

SERFF Tracking Number: MALF-126058542 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
Company Tracking Number: BR001NQ.09, ET AL  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: GMWB Rider (May, 2009)  
Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

## Filing at a Glance

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

Product Name: GMWB Rider (May, 2009) SERFF Tr Num: MALF-126058542 State: Arkansas  
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 41855  
Variable and Variable Closed  
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: BR001NQ.09, ET AL State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Authors: Michelle Moore, Kathy Dowdell Disposition Date: 03/20/2009  
Date Submitted: 03/18/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: BR001NQ.09, et al  
Project Number: BR001NQ.09, et al  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments: The forms are exempt from prior approval in our domicile state of Michigan per Order No. 97-010M, as reported in Michigan Insurance Bulletin No. 97-3.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 03/20/2009

Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 03/20/2009  
Created By: Michelle Moore  
Corresponding Filing Tracking Number:  
BR001NQ.09, et al

Deemer Date:  
Submitted By: Michelle Moore

Filing Description:

The above-referenced variable annuity rider and application forms are hereby submitted for your review and approval. The submitted forms do not replace any forms previously approved by your Department. Please note the forms are

SERFF Tracking Number: MALF-126058542 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
Company Tracking Number: BR001NQ.09, ET AL  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: GMWB Rider (May, 2009)  
Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

exempt from prior approval in our domicile state of Michigan per Order No. 97-010M, as reported in Michigan Insurance Bulletin No. 97-3. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

The forms are filed in accordance with the applicable statutes and regulations of your state and are in final print, subject only to minor variations in color, paper stock, duplexing, fonts, and positioning. The forms will be marketed through representatives of broker-dealers who have selling agreements with John Hancock Life Insurance Company (U.S.A.) and John Hancock Distributors, LLC. Registered representatives are appointed by John Hancock (U.S.A). Forms are marketed on an individual basis. The Riders will be available for issue effective May 1, 2009 or upon approval by your jurisdiction, if later.

The submitted Rider Forms provide an optional guaranteed minimum withdrawal benefit available for an additional Rider Fee described in each form. The maximum issue age for each Rider is age 80. Beginning on the Lifetime Income Date, the Riders provide a Lifetime Income benefit that is guaranteed for the life of the Covered Person (or the lives of both Covered Persons under the Spousal riders) provided annual withdrawals do not exceed the Lifetime Income Amount. Withdrawals in excess of the Lifetime Income Amount will reduce the guaranteed benefits on a pro-rata basis only for the amount in excess of the Lifetime Income Amount. All withdrawals will reduce the Contract Value and death benefits provided under the Contract. When forms BR003NQ.09, BR003Q.09, BR004NQ.09 and BR004Q.09 are elected, withdrawals up to the Lifetime Income Amount will reduce the death benefit on a dollar for dollar basis.

These Riders differ from each other in several respects:

- Rider Forms BR001NQ.09, BR001Q.09, BR003NQ.09, and BR003Q.09 provide benefits for one Covered Person while Forms BR002NQ.09, BR002Q.09, BR004NQ.09, and BR004Q.09 may provide benefits for the lives of two Covered Persons.
- Rider Forms BR001Q.09, BR002Q.09, BR003Q.09, and BR004Q.09 are issued with "Qualified" contracts. If the underlying contract is "Non-Qualified", either Rider BR001NQ.09, BR002NQ.09, BR003NQ.09, or BR004NQ.09, will be issued. The differences in the Qualified and Non-Qualified riders are found in the following sections:
  - o The Qualified riders contain a Maximum Additional Payment Age in the Specifications section which is also referenced in the Additional Payment Limits provision of the Qualified riders.
  - o The Internal Revenue Code sections cited in the Life Expectancy Distributions provision differ as applicable to either a Qualified or Non-Qualified contract.
- Spousal Rider Forms BR002NQ.09, BR002Q.09 BR004NQ.09, and BR004Q.09 contain a Joint LIA with Cash Refund option in the Alternate Annuity Options provision. The single life Riders Forms BR001NQ.09, BR001Q.09, BR003NQ.09, and BR003Q.09 contain only the LIA with Cash Refund option.

These Rider Forms may be attached, at the contract owner's option, to the previously-approved contracts listed below or to contracts subsequently approved in your state. Please note each contract was originally approved under our prior

SERFF Tracking Number: MALF-126058542 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
Company Tracking Number: BR001NQ.09, ET AL  
TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium  
Variable and Variable  
Product Name: GMWB Rider (May, 2009)  
Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

company name and most recently, under John Hancock Life Insurance Company (U.S.A) with our name change submission, effective January 01, 2005.

Rider forms BR001NQ.09, BR001Q.09, BR002NQ.09, and BR002Q.09 will attach to the following:

FORM NUMBER ORIGINAL APPROVAL DATE

VENTURE.005 04/15/94

VENTURE.100 09/18/00

VENTURE.015 05/05/97

VISION.001 3/29/94

Rider Forms BR003NQ.09, BR003Q.09, BR004NQ.09, and BR004Q.09 will attach to the following:

FORM NUMBER ORIGINAL APPROVAL DATE

VENTURE-VA.AW.07 8/17/07

VENTURE-VA.B.07 8/17/07

The enclosed application forms will be used to apply for the riders. Each application form contains brackets that have been placed around administrative information, such as the company addresses, logo and telephone numbers. Also, brackets have been placed around investment options, plan specific and rider options, which we have deemed necessary to facilitate future modifications, and as such, reserve the right to make changes as necessary. The application forms will be used in several jurisdictions. Therefore, we have placed brackets surrounding the state disclosure section in the event some state requests a revision to its particular disclosure. Please note that we currently don't have a system in place to collect e-mail addresses but intend to have one as soon as the system is created. As a result, we placed brackets around the e-mail address line in sections 1 thru 3. For your convenience, we enclosed a statement of variability to provide details of the variable bracketing within these application forms.

In addition, each rider form contains variable bracketed items for which we have provided details in the statement of variability also included with this submission. The bracketed items allow for flexibility based on individual contract owner, or by class of owner. As such, the information provided within the brackets in these forms represents sample specifications. Any future modifications to the bracketed items would be limited to the ranges specified in the statement of variability. Any modifications by class of owner would be determined by us and would be made on a prospective basis only in a manner that is not unfairly discriminatory, subject to the laws of your state.

Each of the base contracts to which these forms may attach are securities subject to federal regulation and must comply with the requirements of the Securities and Exchange Commission. Therefore, these forms are exempt from readability requirements as intended for use with forms subject to the Federal SEC jurisdiction.

SERFF Tracking Number: MALF-126058542 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
 Company Tracking Number: BR001NQ.09, ETAL  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: GMWB Rider (May, 2009)  
 Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

State certifications and/or filing fees, if any are also being submitted.

If you have any questions or concerns about this submission, please feel free to contact me directly at (800) 908-6008 ext. 33268. Thank you in advance for your prompt review and approval of the above-referenced forms.

