

SERFF Tracking Number: MANU-125944484 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41292  
Company Tracking Number: NB5008US (01/2009) (M)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: NB5008US (01/2009) (M)  
Project Name/Number: NB5008US (01/2009) (M)/NB5008US (01/2009) (M)

## Filing at a Glance

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

Product Name: NB5008US (01/2009) (M)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Implementation Date Requested:

State Filing Description:

SERFF Tr Num: MANU-125944484 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41292

Co Tr Num: NB5008US (01/2009) (M)

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Jacqueline Lau,  
Jacqueline Back, Helene Landow,  
Karren Phair, Debbie Tom

Disposition Date: 12/19/2008

Date Submitted: 12/18/2008

Disposition Status: Approved

Implementation Date:

## General Information

Project Name: NB5008US (01/2009) (M)

Project Number: NB5008US (01/2009) (M)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/19/2008

Deemer Date:

Filing Description:

INDIVIDUAL LIFE

NB5008US (01/2009) (M), Coverage Details – Variable Life

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Exempt in  
Michigan

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/12/2009

Corresponding Filing Tracking Number:

We are submitting the above new supplemental application form for your approval. This new form does not replace any currently approved forms. The form will be used with state approved life applications and variable life policies (single

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and survivorship) sold through an exclusive distribution company. No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards.

NB5008US (01/2009) (M), Coverage Details – Variable Life, is used to obtain policy coverage details, including selection of available product/plan, benefits, options and investment allocations available under a proprietary plan. The form will be available electronically to print locally without change in the pre-formatted content.

The Service Office address, Coverage Selection and Investment Options are being filed as variable information [shown in brackets] to accommodate future changes. Any new riders will be filed for state approval as required.

Readability certification is not provided since this form is for variable life products, subject to SEC regulation, and therefore is exempt from state readability certification requirements.

Enclosures: Statement of Variability  
Filing Fee (EFT)

## Company and Contact

### Filing Contact Information

Debbie Tom, Contract Analyst  
200 Bloor St E  
Toronto, ON M4W 1E5  
Debbie\_Tom@jhancock.com  
(416) 852-2035 [Phone]  
(416) 926-3121[FAX]

### Filing Company Information

John Hancock Life Insurance Company  
(U.S.A.)  
P. O. Box 600  
Contracts and Compliance  
Buffalo, NY 14201-0600  
(416) 926-3000 ext. [Phone]

CoCode: 65838  
Group Code: 904  
Group Name:  
FEIN Number: 01-0233346  
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State of Domicile: Michigan  
Company Type: insurance/financial  
State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	12/18/2008	24616519

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/19/2008	12/19/2008

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## Disposition

Disposition Date: 12/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		No
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Coverage Details – Variable Life		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NB5008US (01/2009) (M)	Application/ Enrollment Form	Coverage Details – Variable Life	Initial		0	NB5008US_M.pdf



Service Office:  
 M Life New Business  
 197 Clarendon Street  
 Boston MA 02116-5010

**Coverage Details – Variable Life**  
**John Hancock Life Insurance Company (U.S.A.)**  
 (hereinafter referred to as The Company)

This form is part of the Application for Life Insurance for the Proposed Life Insured(s).  
 Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and/or Owner.

**PROPOSED LIFE INSURED(S)**

**LIFE ONE**

1. Name **JOHN** **M.** **DOE**  
 First Middle Last

**LIFE TWO**

2. Name \_\_\_\_\_  
 First Middle Last

**OWNER(S)** – Complete information only if Owner(s) is other than Proposed Life Insured.

3. Name of Owner(s): \_\_\_\_\_

**PREMIUMS**

4. Frequency:  Annual  Semi-Annual  Quarterly  List Billed  
 Pre-Authorized Payment Plan (Please complete either Pre-Authorized Payment Plan Section of the **Application for Life Insurance, NB5000** or **Request for Pre-Authorized Payment Plan, NB5087**)  
 Other \_\_\_\_\_

**PREMIUM NOTICES AND CORRESPONDENCE**

5. Send Premium Notices to: (Select One)  
 Owner  Proposed Life Insured One  Proposed Life Insured Two  
 Other \_\_\_\_\_

Name \_\_\_\_\_

Street No. & Name, Apt. No., City, State, Zip Code \_\_\_\_\_

6. Send Correspondence to: (Select One)

- Same as Above  
 Other \_\_\_\_\_

Name \_\_\_\_\_

Street No. & Name, Apt. No., City, State, Zip Code \_\_\_\_\_

**PREMIUM SCHEDULE**

Complete for all Coverage.

