



# Banking Authorization for Automated Clearing House (ACH) Transactions

- Complete this form if you wish to authorize John Hancock Life Insurance Company (U.S.A.) ("John Hancock USA") to process contributions under your group annuity Contract by automated payment from the bank account(s) listed below.
- **It is important to attach a pre-printed voided check OR a letter from the bank with the same information as requested below. If the company name on the check is not the same as the plan sponsor name, please attach an affiliation letter.**
- You will need to identify which client contact(s) should have authorization to use this feature. If these individuals are existing Plan Sponsor website user(s), complete Section C. If you want to authorize an individual who is not an existing client contact with Plan Sponsor website access do not complete this form. You will need to complete the Request to Change Client Contact and Website Access Information Form.
- If you have any questions, please call our toll-free service line at 1-800-333-0963 and speak to your John Hancock USA client account representative.

## Section A - General Information

Contractholder Name (Trustee) <b>Trustee of</b>	Contract Number <b>Plan (the "Plan")</b>
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## Section B - Banking Authorization for Automated Clearing House (ACH) Transactions

ACH Transactions can only be initiated in conjunction with electronic contribution submissions or online bill payments. Complete this section if you wish to authorize John Hancock USA to process contributions under your ARA group annuity contract by automated payments from the bank account(s) listed below.

Add     Delete

**Bank Account No. 1**       Checking Account     Savings Account

Bank Name	Telephone Number
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Bank Address - Number, Street, Suite No, City, State, Zip Code	
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Bank Contact (if available)	Account Number	Transit / Routing Number / ABA Number
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Add     Delete

**Bank Account No. 2**       Checking Account     Savings Account

Bank Name	Telephone Number
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Bank Address - Number, Street, Suite No, City, State, Zip Code	
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Bank Contact (if available)	Account Number	Transit / Routing Number / ABA Number
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## Section C - Existing Client Contacts with Plan Sponsor Website user access to be provided with authorization to initiate ACH Transactions

Name of Client Contact	<input type="checkbox"/> Account 1 <input type="checkbox"/> Account 2 <input type="checkbox"/> Both	Social Security No. - Last four digits only X X X - X X -
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Name of Client Contact	<input type="checkbox"/> Account 1 <input type="checkbox"/> Account 2 <input type="checkbox"/> Both	Social Security No. - Last four digits only X X X - X X -
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Name of Client Contact	<input type="checkbox"/> Account 1 <input type="checkbox"/> Account 2 <input type="checkbox"/> Both	Social Security No. - Last four digits only X X X - X X -
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## Section D - Authorization and Signature

I understand and agree to the following terms and conditions in connection with my selection of the Bank Accounts for ACH Transactions above.

1. By completing the above, I authorize John Hancock USA to process automated payments from the bank account(s) indicated (the "Accounts(s)") in connection with my group annuity contract, and to process such bank transactions and/or contribution allocations under the group annuity contract based on instructions received from the individuals I have designated above or separately. The bank(s) identified in this agreement are hereby authorized to debit the Account(s) in accordance with the instructions provided to John Hancock USA.
2. This authorization remains in full force until John Hancock USA has received written notification of its termination or change from the Plan's Trustee or Authorized Named Fiduciary. I understand and acknowledge that if I have elected to make contributions under the group annuity contract by ACH transactions and if instructions for such transactions are transmitted electronically to John Hancock USA, the use of an appropriate userid and password shall be sufficient authorization for John Hancock USA to process such transactions, whether or not the individuals submitting the files are authorized to do so.
3. I agree to hold harmless and indemnify John Hancock USA, its employees, agents or affiliates for any loss or damages to the Plan, its participants and beneficiaries for acting in reliance on instructions provided, whether authorized or unauthorized.

Signature of trustee or authorized named fiduciary	Name	Date
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GP4855US (05/2007)