Sincerely,

Michelle Moore  
 Senior Compliance Analyst

## Company and Contact

### Filing Contact Information

Michelle Moore, mamooore@jhancock.com  
 601 Congress St. 617-663-3268 [Phone]  
 Boston, MA 02210-2805 617-663-3150 [FAX]

### Filing Company Information

John Hancock Life Insurance Company (U.S.A.) CoCode: 65838 State of Domicile: Michigan  
 601 Congress St. Group Code: Company Type: Life  
 Boston, MA 02210-2805 Group Name: State ID Number:  
 (617) 663-3000 ext. [Phone] FEIN Number: 01-0233346

-----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$280.00  
 Retaliatory? No  
 Fee Explanation: \$20 per form X 14 forms=\$280  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company	\$280.00	03/18/2009	26510528



SERFF Tracking Number: MALF-126058542 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
Company Tracking Number: BR001NQ.09, ET AL  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: GMWB Rider (May, 2009)  
Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/20/2009	03/20/2009

SERFF Tracking Number: MALF-126058542 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
Company Tracking Number: BR001NQ.09, ET AL  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
Variable and Variable  
Product Name: GMWB Rider (May, 2009)  
Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

## Disposition

Disposition Date: 03/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MALF-126058542 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
 Company Tracking Number: BR001NQ.09, ET AL  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: GMWB Rider (May, 2009)  
 Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	John Doe Applications	Yes	Yes
Form	Application	Yes	Yes
Form	Application	Yes	Yes
Form	Application	Yes	Yes
Form	Application	Yes	Yes
Form	Application	Yes	Yes
Form	Application	Yes	Yes
Form	Guaranteed Minimum Withdrawal Benefit Rider	Yes	Yes
Form	Guaranteed Minimum Withdrawal Benefit Rider	Yes	Yes
Form	Spousal Guaranteed Minimum Withdrawal Benefit Rider	Yes	Yes
Form	Spousal Guaranteed Minimum Withdrawal Benefit Rider	Yes	Yes
Form	Guaranteed Minimum Withdrawal Benefit Rider	Yes	Yes
Form	Guaranteed Minimum Withdrawal Benefit Rider	Yes	Yes
Form	Spousal Guaranteed Minimum Withdrawal Benefit Rider	Yes	Yes
Form	Spousal Guaranteed Minimum Withdrawal Benefit Rider	Yes	Yes

SERFF Tracking Number: MALF-126058542 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
 Company Tracking Number: BR001NQ.09, ET AL  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: GMWB Rider (May, 2009)  
 Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

## Form Schedule

Lead Form Number: BR001NQ.09, et al

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	APPVEN0509	Application/ Enrollment Form	Initial		0.000	NatlVenture.pdf
	APPVENIII0509	Application/ Enrollment Form	Initial		0.000	Natl Venture III.pdf
	APPVTG0509	Application/ Enrollment Form	Initial		0.000	Natl Vantage.pdf
	APPVIS0509	Application/ Enrollment Form	Initial		0.000	Natl Vision.pdf
	APPVENOPPA0509	Application/ Enrollment Form	Initial		0.000	Natl VenOpps A.pdf
	APPVENOPPB0509	Application/ Enrollment Form	Initial		0.000	Natl VenOpps B.pdf
	BR001NQ.09	Policy/Cont ract/Fratern al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	BR001NQ09 (single life - NQ).pdf
	BR001Q.09	Policy/Cont ract/Fratern al Benefit Rider	Initial		0.000	BR001Q09 (single life - Qual).pdf

SERFF Tracking Number: MALF-126058542 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
 Company Tracking Number: BR001NQ.09, ET AL  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: GMWB Rider (May, 2009)  
 Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

Certificate:

Amendmen  
 t, Insert  
 Page,  
 Endorseme  
 nt or Rider

BR002NQ. 09	Policy/Cont Spousal Guaranteed Initial ract/Fratern Minimum Withdrawal al Benefit Rider	0.000	BR002NQ09 (spousal - NQ).pdf
----------------	---	-------	------------------------------------

Certificate:  
 Amendmen  
 t, Insert  
 Page,  
 Endorseme  
 nt or Rider

BR002Q. 09	Policy/Cont Spousal Guaranteed Initial ract/Fratern Minimum Withdrawal al Benefit Rider	0.000	BR002Q09 (spousal - Qual).pdf
---------------	---	-------	-------------------------------------

Certificate:  
 Amendmen  
 t, Insert  
 Page,  
 Endorseme  
 nt or Rider

BR003NQ. 09	Policy/Cont Guaranteed Initial ract/Fratern Minimum Withdrawal al Benefit Rider	0.000	BR003NQ09 (single life - NQ)-Ed Jones.pdf
----------------	---	-------	--

Certificate:  
 Amendmen  
 t, Insert  
 Page,  
 Endorseme  
 nt or Rider

BR003Q. 09	Policy/Cont Guaranteed Initial ract/Fratern Minimum Withdrawal al Benefit Rider	0.000	BR003Q09 (single life - Qual)- Ed Jones.pdf
---------------	---	-------	--

Certificate:

SERFF Tracking Number: MALF-126058542 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
 Company Tracking Number: BR001NQ.09, ET AL  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: GMWB Rider (May, 2009)  
 Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

<p>Amendmen t, Insert Page, Endorseme nt or Rider</p>	<p>BR004NQ.09 Policy/Cont Spousal Guaranteed Initial ract/Fratern Minimum Withdrawal al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider</p>	<p>0.000</p>	<p>BR004NQ09 (spousal - NQ)-Ed Jones.pdf</p>
<p>Amendmen t, Insert Page, Endorseme nt or Rider</p>	<p>BR004Q.09 Policy/Cont Spousal Guaranteed Initial ract/Fratern Minimum Withdrawal al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider</p>	<p>0.000</p>	<p>BR004Q09 (spousal - Qual)-Ed Jones.pdf</p>



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

Application for Venture®
Flexible Payment Deferred Annuity

Simplify your application process
See back page for the "Good Order Checklist"



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

P.O. Box 9505, Portsmouth, NH 03802-9505
Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815
800-344-1029 www.jhannuities.com
Home Office: Bloomfield Hills, MI

Venture

Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

1 Account Registration and Funding (complete A or B)

A. Nonqualified

Registration: Individual Trust Corporation Other

Funding: Direct Payment \$ Check (Payable to John Hancock Life Insurance Company (U.S.A.))
Wire (Please see sales kit or jhannuities.com for wire instructions)

Transfer/Exchange\* \$ 1035 Exchange Mutual Fund / CD / Other

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

B. Qualified

Registration: Traditional IRA (Tax year) Roth IRA (Tax year) SEP IRA SIMPLE IRA
Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.) Individual 401(k) Other

Funding: Direct Payment \$ Check (Payable to John Hancock Life Insurance Company (U.S.A.))
Wire (Please see sales kit or jhannuities.com for wire instructions)

Transfer/Exchange\* \$ Direct Transfer Rollover

2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) Male Female Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (required if different from mailing or address is PO Box) Client Brokerage Account Number

Co-owner

Name (First, Middle, Last or Name of Trust/Entity) Male Female Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) Male Female Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) Male Female Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary  Male  Female  Trust/Entity  
 \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #2**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #3**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #4**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #5**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #6**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER**

### A. Guaranteed Living Benefits

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

**GUARANTEED LIVING BENEFITS**  
cannot be cancelled once elected.  
Certain restrictions apply;  
see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life–Joint Life\***
- Principal Plus for Life**