7. Planned Premium (Check one option below)  
 a)  \$ **\$1,000** annually for **10** years  
 Annual Increase of \_\_\_\_\_ %  
 Additional first year planned premium \$ \_\_\_\_\_  
 b)  Customized Schedule - List by policy years

If additional space is required, complete and attach form NB5064.

Policy Year(s)	Planned Premium Amount	
To	\$	(1)
To	\$	(2)
To	\$	(3)
To	\$	(4)
To	\$	(5)

Policy Year(s)	Planned Premium Amount	
To	\$	(6)
To	\$	(7)
To	\$	(8)
To	\$	(9)
To	\$	(10)

**ADDITIONAL INFORMATION**

These questions apply to the OWNER(S) of the policy. All questions must be answered.

8. If an additional or optional policy is being applied for in a separate application, state plan and amount: \_\_\_\_\_ \$ \_\_\_\_\_  
 Plan Name \_\_\_\_\_
9. Do you understand that you may need to pay premiums in addition to the Planned Premium if the current policy charges or actual investment performance are different from the assumptions used in your illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied)?  Yes  No
10. Have you received a current prospectus (and any supplements) for the applicable policy?  Yes  No
- If Yes, date of Prospectus(es) **DEC 01 2007** Date of Supplement(s) \_\_\_\_\_  
 month day year month day year  
 \_\_\_\_\_  
 month day year month day year

# LIFE INSURANCE QUALIFICATION TEST AND DEATH BENEFIT OPTION

11. Select One:  Guideline Premium  Cash Value Accumulation

Note: Elected test cannot be changed after the policy is issued. You may request an illustration on both tests before making your election.

12. Death Benefit Option:  Option 1 (Face Amount/TFA)  Option 2 (Face Amount/TFA plus Policy Value)

## COVERAGE SELECTION

Choose one product from Coverage Selection section.

### VARIABLE LIFE – SINGLE LIFE

**MAJESTIC VULX – Total Face Amount \$ \$100,000**

13. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

14.  Supplemental Face Amount (SFA) (check only one, if desired)

Level SFA of \$ \_\_\_\_\_ for the life of the policy

Initial SFA of \$ \_\_\_\_\_ for the life of the policy

Increasing by: \_\_\_\_\_ % or \$ \_\_\_\_\_ per year for \_\_\_\_\_ policy years (level thereafter)

Customized Increasing Schedule - Please complete question 25 CUSTOMIZED LEVEL OR INCREASING SCHEDULE.

15. Additional Benefits:

Return of Premium Death Benefit Rider (with DB Option 1 only)

Accelerated Death Benefit (For terminal illness)

Increase rate  Yes \_\_\_\_\_ %  No

Overloan Protection Rider

Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) \_\_\_\_\_ %

Other \_\_\_\_\_

**MAJESTIC PERFORMANCE VUL – Total Face Amount \$ \_\_\_\_\_**

16. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

17.  Supplemental Face Amount (SFA) (check only one, if desired)

Level SFA of \$ \_\_\_\_\_ for the life of the policy

Initial SFA of \$ \_\_\_\_\_ for the life of the policy

Increasing by: \_\_\_\_\_ % or \$ \_\_\_\_\_ per year for \_\_\_\_\_ policy years (level thereafter)

Customized Increasing Schedule - Please complete question 25 CUSTOMIZED LEVEL OR INCREASING SCHEDULE.

18. Additional Benefits:

Enhanced Surrender Value Rider

LifeCare Benefit Rider (Please complete **LifeCare Benefit Rider, NB5018**)

Extended No Lapse Guarantee (beyond Basic Period)

To Age \_\_\_\_\_  Period \_\_\_\_\_

LifeCare Benefit Max (LMAX) Extension Rider

Return of Premium Death Benefit Rider (with DB Option 1 only)

Accelerated Death Benefit (For terminal illness)

Increase rate  Yes \_\_\_\_\_ %  No

Other \_\_\_\_\_

Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) \_\_\_\_\_ %

**MAJESTIC VCOLIX – Total Face Amount \$ \_\_\_\_\_**

19. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

20.  Supplemental Face Amount (SFA) (check only one, if desired)

Level SFA of \$ \_\_\_\_\_ for the life of the policy

Initial SFA of \$ \_\_\_\_\_ for the life of the policy

Increasing by: \_\_\_\_\_ % or \$ \_\_\_\_\_ per year for \_\_\_\_\_ policy years (level thereafter)

Customized Increasing Schedule - Please complete question 25 CUSTOMIZED LEVEL OR INCREASING SCHEDULE.

