EP 2 POLICY INFORMATION	STEP 3 AGENT INFORMATION		STEP 4 SUBMIT
EP1 Insured Information Bonoficiary In	formation				
LEASE COMPLETE THE HIGHLIGHTED INFORM	IATION AND SELECT SAVE AND CON	NTINUE TO MOVE TO THE NEXT SECTION.			
PRODUOT	FADE AMOUNT	RATE OLABS	ANNUAL PREMIUM	BATING %	FLAT EXTRA
Term 10 with Vitality	\$1,000,000	Super Preferred NonSmoker	\$276.00		\$0/1000
Interneticiary Information Minary Bonoficiary Minary beneticiaries receive the proceeds of the p	policy in the event of the death of a PL	EASE COMPLETE THE HIGHLIGHTED INFORMATION AND	Add/Edit Primary Beneficiary		
dditional information is required		PRODUOT	The contributy contributy		Divide proceeds as equal
ontingent Republiciony		Lerm 10 with Vitality	Beneficiary		
lontingent beneficiaries receive the proceeds of t	the policy should the death of the p		 Individual O Businesa/Trust 		
ADD CONTINUENT BENEFICIARY >	B	eneficiary Information	Beneficiary Name		
lo contingent beneficiary	P	rimary Beneficiary	John (M) B	brown	
	P	rimary beneficiaries receive the proceeds of the policy in the	Relationship		
< PREVIOUS		ADD PRIMARY BENEFICIARY IN	8pouse 🚩		
	A	dditional information is required	Percentage (%)		
		antineerst Descriptions	100 96		
	0	ontingent beneficieries receive the proceeds of the policy effi	Birth Date		
		ADD CONTINGENT BENEFICIARY >	mm / dd / yyyy		
	14	o contingent beneficiary	Social Security Number		
		PREVIOUS	Email Address		
			Addross is the same as the losy red		
			Address	Phone	

Step 4: Adding a Rider

If adding a Rider, choose from the options provided, then select payment method, purpose of insurance, and premium payment source.

Hancock					CONTACT US >
STEP 1 CLIENT	DETAILS	STEP 2 POLICY INFORMATION	STEP 3 AGENT INFO	RMATION	STEP 4 SUBMIT
STEP 2 > Coverage Det	alis 🕨 Existing Coverage				
PLEASE COMPLETE THE	HIGHLIGHTED INFORMATIO	N AND SELECT SAVE AND CONTINUE TO MOVE TO THE NE	KT SECTION.		
PRODUCT	FACE AMOUNT	RATE CLASS	ANNUAL PREMIUM	RATING %	FLAT EXTRA
Term 15	\$1,000,000	Super Preferred NonSmoker	\$463.00		\$0/1000
Face Amount	15 years \$1,000,000				
Face Amount	\$1,000,000				
Riders and benefits					
Total Disability Waiver					
		TIPS:			
Payment information Payment Type:	Select *	Adding the Total D	isability Waiver	will increase	the premium
				turne // ala auto	
Income replacement		(note that that the	e Annual Prem	num show	n on the top
Other		the screen will no	t undate to refle	ect the new	amount)
			capacite to rem		annoanty.
Dennium Deumont Course		 "Payment Type" is 	s required — yo	u can choos	se to complet
		the Pre-Authorize	d Checking sect	tion now or	the insured

complete it during the telephone interview.

Step 5: Existing Coverage

Provide details about any existing coverage.

In Hancel						CONTACT US F
STEP 1 CLIENT DETAILS	STEP	2 POLICY INFORMATION		STEP 3 AGENT INFORMATIO	DN	STEP 4 SUBMIT
STEP 2 Coverage Details Fixistin	ng Coverage					
PLEASE COMPLETE THE HIGHLIGHTED	D INFORMATION AND SELECT	SAVE AND CONTINUE TO N	IOVE TO THE NEXT SEC	TION.		
PRODUCT	FACE AMOUNT	PATE C	ASS	ANNUAL PREMIUM	BATING %	FLAT EXTRA
Term 10 with Vitality	\$1,000,000	Super Preferred	NonSmoker	\$276.00		\$0/1000
Please give complete details for the r Existing Coverage	equired information.					
a. Does the Policy Owner have any exist company?	ting life insurance and/or annuiti	es with this or any other	○ Yes ● No			
a. Is the Proposed Insured under this ap	plication also an insured on any n sold, assigned, transferred or .	other existing life insurance	○ Yes No			
< PREVIOUS	· · · · · · · · · · · · · · · · · · ·					

TIPS:

Replacement questions are reflexive according to:

- NAIC vs. non-NAIC state
- Owner or proposed insured with existing insurance

Step 6: Agent Information

Enter the agent's information.