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

### B. Initial Investment Options for use with Guaranteed Living Benefits

#### Variable Portfolios

- |   |   |
|---|---|
| ____% MFC GIM Core Allocation           | ____% MFC GIM' Lifestyle Growth           |
| ____% MFC GIM Core Fundamental Holdings | ____% MFC GIM' Lifestyle Moderate         |
| ____% MFC GIM Core Diversification      | ____% MFC GIM' Money Market               |
| ____% MFC GIM' Index Allocation         | ____% MFC GIM Core Balanced               |
| ____% MFC GIM' Lifestyle Balanced       | ____% MFC GIM Core Global Diversification |
| ____% MFC GIM' Lifestyle Conservative   |   |

**REMEMBER:**  
Any combination of investment options within Section 7B must equal 100%.

#### Dollar Cost Averaging (Section 7C must be completed if elected)

\_\_\_\_% 6 Month Fund **OR** \_\_\_\_% 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

### C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  \_\_\_\_\* **Day of Month (1–28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

(Selected in 7B)

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

#### Destination Fund(s) and % to allocate

- |   |   |
|---|---|
| ____% MFC GIM Core Allocation           | ____% MFC GIM' Lifestyle Growth           |
| ____% MFC GIM Core Fundamental Holdings | ____% MFC GIM' Lifestyle Moderate         |
| ____% MFC GIM Core Diversification      | ____% MFC GIM' Money Market               |
| ____% MFC GIM' Index Allocation         | ____% MFC GIM Core Balanced               |
| ____% MFC GIM' Lifestyle Balanced       | ____% MFC GIM Core Global Diversification |
| ____% MFC GIM' Lifestyle Conservative   |   |

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

**8** Use this section if you **ARE NOT** electing an **Optional Living Benefit Rider**

**A. Initial Investment Options** (available when **NOT** electing an optional living benefit rider)

**Variable Portfolios**

- |   |  |
|---|--|
| <input type="checkbox"/> % American Funds American Asset Allocation           | <input type="checkbox"/> % MFC GIM <sup>1</sup> Mid Cap Index            |
| <input type="checkbox"/> % American Funds American Bond                       | <input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market             |
| <input type="checkbox"/> % MFC GIM Core Allocation                            | <input type="checkbox"/> % MFC GIM <sup>1</sup> Pacific Rim              |
| <input type="checkbox"/> % MFC GIM Core Fundamental Holdings                  | <input type="checkbox"/> % MFC Global U.S. High Income                   |
| <input type="checkbox"/> % American Funds American Global Growth              | <input type="checkbox"/> % PIMCO Global Bond                             |
| <input type="checkbox"/> % American Funds American Global Small Cap           | <input type="checkbox"/> % PIMCO Total Return                            |
| <input type="checkbox"/> % American Funds American Growth                     | <input type="checkbox"/> % RCMIT. Rowe Price Science & Technology        |
| <input type="checkbox"/> % American Funds American Growth-Income              | <input type="checkbox"/> % T. Rowe Price Blue Chip Growth                |
| <input type="checkbox"/> % American Funds American High-Income Bond           | <input type="checkbox"/> % MFC GIM Core Balanced                         |
| <input type="checkbox"/> % American Funds American International              | <input type="checkbox"/> % T. Rowe Price Equity-Income                   |
| <input type="checkbox"/> % American Funds American New World                  | <input type="checkbox"/> % T. Rowe Price Health Sciences                 |
| <input type="checkbox"/> % Davis Financial Services                           | <input type="checkbox"/> % T. Rowe Price Small Company Value             |
| <input type="checkbox"/> % Davis Fundamental Value                            | <input type="checkbox"/> % Templeton® International Value                |
| <input type="checkbox"/> % MFC GIM Core Diversification                       | <input type="checkbox"/> % UBS Global AM Global Allocation               |
| <input type="checkbox"/> % Franklin Templeton® International Small Cap        | <input type="checkbox"/> % Van Kampen Value                              |
| <input type="checkbox"/> % GMO International Core                             | <input type="checkbox"/> % MFC GIM Core Global Diversification           |
| <input type="checkbox"/> % Invesco AIM/Munder Capital Small Cap Opportunities | <input type="checkbox"/> % Wellington Management Investment Quality Bond |
| <input type="checkbox"/> % Jennison Capital Appreciation                      | <input type="checkbox"/> % Wellington Management Mid Cap Intersection    |
| <input type="checkbox"/> % Legg Mason Funds Management Core Equity            | <input type="checkbox"/> % Wellington Management Mid Cap Stock           |
| <input type="checkbox"/> % Marsico International Opportunities                | <input type="checkbox"/> % Wellington Management Natural Resources       |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Index Allocation              | <input type="checkbox"/> % Wellington Management Small Cap Growth        |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Aggressive          | <input type="checkbox"/> % Wellington Management Small Cap Value         |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced            | <input type="checkbox"/> % Western Asset High Yield                      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative        | <input type="checkbox"/> % Western Asset Strategic Bond                  |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth              | <input type="checkbox"/> % Western Asset U.S. Government Securities      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate            |  |

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

**Dollar Cost Averaging** (Section 8B must be completed if elected)

% 6 Month Fund **OR**  % 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

**B. Dollar Cost Averaging Instructions** (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  **\_\_\_\_\_ \* Day of Month (1–28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.  
\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

(Selected in 8A)

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

- |   |   |
|---|---|
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |

**100 % Total DCA Options (must equal 100%)**

**9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older**

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

**10 Additional State Disclosures**

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any issuer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**11 Military Sales**

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on www.jhannuities.com). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

Yes\*  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

Yes\*  No Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

SIGN  
HERE

**Owner:**

Signature \_\_\_\_\_ City, State (signed in) \_\_\_\_\_ Date \_\_\_\_\_

SIGN  
HERE

**Co-owner:**

Signature \_\_\_\_\_ City, State (signed in) \_\_\_\_\_ Date \_\_\_\_\_

SIGN  
HERE

**Annuitant:**

(If different from owner)

Signature \_\_\_\_\_ City, State (signed in) \_\_\_\_\_ Date \_\_\_\_\_

SIGN  
HERE

**Co-annuitant:**

(If different from co-owner)

Signature \_\_\_\_\_ City, State (signed in) \_\_\_\_\_ Date \_\_\_\_\_

## 13 Financial Advisor Information

**A. Certification: I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant.**

YES  NO Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

YES  NO Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  A  B  C (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

\_\_\_\_\_% Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ State License ID \_\_\_\_\_

SIGN  
HERE

Broker/Dealer Firm \_\_\_\_\_ Broker/Dealer Rep Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_

**D. Financial Advisor (Secondary)**

\_\_\_\_\_% Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ State License ID \_\_\_\_\_

SIGN  
HERE

Broker/Dealer Firm \_\_\_\_\_ Broker/Dealer Rep Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

Application for Venture III<sup>®</sup> Flexible Payment Deferred Annuity

Simplify your application process See back page for the "Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505  
Overnight mail 164 Corporate Drive, Portsmouth, NH 03801-6815  
800-344-1029 www.jhannuities.com  
Home Office: Bloomfield Hills, MI