21. Additional Benefits:

Return of Premium Death Benefit Rider (with DB Option 1 only)

Accelerated Death Benefit (For terminal illness)

Increase rate  Yes \_\_\_\_\_ %  No

Overloan Protection Rider

Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) \_\_\_\_\_ %

Other \_\_\_\_\_

**COVERAGE SELECTION continued**

**VARIABLE LIFE – SURVIVORSHIP**

**MAJESTIC SURVIVORSHIP VULX – Total Face Amount \$** \_\_\_\_\_

22. Base Face Amount (if less than Total Face Amount) \$ \_\_\_\_\_

23.  Supplemental Face Amount (SFA) (check only one, if desired)

Level SFA of \$ \_\_\_\_\_ for the life of the policy

Initial SFA of \$ \_\_\_\_\_ for the life of the policy

Increasing by: \_\_\_\_\_ % or \$ \_\_\_\_\_ per year for \_\_\_\_\_ policy years (level thereafter)

Customized Increasing Schedule - Please complete question 25 CUSTOMIZED LEVEL OR INCREASING SCHEDULE.

24. Additional Benefits:

Enhanced Cash Value Rider

Return of Premium Death Benefit Rider (with DB Option 1 only)

Increase rate  Yes \_\_\_\_\_ %  No

Percentage of Premiums to be returned at death (Whole numbers only, Maximum 100%) \_\_\_\_\_ %

Policy Split option

Four Year Term (EPR)

Overloan Protection Rider

Other \_\_\_\_\_

25.  **CUSTOMIZED LEVEL OR INCREASING SCHEDULE**

List by policy year or years. SFA decreases cannot be scheduled at issue.

**If additional space is required, complete and attach form NB5064.**

Policy Year(s)	SFA Amount	
To	\$	(1)
To	\$	(2)
To	\$	(3)
To	\$	(4)
To	\$	(5)
To	\$	(6)
To	\$	(7)
To	\$	(8)
To	\$	(9)
To	\$	(10)
To	\$	(11)
To	\$	(12)
To	\$	(13)
To	\$	(14)
To	\$	(15)

Policy Year(s)	SFA Amount	
To	\$	(16)
To	\$	(17)
To	\$	(18)
To	\$	(19)
To	\$	(20)
To	\$	(21)
To	\$	(22)
To	\$	(23)
To	\$	(24)
To	\$	(25)
To	\$	(26)
To	\$	(27)
To	\$	(28)
To	\$	(29)
To	\$	(30)

**TELEPHONE AND/OR INTERNET TRANSFER/ALLOCATION CHANGE AUTHORIZATION**

**Optional**

26. I understand and agree that:

(a) By checking one of the boxes below, I am authorizing The Company to accept telephone and Internet transfers and allocation changes. Telephone and Internet transfers and allocation changes will also be subject to the terms and conditions of the policy, and the administrative requirements of The Company.

(b) **The Company will honor telephone and Internet instructions from anyone who provides correct identifying information.** The Company, its agents or representatives of employees who act on its behalf will not be subject to any claim, liability, loss, expense or cost if acted on in good faith upon telephone or Internet instructions it reasonably believes to be genuine in reliance on this signed authorization.

(c) The Company, at its option alone and without prior or subsequent notice to the Owner(s), or any other person or representative of the Owner(s), may record all or part of any telephone conversation containing telephone transfer and/or allocation change instructions.

(d) All terms of this Authorization are binding upon the agents, heirs and assignees of the Owner(s).

(e) This Telephone and Internet Transfer/Allocation Change Authorization will be effective until such time as (a) written revocation is received by The Company's Service Office, or (b) The Company discontinues this privilege, whichever occurs first.

Please check (X) only one box.

I authorize The Company to accept telephone and Internet instructions from me or any co-owner.