STEP 1 CLIENT DETAILS	STEP	POLICY INFORMATION	STEP 3 AGENT INFORMATION		STEP 4 SUBMIT
STEP 3 > Agent Information > New Business T	renemittel Gpecial Requests				
PLEASE COMPLETE THE HIGHLIGHTED INFORMA	TION AND SELECT BAVE AND CONTINUE TO	MOVE TO THE NEXT SECTION.			
PRODUCT	FACE AMOUNT	RATE CLASS	ANNUAL PREMIUM	RATING %	FLAT EXTRA
Term 10 with Vitality	\$1,000,000	Super Preferred NonSmoker	\$276.00		60/1000
Agent Information					
Have you 🔘 Yes 🔾 No					
personally met the					
(0)?					
Agent Name Gampio	M/ Agent				
Broker Dealer/BGA TestApency					
Firm					
Agent Oode					
Agent License					
Number					
Certifing Agent Trac	-				
Number]				
Phone Number 123 - 455 - 7880	-				
E-mail Address	<u> </u>				
Acest Address Address A					
123 Main at					
Anywhere	01294				
Split with additional () Yes() No					
			C 11 1 1	C'1	

Step 7: Additional Info

Use the "New Business Transmittal" and "Special Requests" screens to enter any additional information about your submission (these screens do not have any required fields).

John Managahan				
STEP 1 CLIENT DETAILS	STE	2 POLICY INFORMATION	STEP 2 AGENT INFOR	мл
STEP 3 Agent Information Nov Business Tran	amittal 🕨 Special Requests			
PLEASE MAKE ANY NEOESSARY CHANGES AND SE	ECT SAVE AND CONTINUE TO MOVE T	D THE NEXT BEOTION.		
PRODUCT	FACE AMOUNT	RATE GLASS	ANNUAL PREMIUM	
Term 10 with Vitality	81.000.000	Super Preferred NonSmoker	8278.00	
New Business Frankriker Pred Orefact Phone Number	Mi Leert			
Street Address Street	STEP 1 CLIENT DET/	NLS STEP 2 PO	LICY INFORMATION	STEP 3 AGENT INFORMA
CitySeler	STEP 2 Agent Information Ner	y Buzinesa Transmittal 🕨 Opecial Requests		
- PROVIDUS	PLEASE MAKE ANY NEODESARY CH	ANGES AND SELECT SAVE AND CONTINUE TO MOVE TO THE I	LEXT SECTION.	
	PRODUCT	FADE AMOUNT	RATE GLAGE	ANNUAL PREMIUM
	Term 10 with Vitality	\$1,000,000	Super Preferred NonSmoker	\$27n.00
	Special Requests 🖌 To ansure a positive conterner experies Please enter any information specific to lasance of the policy:	non. Additions are assled to complete all of the fields in this block. In the underwriting or	0	
	- PREVIOUS			SAVE & CONTINUE IN

Step 8: The Ticket

Submit ticket. You must review and accept the illustration before you can submit your case.