# Venture III®

## Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

### 1 Account Registration and Funding (complete A or B)

#### A. Nonqualified

Registration:  Individual  Trust  Corporation  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$10,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  1035 Exchange  Mutual Fund / CD / Other

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

#### B. Qualified

Registration:  Traditional IRA (Tax year \_\_\_\_\_)  Roth IRA (Tax year \_\_\_\_\_)  SEP IRA  SIMPLE IRA  
 Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.)  Individual 401(k)  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$10,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  Direct Transfer  Rollover

### 2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (required if different from mailing or address is PO Box) \_\_\_\_\_ Client Brokerage Account Number \_\_\_\_\_

#### Co-owner

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

### 3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

#### Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary  Male  Female  Trust/Entity  
 \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #2**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #3**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #4**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #5**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #6**  Primary  Male  Female  Trust/Entity  
 Contingent \_\_\_\_\_  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture III® Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER** A. Guaranteed Living Benefits

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

**GUARANTEED LIVING BENEFITS**  
cannot be cancelled once elected.  
Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life–Joint Life\***
- Principal Plus for Life**

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

## B. Initial Investment Options for use with Guaranteed Living Benefits

### Variable Portfolios

- |  |  |
|--|--|
| _____ % <b>MFC GIM</b> Core Allocation           | _____ % <b>MFC GIM</b> ' Lifestyle Growth          |
| _____ % <b>MFC GIM</b> Core Fundamental Holdings | _____ % <b>MFC GIM</b> ' Lifestyle Moderate        |
| _____ % <b>MFC GIM</b> Core Diversification      | _____ % <b>MFC GIM</b> ' Money Market              |
| _____ % <b>MFC GIM</b> ' Index Allocation        | _____ % <b>MFC GIM</b> Core Balanced               |
| _____ % <b>MFC GIM</b> ' Lifestyle Balanced      | _____ % <b>MFC GIM</b> Core Global Diversification |
| _____ % <b>MFC GIM</b> ' Lifestyle Conservative  |  |

**REMEMBER:**  
Any combination of investment options within Section 7B must equal 100%.

### Dollar Cost Averaging (Section 7C must be completed if elected)

\_\_\_\_\_ % 6 Month Fund **OR** \_\_\_\_\_ % 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

## C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  \_\_\_\_\_ \* **Day of Month (1–28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund** (Selected in 7B)  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

### Destination Fund(s) and % to allocate

- |  |  |
|--|--|
| _____ % <b>MFC GIM</b> Core Allocation           | _____ % <b>MFC GIM</b> ' Lifestyle Growth          |
| _____ % <b>MFC GIM</b> Core Fundamental Holdings | _____ % <b>MFC GIM</b> ' Lifestyle Moderate        |
| _____ % <b>MFC GIM</b> Core Diversification      | _____ % <b>MFC GIM</b> ' Money Market              |
| _____ % <b>MFC GIM</b> ' Index Allocation        | _____ % <b>MFC GIM</b> Core Balanced               |
| _____ % <b>MFC GIM</b> ' Lifestyle Balanced      | _____ % <b>MFC GIM</b> Core Global Diversification |
| _____ % <b>MFC GIM</b> ' Lifestyle Conservative  |  |

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

# [ Venture III® Application

**8**

Use this section if you **ARE NOT** electing an **Optional Living Benefit Rider**

**A. Initial Investment Options** (available when **NOT** electing an optional living benefit rider)

**Variable Portfolios**

- |   |  |
|---|--|
| <input type="checkbox"/> % American Funds American Asset Allocation             | <input type="checkbox"/> % MFC GIM <sup>1</sup> Mid Cap Index            |
| <input type="checkbox"/> % American Funds American Bond                         | <input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market             |
| <input type="checkbox"/> % MFC GIM Core Allocation                              | <input type="checkbox"/> % MFC GIM <sup>1</sup> Pacific Rim              |
| <input type="checkbox"/> % MFC GIM Core Diversification                         | <input type="checkbox"/> % MFC Global U.S. High Income                   |
| <input type="checkbox"/> % American Funds American Global Growth                | <input type="checkbox"/> % PIMCO Global Bond                             |
| <input type="checkbox"/> % American Funds American Global Small Cap             | <input type="checkbox"/> % PIMCO Total Return                            |
| <input type="checkbox"/> % American Funds American Growth                       | <input type="checkbox"/> % RCMIT. Rowe Price Science & Technology        |
| <input type="checkbox"/> % American Funds American Growth-Income                | <input type="checkbox"/> % T. Rowe Price Blue Chip Growth                |
| <input type="checkbox"/> % American Funds American High-Income Bond             | <input type="checkbox"/> % MFC GIM Core Balancd                          |
| <input type="checkbox"/> % American Funds American International                | <input type="checkbox"/> % T. Rowe Price Equity-Income                   |
| <input type="checkbox"/> % American Funds American New World                    | <input type="checkbox"/> % T. Rowe Price Health Sciences                 |
| <input type="checkbox"/> % Davis Financial Services                             | <input type="checkbox"/> % T. Rowe Price Small Company Value             |
| <input type="checkbox"/> % Davis Fundamental Value                              | <input type="checkbox"/> % Templeton® International Value                |
| <input type="checkbox"/> % MFC GIM Core Diversification                         | <input type="checkbox"/> % UBS Global AM Global Allocation               |
| <input type="checkbox"/> % Franklin Templeton® International Small Cap          | <input type="checkbox"/> % Van Kampen Value                              |
| <input type="checkbox"/> % GMO International Core                               | <input type="checkbox"/> % MFC GIM Core Global Diversification           |
| <input type="checkbox"/> % Invesco AIM/Munder Capital Small Cap Opportunities   | <input type="checkbox"/> % Wellington Management Investment Quality Bond |
| <input type="checkbox"/> % Jennison Capital Appreciation                        | <input type="checkbox"/> % Wellington Management Mid Cap Intersection    |
| <input type="checkbox"/> % Legg Mason Funds Management Core Equity [XXXXXXXXXX] | <input type="checkbox"/> % Wellington Management Mid Cap Stock           |
| <input type="checkbox"/> % Marsico International Opportunities                  | <input type="checkbox"/> % Wellington Management Natural Resources       |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Index Allocation                | <input type="checkbox"/> % Wellington Management Small Cap Growth        |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Aggressive            | <input type="checkbox"/> % Wellington Management Small Cap Value         |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced              | <input type="checkbox"/> % Western Asset High Yield                      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative          | <input type="checkbox"/> % Western Asset Strategic Bond                  |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth                | <input type="checkbox"/> % Western Asset U.S. Government Securities      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate              |  |

**REMEMBER:**  
 Use this page only when **NOT** electing an optional living benefit rider.

**Dollar Cost Averaging** (Section 8B must be completed if elected)

% 6 Month Fund **OR**  % 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

**B. Dollar Cost Averaging Instructions** (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  \_\_\_\_ \* **Day of Month (1–28)**

(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

(Selected in 8A)

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

- |   |   |
|---|---|
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |

**100 % Total DCA Options (must equal 100%)**

**9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older**

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

**10 Additional State Disclosures**

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any issuer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**11 Military Sales**

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on www.jhannuities.com). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

# Venture III® Application

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

**Yes\***  **No** Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

**Yes\***  **No** Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We certify my/our status as either a citizen or resident alien of the United States of America.