I authorize The Company to accept telephone and Internet instructions from me, any co-owner or our Registered Representative.

**27. INVESTMENT ALLOCATION OF NET PREMIUMS - Allocation must be in whole numbers. Total must be 100%.**

**Must complete for all products.**

**AGGRESSIVE GROWTH PORTFOLIOS**

- \_\_\_\_\_ % Science & Technology
- \_\_\_\_\_ % Pacific Rim
- \_\_\_\_\_ % Health Sciences
- \_\_\_\_\_ % Small Cap Growth
- \_\_\_\_\_ % Emerging Small Company
- 25** \_\_\_\_\_ % Small Cap Index
- \_\_\_\_\_ % Mid Cap Stock
- \_\_\_\_\_ % Natural Resources
- \_\_\_\_\_ % All Cap Growth
- \_\_\_\_\_ % Financial Services
- \_\_\_\_\_ % International Opportunities
- \_\_\_\_\_ % International Small Cap
- \_\_\_\_\_ % International Equity Index B
- \_\_\_\_\_ % Overseas Equity
- \_\_\_\_\_ % American International
- \_\_\_\_\_ % International Value
- \_\_\_\_\_ % International Core

\_\_\_\_\_ % **FIXED ACCOUNT\***

\_\_\_\_\_ % **ENHANCED FIXED YIELD ACCOUNT**

Transfers out of the fixed accounts may be subject to limitations. Please refer to the policy prospectus for further details.

**GROWTH PORTFOLIOS**

- \_\_\_\_\_ % Mid Cap Index
- \_\_\_\_\_ % Mid Cap Intersection
- \_\_\_\_\_ % Global
- \_\_\_\_\_ % Capital Appreciation
- \_\_\_\_\_ % American Growth
- \_\_\_\_\_ % Optimized All Cap
- \_\_\_\_\_ % All Cap Core
- \_\_\_\_\_ % Total Stock Market Index
- \_\_\_\_\_ % Blue Chip Growth
- \_\_\_\_\_ % U.S. Large Cap
- 25** \_\_\_\_\_ % Core Equity
- \_\_\_\_\_ % Large Cap Value
- \_\_\_\_\_ % Classic Value
- \_\_\_\_\_ % Utilities
- \_\_\_\_\_ % Global Real Estate
- \_\_\_\_\_ % Real Estate Securities
- \_\_\_\_\_ % Small Cap Opportunities
- \_\_\_\_\_ % Small Cap Value
- \_\_\_\_\_ % Small Company Value
- \_\_\_\_\_ % Mid Value
- \_\_\_\_\_ % Mid Cap Value
- \_\_\_\_\_ % Value
- \_\_\_\_\_ % All Cap Value

**M FUNDS**

- \_\_\_\_\_ % Brandes International Equity
- \_\_\_\_\_ % Turner Core Growth
- \_\_\_\_\_ % Frontier Capital Appreciation
- \_\_\_\_\_ % Business Opportunity Value

**OTHER PORTFOLIO**

- \_\_\_\_\_ % \_\_\_\_\_

**GROWTH & INCOME PORTFOLIOS**

- \_\_\_\_\_ % 500 Index B
- \_\_\_\_\_ % Fundamental Value
- \_\_\_\_\_ % Large Cap
- \_\_\_\_\_ % Optimized Value
- \_\_\_\_\_ % American Growth – Income
- \_\_\_\_\_ % Equity – Income
- \_\_\_\_\_ % American Blue Chip Income & Growth
- \_\_\_\_\_ % American Asset Allocation\*
- \_\_\_\_\_ % Franklin Templeton Founding Allocation\*
- \_\_\_\_\_ % Index Allocation\*
- 25** \_\_\_\_\_ % Income & Value
- \_\_\_\_\_ % Global Allocation
- \_\_\_\_\_ % Core Allocation Plus\*
- \_\_\_\_\_ % Disciplined Diversification\*
- \_\_\_\_\_ % Capital Appreciation Value\*
- \_\_\_\_\_ % PIMCO VIT All Asset