STEP 1 CLIENT DETAILS	STEP 2 P	OLICY INFORMATION	STEP 3 AGENT INFORMATION		STEP 4 SUBMIT
PRODUCT	FACE AMOUNT	RATE CLASS	ANNUAL PREMIUM	RATING %	FLAT EXTRA
Term 10 with Vitality	\$1,000,000	Super Preferred NonSmoker	\$276.00		\$0/1000
 I am a duly licensed and appointed (if 2) The plan and amount of insurance idea 3) If this is a replacement: I have discuss 4) Other than as reported in this submiss contract in any company; 	appointment is required) life insurano ntified in this submission is suitable in ed the advantages and disadvantages ion, I have no information that the Ow	agent in the state in which the Owner was solic view of the Owner's insurance needs and finance s of the replacement with the Owner and determi ner has existing life insurance or annulties or tha	ted and (if required) in the Owner's state i al objectives; and that the transaction is appropriate; indicates that this coverage may replace	of residence, if different; or change any current in	isurance policy or annuity
5) The information provided in this submit 5) The state approved Buyer's Guide, No Dependent of states approved Buyer's Guide, No	ssion is complete, accurate, and com tice of Disclosure of Information and in that will be completed as a result of the	ectly recorded; any other disclosure notice, statement or information is submission and no other metadals other than	tion required by state or federal law have	been given to the Owner	or will be given to the
7) A John Hancock fulfillment center repr supplemental form(s) resulting from this	resentative, or a representative from a is submission.	third-party, is authorized to obtain such adminis	trative information as may be necessary b	o complete a life insurand	e application and any
acknowledge that clicking the Submi	t button below constitutes my elec	tronic signature on this submission and has	the same effect as if I personally sign	ad the submission.	

TIPS:

- This is the final screen prior to submission.
- Once submitted, the agent will receive an email confirmation, as will the firm contact listed in the firm profile.
- A notice will also go to the John Hancock representative to start the interview process and John Hancock will receive a copy of the ticket to set up on our New Business platform.
- Provide the client with our *Preparing For Your Telephone Interview* flyer.
- Upon receipt of the ticket, John Hancock will set up the submission in our New Business system so progress can be tracked via your usual case status tools.

Resources

Preparing for Your Lifephone Interview CUENT OVERWEW	fe Insurance
Thank you for considering John Hancock for yo of what to expect during the telephone intensis once the intensiew is complete.	our life insurance needs. Here is a brief description ew, and the next steps in the application process
TOLEPHONE INTERVEN	
Within 24 hours of your the instance agent submitting John Nencock representative will contact you (the prop- complete the life instance application — or to set up a take approximately 30-40 minutes. You will be acked to	the forms required to start the application process, a seed insured its callest the information necessary to a more conversiont time. The trightone interview will a mover questions that encompeos the following areas:
PROOF OF IDENTITY AND VIEW INFORMATION	NO MIDICAL ADDITIONAL INFORMATION
While the mijority of questions can be arswered witho on hand for quick inference. The following checklist can	ut preparation, there is some information you should have to be used as a guide for what to prepare.
Proof of Identity and Personal Information	Health, Medical and Lifestyle Information
Social security number	Name, address, and phone number of current.
O briver's license number and state land history of	BUDY & NEX P VILLOUS VOUS HERING
ary novel volucions or energiance impanelo	O Names and Bouges of current medications
Othershold and worth, includes income	is diagnose, surgiries, toutments, and performed
O familiar information and properties date	dose family health hidory, etc.
of two, employer name	C Like of folkacce products, alcohol, and drugs
Conert life insurance coverage, if applicable	 Lifetyle questions in g., exercise habits, travel, and any high-risk sports such as sky dwing, hang glding, etc.)
	If you have applied for a rider that provides long-term care coverage, you may be alled cover perclamage to how you-handle activities of day living long, personal care, meal preparation, etc.)
NOTE it is important to answer all questions in the twight additional information, e.g., prescription histories, medical	tore interview truttly/bj and completely, activ Hancack will datase interests, etc., to evolute your application for insurance, and dee

Preparing For Your Telephone Interview (LIFE-6828)

This client-approved flyer will help proposed insureds prepare for their tele-interview.



A Reference Guide to John Hancock's Tickets and ExpressTrack (LIFE-6819)

Refer to this guide for a comprehensive overview of our new ticket processes and John Hancock ExpressTrack[™], as well as find answers to some frequently asked questions.

For more information, contact your John Hancock salesperson or National Sales Support at 888-266-7498, option 2.

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Insurance policies and/or associated riders and features may not be available in all states. Some riders may have additional fees and expenses associated with them. Insurance products are issued by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02210 (not licensed in New York) and John Hancock Life Insurance Company of New York, Valhalla, NY 10595.

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