SIGN HERE	<b>Owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Annuitant:</b> (If different from owner)	_____	_____	_____
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-annuitant:</b> (If different from co-owner)	_____	_____	_____
		Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification: I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant.**

**YES**  **NO** Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

**YES**  **NO** Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  **B**  **C** (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

SIGN HERE	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
	_____	_____	_____	_____
	Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address	
	_____	_____		
	Signature			

**D. Financial Advisor (Secondary)**

SIGN HERE	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
	_____	_____	_____	_____
	Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address	
	_____	_____		
	Signature			



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505
Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815
800-344-1029 www.jhannuities.com
Home Office: Bloomfield Hills, MI

Application for Venture Vantage®
Flexible Payment Deferred Annuity

Simplify your application process
See back page for the "Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Venture Vantage®

Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

## 1 Account Registration and Funding (complete A or B)

### A. Nonqualified

Registration:  Individual  Trust  Corporation  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$10,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  1035 Exchange  Mutual Fund / CD / Other ]

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

### B. Qualified

Registration:  Traditional IRA (Tax year \_\_\_\_\_)  Roth IRA (Tax year \_\_\_\_\_)  SEP IRA  SIMPLE IRA  
 Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.)  Individual 401(k)  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$10,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  Direct Transfer  Rollover ]

## 2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address [ \_\_\_\_\_ ]

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (required if different from mailing or address is PO Box) \_\_\_\_\_ Client Brokerage Account Number \_\_\_\_\_

### Co-owner

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address [ \_\_\_\_\_ ]

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

## 3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address [ \_\_\_\_\_ ]

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

### Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address [ \_\_\_\_\_ ]

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

**The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.**

**Beneficiary #1**    Primary   \_\_\_\_\_    Male    Female    Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_% of Proceeds   \_\_\_\_\_ Relationship to Owner   \_\_\_\_\_ Date of Birth (mm/dd/yyyy)   \_\_\_\_\_ Social Security/Tax Identification Number   \_\_\_\_\_ State of Residence

**Beneficiary #2**    Primary   \_\_\_\_\_    Male    Female    Trust/Entity  
 Contingent   Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_% of Proceeds   \_\_\_\_\_ Relationship to Owner   \_\_\_\_\_ Date of Birth (mm/dd/yyyy)   \_\_\_\_\_ Social Security/Tax Identification Number   \_\_\_\_\_ State of Residence

**Beneficiary #3**    Primary   \_\_\_\_\_    Male    Female    Trust/Entity  
 Contingent   Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_% of Proceeds   \_\_\_\_\_ Relationship to Owner   \_\_\_\_\_ Date of Birth (mm/dd/yyyy)   \_\_\_\_\_ Social Security/Tax Identification Number   \_\_\_\_\_ State of Residence

**Beneficiary #4**    Primary   \_\_\_\_\_    Male    Female    Trust/Entity  
 Contingent   Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_% of Proceeds   \_\_\_\_\_ Relationship to Owner   \_\_\_\_\_ Date of Birth (mm/dd/yyyy)   \_\_\_\_\_ Social Security/Tax Identification Number   \_\_\_\_\_ State of Residence

**Beneficiary #5**    Primary   \_\_\_\_\_    Male    Female    Trust/Entity  
 Contingent   Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_% of Proceeds   \_\_\_\_\_ Relationship to Owner   \_\_\_\_\_ Date of Birth (mm/dd/yyyy)   \_\_\_\_\_ Social Security/Tax Identification Number   \_\_\_\_\_ State of Residence

**Beneficiary #6**    Primary   \_\_\_\_\_    Male    Female    Trust/Entity  
 Contingent   Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_% of Proceeds   \_\_\_\_\_ Relationship to Owner   \_\_\_\_\_ Date of Birth (mm/dd/yyyy)   \_\_\_\_\_ Social Security/Tax Identification Number   \_\_\_\_\_ State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture Vantage® Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER**

### A. Guaranteed Living Benefits

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

**GUARANTEED LIVING BENEFITS** cannot be cancelled once elected. Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life–Joint Life\***
- Principal Plus for Life**

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

### B. Initial Investment Options for use with Guaranteed Living Benefits

#### Variable Portfolios

- |   |   |
|---|---|
| ____ % <b>MFC GIM</b> Core Allocation           | ____ % <b>MFC GIM</b> ' Lifestyle Growth          |
| ____ % <b>MFC GIM</b> Core Fundamental Holdings | ____ % <b>MFC GIM</b> ' Lifestyle Moderate        |
| ____ % <b>MFC GIM</b> Core Diversification      | ____ % <b>MFC GIM</b> ' Money Market              |
| ____ % <b>MFC GIM</b> ' Index Allocation        | ____ % <b>MFC GIM</b> Core Balanced               |
| ____ % <b>MFC GIM</b> ' Lifestyle Balanced      | ____ % <b>MFC GIM</b> Core Global Diversification |
| ____ % <b>MFC GIM</b> ' Lifestyle Conservative  |   |

**REMEMBER:** Any combination of investment options within Section 7B must equal 100%.

**100 % Total Initial Investment Options (must equal 100%)**

### C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** OR  **30 days from issue** OR  \_\_\_\_ \* **Day of Month (1–28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  **Variable Portfolio** \_\_\_\_\_  
(Selected in 7B)

MONTHLY Transfer Amount \$ \_\_\_\_\_

#### Destination Fund(s) and % to allocate

- |   |   |
|---|---|
| ____ % <b>MFC GIM</b> Core Allocation           | ____ % <b>MFC GIM</b> ' Lifestyle Growth          |
| ____ % <b>MFC GIM</b> Core Fundamental Holdings | ____ % <b>MFC GIM</b> ' Lifestyle Moderate        |
| ____ % <b>MFC GIM</b> Core Diversification      | ____ % <b>MFC GIM</b> ' Money Market              |
| ____ % <b>MFC GIM</b> ' Index Allocation        | ____ % <b>MFC GIM</b> Core Balanced               |
| ____ % <b>MFC GIM</b> ' Lifestyle Balanced      | ____ % <b>MFC GIM</b> Core Global Diversification |
| ____ % <b>MFC GIM</b> ' Lifestyle Conservative  |   |

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

# Venture Vantage® Application

8

Use this section if you **ARE NOT** electing an **Optional Living Benefit Rider**

