



ADMINISTRATIVE OFFICE:
P.O. BOX 506
KEENE, NH 03431-0506

PREMIUMATIC BILLING FOR A LIFE INSURANCE POLICY

USE THIS FORM TO AUTHORIZE AUTOMATIC WITHDRAWALS
FROM YOUR CHECKING OR STATEMENT SAVINGS ACCOUNT
TO MAKE AUTOMATIC PREMIUM PAYMENTS TO YOUR LIFE INSURANCE POLICY
ON THE POLICY ANNIVERSARY DAY.

A. Policy Information

Policy Number: _____ Name of Insured: _____

THE FOLLOWING INFORMATION SHOULD REFLECT CURRENT POLICY INFORMATION

Name of Owner(s) Social Security or TIN No. (Include Dashes) () - Daytime Telephone Number

Address

City State Zip Code Agency Code Agency Territory Number

Owner Name (Only to Change the name of the existing owner)* Social Security # or Tax Payer ID (Include Dashes)

Owner Address

City State () Zip Code Area Code Daytime Phone

B. Service Request

Place
voided check,
copy of
initial payment,
or
copy of
canceled check
here.

Do Not Staple

1. All cases, please check one of a, b, or c:

a. This is a **new** Premiumatic account. Attached is either 1) a blank voided check; 2) a copy of the Payer's check for the initial premium; or 3) a copy of a canceled check.

b. This is an **addition** to an existing Premiumatic account, Control Number _____.
If the Control Number is unknown, please list the Policy Number(s) that are included in the account:

c. This is a **change** to an existing Premiumatic account, Control Number _____.
If the control Number is unknown, please list the Policy Number(s) that are included in the account

Attached is either 1) a blank voided check; 2) a copy of the Payer's check for the initial premium; or 3) a copy of a canceled check.

Name of Financial Institution Account Number Name on Account

Address City State Zip Code

B. Service Request (Continued)

2. Complete only if payment of initial premium accompanies this form.

Attached is Insured's Check Money Order
 Other (_____) in the amount of \$ _____

3. Required for FlexV or UL.

Please Place policy on Premiumatic effective ____ / ____
month year

4. Special Requests: _____

C. Signature(s)

I authorize John Hancock Insurance Company to deduct the monthly premiums for the policy indicated in Section A from my account at the Financial Institution listed in Section B. I understand that the deduction will take place on the policy anniversary day.

Depositor(s) Signature(s) _____
Date