**INCOME PORTFOLIOS**

- \_\_\_\_\_ % High Yield
- \_\_\_\_\_ % U.S. High Yield Bond
- \_\_\_\_\_ % Strategic Bond
- \_\_\_\_\_ % Strategic Income
- \_\_\_\_\_ % Global Bond
- 25** \_\_\_\_\_ % Investment Quality Bond
- \_\_\_\_\_ % Total Return
- \_\_\_\_\_ % American Bond
- \_\_\_\_\_ % Real Return Bond
- \_\_\_\_\_ % Total Bond Market B
- \_\_\_\_\_ % Core Bond
- \_\_\_\_\_ % Active Bond
- \_\_\_\_\_ % U.S. Government Securities
- \_\_\_\_\_ % Short Term Bond

**CONSERVATIVE PORTFOLIO**

- \_\_\_\_\_ % Money Market B\*

**LIFESTYLE PORTFOLIOS**

- \_\_\_\_\_ % Lifestyle Aggressive\*
- \_\_\_\_\_ % Lifestyle Growth\*
- \_\_\_\_\_ % Lifestyle Balanced\*
- \_\_\_\_\_ % Lifestyle Moderate\*
- \_\_\_\_\_ % Lifestyle Conservative\*

\* **These are the only investment options available when the ENLG rider is selected on Majestic Performance VUL.**

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**ALLOCATION OF MONTHLY CHARGES**

28. Charges deducted from the policy value will be deducted from accounts in proportion to the amount of policy value you have in each, unless otherwise specified by you in the instructions below.

Investment Account Name: \_\_\_\_\_ %  Check box and attach  
\_\_\_\_\_ % sheet with additional  
\_\_\_\_\_ % information, if necessary.

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**OWNER(S) ACKNOWLEDGEMENT**

29. I understand that under the applied for policy:

- a) the amount of the insurance benefits, the duration of the insurance coverage, or both, may be variable or fixed;
- b) the amount of the insurance benefits, the duration of the insurance coverage, and the policy/account value, may increase or decrease, even to the extent of being reduced to zero, depending on the experience of the chosen investment options and are not guaranteed as to dollar amount. Illustrations of benefits, including death benefits, policy/account and cash surrender values are available on request; and
- c) if the net cash surrender value is insufficient to pay the charges when due and there is not a no-lapse guarantee in effect, your policy can terminate or lapse due to insufficient premiums or poor investment option performance.

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**OWNER(S) SIGNATURE(S)**

Signed at	City	State	This	Day of	Year
Signature of Witness or Registered Representative (as Witness)			Signature of Owner (Signing Officer please provide title or corporate seal)		
<b>X</b>			<b>X</b>		
			Please print name of owner		
			Signature of Owner (Signing Officer please provide title or corporate seal)		
			<b>X</b>		
			Please print name of owner		

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**REGISTERED REPRESENTATIVE SIGNATURE**

I certify that a current prospectus (and any supplement) for the policy applied for has been given to the Proposed Life Insured(s), or to the Owner(s) if other than the Proposed Life Insured(s).

Signature of Registered Representative

**X**

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** Certification/Notice 12/12/2008  
**Bypass Reason:** not applicable to submission  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Application 12/12/2008  
**Bypass Reason:** not applicable  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Statement of Variability 12/18/2008  
**Comments:**  
**Attachment:**  
SOV - NB5008US 01-2009 M generic.pdf

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**STATEMENT OF VARIABILITY**

**December 19, 2008**

**COVERAGE DETAILS – VARIABLE LIFE  
FORM NB5008US (01/2009) (M)**

<b>Section/Section #</b>	<b>Page Number</b>	<b>Description</b>
Service Office at top of page	Page 1	<ul style="list-style-type: none"><li>• The address of the Company's Service Office is [bracketed] as it may be changed in the future. A current Service Office address will always appear on the form.</li></ul>
Coverage Selection #13 to 24	Page 2 & 3	<ul style="list-style-type: none"><li>• The Coverage Selection section is [bracketed] to accommodate future changes. Plan/Product name, Total Face Amount, Base Face Amount, Supplemental Face Amount, Additional Benefits and Other, all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.</li></ul>
Investment Allocation of Net Premiums #27	Page 4	<ul style="list-style-type: none"><li>• The Investment Allocation of Net Premiums section is [bracketed] as changes, including additions and deletions, will be made from time to time to the names of the risk categories (portfolios) and investment funds to coincide with current information included in our Plan of Operations. Current portfolios and investment funds will always appear on the form.</li></ul>