## A. Initial Investment Options (available when **NOT** electing an optional living benefit rider)

### Variable Portfolios

- |   |  |
|---|--|
| <input type="checkbox"/> % American Funds American Asset Allocation           | <input type="checkbox"/> % MFC GIM <sup>1</sup> Mid Cap Index            |
| <input type="checkbox"/> % American Funds American Bond                       | <input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market             |
| <input type="checkbox"/> % <b>MFC GIM</b> Core Allocation                     | <input type="checkbox"/> % MFC GIM <sup>1</sup> Pacific Rim              |
| <input type="checkbox"/> % <b>MFC GIM</b> Core Fundamental Holdings           | <input type="checkbox"/> % MFC Global U.S. High Income                   |
| <input type="checkbox"/> % American Funds American Global Growth              | <input type="checkbox"/> % PIMCO Global Bond                             |
| <input type="checkbox"/> % American Funds American Global Small Cap           | <input type="checkbox"/> % PIMCO Total Return                            |
| <input type="checkbox"/> % American Funds American Growth                     | <input type="checkbox"/> % RCMIT. Rowe Price Science & Technology        |
| <input type="checkbox"/> % American Funds American Growth-Income              | <input type="checkbox"/> % T. Rowe Price Blue Chip Growth                |
| <input type="checkbox"/> % American Funds American High-Income Bond           | <input type="checkbox"/> % <b>MFC GIM Core Balanced</b>                  |
| <input type="checkbox"/> % American Funds American International              | <input type="checkbox"/> % T. Rowe Price Equity-Income                   |
| <input type="checkbox"/> % American Funds American New World                  | <input type="checkbox"/> % T. Rowe Price Health Sciences                 |
| <input type="checkbox"/> % Davis Financial Services                           | <input type="checkbox"/> % T. Rowe Price Small Company Value             |
| <input type="checkbox"/> % Davis Fundamental Value                            | <input type="checkbox"/> % Templeton® International Value                |
| <input type="checkbox"/> % <b>MFC GIM</b> Core Diversification                | <input type="checkbox"/> % UBS Global AM Global Allocation               |
| <input type="checkbox"/> % Franklin Templeton® International Small Cap        | <input type="checkbox"/> % Van Kampen Value                              |
| <input type="checkbox"/> % GMO International Core                             | <input type="checkbox"/> % <b>MFC GIM</b> Core Global Diversification    |
| <input type="checkbox"/> % Invesco AIM/Munder Capital Small Cap Opportunities | <input type="checkbox"/> % Wellington Management Investment Quality Bond |
| <input type="checkbox"/> % Jennison Capital Appreciation                      | <input type="checkbox"/> % Wellington Management Mid Cap Intersection    |
| <input type="checkbox"/> % Legg Mason Funds Management Core Equity            | <input type="checkbox"/> % Wellington Management Mid Cap Stock           |
| <input type="checkbox"/> % Marsico International Opportunities                | <input type="checkbox"/> % Wellington Management Natural Resources       |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Index Allocation              | <input type="checkbox"/> % Wellington Management Small Cap Growth        |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Aggressive          | <input type="checkbox"/> % Wellington Management Small Cap Value         |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced            | <input type="checkbox"/> % Western Asset High Yield                      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative        | <input type="checkbox"/> % Western Asset Strategic Bond                  |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth              | <input type="checkbox"/> % Western Asset U.S. Government Securities      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate            |  |

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

## B. Dollar Cost Averaging Instructions (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** OR  **30 days from issue** OR  \_\_\_\_\_ \* **Day of Month (1–28)**

(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  **Variable Portfolio** \_\_\_\_\_

(Selected in 8A)

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

- |   |   |
|---|---|
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |

**100 % Total DCA Options (must equal 100%)**

# Venture Vantage<sup>®</sup> Application

## 9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

## 10 Additional State Disclosures

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## 11 Military Sales

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on [www.jhannuities.com](http://www.jhannuities.com)). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes\***  **No** Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 **Yes\***  **No** Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

SIGN HERE	<b>Owner:</b>			
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-owner:</b>			
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Annuitant:</b> (If different from owner)			
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-annuitant:</b> (If different from co-owner)			
		Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification: I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant.**

- YES**  **NO** Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 **YES**  **NO** Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  A  B  C (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

SIGN HERE	_____ % Percentage	_____ Printed Name	_____ Telephone Number	_____ State License ID
	_____ Broker/Dealer Firm	_____ Broker/Dealer Rep Number	_____ Email Address	
	_____ Signature			

**D. Financial Advisor (Secondary)**

SIGN HERE	_____ % Percentage	_____ Printed Name	_____ Telephone Number	_____ State License ID
	_____ Broker/Dealer Firm	_____ Broker/Dealer Rep Number	_____ Email Address	
	_____ Signature			



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Application for Venture<sup>®</sup>

## Flexible Payment Deferred Annuity

Simplify your application process  
See back page for the "Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505
Overnight mail 164 Corporate Drive, Portsmouth, NH 03801-6815
800-344-1029 www.jhannuities.com
Home Office: Bloomfield Hills, MI

Venture Vision®

Variable Annuity Application (Revised or MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

1 Account Registration and Funding (complete A or B)

A. Nonqualified

Registration: Individual Trust Corporation Other

Funding: Direct Payment \$ Check (Payable to John Hancock Life Insurance Company (U.S.A.))
Wire (Please see sales kit or jhannuities.com for wire instructions)

Transfer/Exchange\* \$ 1035 Exchange Mutual Fund / CD / Other

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

B. Qualified

Registration: Traditional IRA (Tax year) Roth IRA (Tax year) SEP IRA SIMPLE IRA
Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.) Individual 401(k) Other

Funding: Direct Payment \$ Check (Payable to John Hancock Life Insurance Company (U.S.A.))
Wire (Please see sales kit or jhannuities.com for wire instructions)

Transfer/Exchange\* \$ Direct Transfer Rollover

2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) Male Female Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (required if different from mailing or address is PO Box) Client Brokerage Account Number

Co-owner

Name (First, Middle, Last or Name of Trust/Entity) Male Female Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) Male Female Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) Male Female Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #2**  Primary \_\_\_\_\_  Male  Female  Trust/Entity  
 Contingent      Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #3**  Primary \_\_\_\_\_  Male  Female  Trust/Entity  
 Contingent      Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #4**  Primary \_\_\_\_\_  Male  Female  Trust/Entity  
 Contingent      Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #5**  Primary \_\_\_\_\_  Male  Female  Trust/Entity  
 Contingent      Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Beneficiary #6**  Primary \_\_\_\_\_  Male  Female  Trust/Entity  
 Contingent      Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

\_\_\_\_\_  
 % of Proceeds      Relationship to Owner      Date of Birth (mm/dd/yyyy)      Social Security/Tax Identification Number      State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture Vision<sup>®</sup> Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER**

### A. Guaranteed Living Benefits

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

**GUARANTEED LIVING BENEFITS**  
cannot be cancelled once elected.  
Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life–Joint Life\***
- Principal Plus for Life**

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

### B. Initial Investment Options for use with Guaranteed Living Benefits

#### Variable Portfolios

- |  |  |
|--|--|
| ____% <i>MFC GIM</i> Core Allocation           | ____% <i>MFC GIM</i> ' Lifestyle Growth          |
| ____% <i>MFC GIM</i> Core Fundamental Holdings | ____% <i>MFC GIM</i> ' Lifestyle Moderate        |
| ____% <i>MFC GIM</i> Core Diversification      | ____% <i>MFC GIM</i> ' Money Market              |
| ____% <i>MFC GIM</i> ' Index Allocation        | ____% <i>MFC GIM</i> Core Balanced               |
| ____% <i>MFC GIM</i> ' Lifestyle Balanced      | ____% <i>MFC GIM</i> Core Global Diversification |
| ____% <i>MFC GIM</i> ' Lifestyle Conservative  |  |

**REMEMBER:**  
Any combination of investment options within Section 7B must equal 100%.

#### Dollar Cost Averaging (Section 7C must be completed if elected)

- \_\_\_\_% 6 Month Fund **OR** \_\_\_\_% 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

### C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  \_\_\_\_\* **Day of Month (1–28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund** (Selected in 7B)  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

#### Destination Fund(s) and % to allocate

- |  |  |
|--|--|
| ____% <i>MFC GIM</i> Core Allocation           | ____% <i>MFC GIM</i> ' Lifestyle Growth          |
| ____% <i>MFC GIM</i> Core Fundamental Holdings | ____% <i>MFC GIM</i> ' Lifestyle Moderate        |
| ____% <i>MFC GIM</i> Core Diversification      | ____% <i>MFC GIM</i> ' Money Market              |
| ____% <i>MFC GIM</i> ' Index Allocation        | ____% <i>MFC GIM</i> Core Balanced               |
| ____% <i>MFC GIM</i> ' Lifestyle Balanced      | ____% <i>MFC GIM</i> Core Global Diversification |
| ____% <i>MFC GIM</i> ' Lifestyle Conservative  |  |

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

# Venture Vision® Application

## 8 Use this section if you **ARE NOT** electing an Optional Living Benefit Rider

### A. Initial Investment Options (available when **NOT** electing an optional living benefit rider)

#### Variable Portfolios

- |   |  |
|---|--|
| <input type="checkbox"/> % American Funds American Asset Allocation           | <input type="checkbox"/> % MFC GIM <sup>1</sup> Mid Cap Index            |
| <input type="checkbox"/> % American Funds American Bond                       | <input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market             |
| <input type="checkbox"/> % MFC GIM Core Allocation                            | <input type="checkbox"/> % MFC GIM <sup>1</sup> Pacific Rim              |
| <input type="checkbox"/> % MFC GIM Core Fundamental Holdings                  | <input type="checkbox"/> % MFC Global U.S. High Income                   |
| <input type="checkbox"/> % American Funds American Global Growth              | <input type="checkbox"/> % PIMCO Global Bond                             |
| <input type="checkbox"/> % American Funds American Global Small Cap           | <input type="checkbox"/> % PIMCO Total Return                            |
| <input type="checkbox"/> % American Funds American Growth                     | <input type="checkbox"/> % RCMIT. Rowe Price Science & Technology        |
| <input type="checkbox"/> % American Funds American Growth-Income              | <input type="checkbox"/> % T. Rowe Price Blue Chip Growth                |
| <input type="checkbox"/> % American Funds American High-Income Bond           | <input type="checkbox"/> % MFC GIM Core Balanced                         |
| <input type="checkbox"/> % American Funds American International              | <input type="checkbox"/> % T. Rowe Price Equity-Income                   |
| <input type="checkbox"/> % American Funds American New World                  | <input type="checkbox"/> % T. Rowe Price Health Sciences                 |
| <input type="checkbox"/> % Davis Financial Services                           | <input type="checkbox"/> % T. Rowe Price Small Company Value             |
| <input type="checkbox"/> % Davis Fundamental Value                            | <input type="checkbox"/> % Templeton® International Value                |
| <input type="checkbox"/> % MFC GIM Core Diversification                       | <input type="checkbox"/> % UBS Global AM Global Allocation               |
| <input type="checkbox"/> % Franklin Templeton® International Small Cap        | <input type="checkbox"/> % Van Kampen Value                              |
| <input type="checkbox"/> % GMO International Core                             | <input type="checkbox"/> % MFC GIM Core Global Diversification           |
| <input type="checkbox"/> % Invesco AIM/Munder Capital Small Cap Opportunities | <input type="checkbox"/> % Wellington Management Investment Quality Bond |
| <input type="checkbox"/> % Jennison Capital Appreciation                      | <input type="checkbox"/> % Wellington Management Mid Cap Intersection    |
| <input type="checkbox"/> % Legg Mason Funds Management Core Equity            | <input type="checkbox"/> % Wellington Management Mid Cap Stock           |
| <input type="checkbox"/> % Marsico International Opportunities                | <input type="checkbox"/> % Wellington Management Natural Resources       |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Index Allocation              | <input type="checkbox"/> % Wellington Management Small Cap Growth        |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Aggressive          | <input type="checkbox"/> % Wellington Management Small Cap Value         |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced            | <input type="checkbox"/> % Western Asset High Yield                      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative        | <input type="checkbox"/> % Western Asset Strategic Bond                  |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth              | <input type="checkbox"/> % Western Asset U.S. Government Securities      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate            |  |

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

#### Dollar Cost Averaging (Section 8B must be completed if elected)

% 6 Month Fund **OR**  % 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

### B. Dollar Cost Averaging Instructions (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  **\* Day of Month (1-28)**

(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

(Selected in 8A)

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name

**100 % Total DCA Options (must equal 100%)**

9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

- A. I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
B. I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

10 Additional State Disclosures

For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For AK Applicants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

For AZ Applicants: On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For CO Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For DE, ID, IN, OK Applicants: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

For DC Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For FL Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any issuer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For KY, NE, PA Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For MD Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For ME, TN, VA, WA Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For NJ Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For NM Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For OH Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For OR, VT Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

11 Military Sales

Is the annuitant or owner an active member of the U.S. Armed Forces? Yes\* No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on www.jhannuities.com). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

Yes\*  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

Yes\*  No Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

SIGN HERE	<b>Owner:</b>			
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-owner:</b>			
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Annuitant:</b> (If different from owner)			
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-annuitant:</b> (If different from co-owner)			
		Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification: I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant."**

YES  NO Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

YES  NO Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  B  C (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

	%			
Percentage		Printed Name	Telephone Number	State License ID
Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address		
Signature				

**D. Financial Advisor (Secondary)**

	%			
Percentage		Printed Name	Telephone Number	State License ID
Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address		
Signature				



JOHN HANCOCK ANNUITIES

NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Application for Venture Opportunity® A Share

Flexible Payment Deferred Annuity

Simplify your  
application process  
See back page for the  
"Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505  
Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com  
Home Office: Bloomfield Hills, MI

# Venture Opportunity® A Share

Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

## 1 Account Registration and Funding (complete A or B)

### A. Nonqualified

Registration:  Individual  Trust  Corporation  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$2,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  1035 Exchange  Mutual Fund / CD / Other \_\_\_\_\_

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

### B. Qualified

Registration:  Traditional IRA (Tax year \_\_\_\_\_)  Roth IRA (Tax year \_\_\_\_\_)  SEP IRA  SIMPLE IRA  
 Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.)  Individual 401(k)  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$5,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  Direct Transfer  Rollover \_\_\_\_\_

## 2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (required if different from mailing or address is PO Box) \_\_\_\_\_ Client Brokerage Account Number \_\_\_\_\_

### Co-owner

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

## 3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

### Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

# Venture Opportunity® A Share Application

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #2**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #3**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #4**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #5**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #6**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture Opportunity® A Share Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER** A. Guaranteed Living Benefits

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

**GUARANTEED LIVING BENEFITS**  
cannot be cancelled once elected.  
Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life–Joint Life\***

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

## B. Initial Investment Options for use with Guaranteed Living Benefits

### Variable Portfolios

- |  |   |
|--|---|
| _____ % MFC Global Core Allocation                       | _____ % MFC GIM <sup>1</sup> Lifestyle Conservative |
| _____ % MFC GIM <sup>1</sup> Core Balanced               | _____ % MFC GIM <sup>1</sup> Lifestyle Growth       |
| _____ % MFC GIM <sup>1</sup> Core Fundamental Holdings   | _____ % MFC GIM <sup>1</sup> Lifestyle Moderate     |
| _____ % MFC GIM <sup>1</sup> Core Global Diversification | _____ % MFC GIM <sup>1</sup> Money Market           |
| _____ % MFC GIM <sup>1</sup> Lifestyle Balanced          |   |

**REMEMBER:**  
Any combination of investment options within Section 7B must equal 100%.

### Dollar Cost Averaging (Section 7C must be completed if elected)

- \_\_\_\_\_ % 6 Month Fund      **OR**      \_\_\_\_\_ % 12 Month Fund      **OR**

### Asset Allocation Models (100% Participation Required)

- |   |   |
|---|---|
| <input type="checkbox"/> 100% Core Plus Balanced Growth & Income<br>5% American Global Small Cap<br>5% American Growth<br>5% Templeton Global<br>5% Van Kampen Value<br>15% Franklin Mutual Shares<br>15% American Blue Chip Income & Growth<br>10% American Growth-Income<br>25% American Bond<br>15% Wellington Investment Quality Bond | <input type="checkbox"/> 100% Core Plus Balanced to Growth<br>5% American Global Small Cap<br>5% American Growth<br>5% Templeton Global<br>5% Van Kampen Value<br>15% Franklin Mutual Shares<br>15% American Blue Chip Income & Growth<br>10% American Growth-Income<br>25% American Bond<br>15% Wellington Investment Quality Bond |
|---|---|

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

## C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

**Start Date**     **Immediate**    **OR**     **30 days from issue**    **OR**     \_\_\_\_\_ \* **Day of Month (1–28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.  
\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**     **6 Month DCA Fund**    **OR**     **12 Month DCA Fund**    **OR**

(Selected in 7B)     **Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

### Destination Fund(s) and % to allocate

- |  |   |
|--|---|
| _____ % MFC Global Core Allocation                       | _____ % MFC GIM <sup>1</sup> Lifestyle Conservative |
| _____ % MFC GIM <sup>1</sup> Core Balanced               | _____ % MFC GIM <sup>1</sup> Lifestyle Growth       |
| _____ % MFC GIM <sup>1</sup> Core Fundamental Holdings   | _____ % MFC GIM <sup>1</sup> Lifestyle Moderate     |
| _____ % MFC GIM <sup>1</sup> Core Global Diversification | _____ % MFC GIM <sup>1</sup> Money Market           |
| _____ % MFC GIM <sup>1</sup> Lifestyle Balanced          |   |

**OR**     100% Core Plus Balanced Growth & Income     100% Core Plus Balanced to Growth

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

# [ Venture Opportunity® A Share ] Application

## 8 Use this section if you **ARE NOT** electing an **Optional Living Benefit Rider** ]

### A. Initial Investment Options (available when **NOT** electing an optional living benefit rider)

#### Variable Portfolios

- |  |  |
|--|--|
| <input type="checkbox"/> % American Funds American Asset Allocation<br><input type="checkbox"/> % American Funds American Bond<br><input type="checkbox"/> % American Funds American Global Growth<br><input type="checkbox"/> % American Funds American Global Small Cap<br><input type="checkbox"/> % American Funds American Growth<br><input type="checkbox"/> % American Funds American Growth-Income<br><input type="checkbox"/> % American Funds American High-Income Bond<br><input type="checkbox"/> % American Funds American International<br><input type="checkbox"/> % American Funds American New World<br><input type="checkbox"/> % Davis Fundamental Value<br><input type="checkbox"/> % Declaration Total Bond Market Trust A<br><input type="checkbox"/> % GMO International Core<br><input type="checkbox"/> % MFC Global Core Allocation<br><input type="checkbox"/> % MFC GIM' Core Balanced<br><input type="checkbox"/> % MFC GIM' Core Fundamental Holdings<br><input type="checkbox"/> % MFC GIM' Core Global Diversification | <input type="checkbox"/> % MFC GIM' 500 Index<br><input type="checkbox"/> % MFC GIM' Lifestyle Balanced<br><input type="checkbox"/> % MFC GIM' Lifestyle Conservative<br><input type="checkbox"/> % MFC GIM' Lifestyle Growth<br><input type="checkbox"/> % MFC GIM' Lifestyle Moderate<br><input type="checkbox"/> % MFC GIM' Money Market<br><input type="checkbox"/> % PIMCO Global Bond<br><input type="checkbox"/> % PIMCO Total Return<br><input type="checkbox"/> % Templeton® International Value<br><input type="checkbox"/> % T.Rowe Price Balanced<br><input type="checkbox"/> % Van Kampen Value<br><input type="checkbox"/> % Wellington Management Investment Quality Bond<br><input type="checkbox"/> % Wellington Management Mid Cap Intersection<br><input type="checkbox"/> % Wellington Management Mid Cap Stock<br><input type="checkbox"/> % Wellington Management Small Cap Growth<br><input type="checkbox"/> % Wellington Management Small Cap Value |
|--|--|

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

#### Dollar Cost Averaging (Section 8B must be completed if elected)

% 6 Month Fund      **OR**       % 12 Month Fund      **OR**

**Note:** Subsequent payments do not allocate to DCA Funds unless directed. ]

**100 % Total Initial Investment Options (must equal 100%)** ]

\*MFC Global Investment Management (U.S.A.) Limited

### B. Dollar Cost Averaging Instructions (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**     **Immediate**    **OR**     **30 days from issue**    **OR**     \_\_\_\_\_\* **Day of Month (1-28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.  
\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund** (Selected in 8A)     **6 Month DCA Fund**    **OR**     **12 Month DCA Fund**    **OR**

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name

**OR**     100% Core Plus Balanced Growth & Income       100% Core Plus Balanced to Growth ]

**100 % Total DCA Options (must equal 100%)** ]

# Venture Opportunity® A Share Application

## 9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

## 10 Additional State Disclosures

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## 11 Military Sales

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on [www.jhannunities.com](http://www.jhannunities.com)). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes\***  **No** Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 **Yes\***  **No** Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

<b>SIGN HERE</b>	<b>Owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Co-owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Annuitant:</b>	_____	_____	_____
	(If different from owner)	Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Co-annuitant:</b>	_____	_____	_____
	(If different from co-owner)	Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification: I have truly and accurately recorded the information provided by the applicant. I have determined that the annuity contract applied for is a suitable investment for the applicant.**

- YES**  **NO** Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 **YES**  **NO** Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  **A** (If left blank, option will default to your firm's Selling Agreement.)

### C. Financial Advisor (Primary)

	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
<b>SIGN HERE</b>	_____	_____	_____	_____
	Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address	
	_____	_____	_____	
	Signature			

### D. Financial Advisor (Secondary)

	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
<b>SIGN HERE</b>	_____	_____	_____	_____
	Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address	
	_____	_____	_____	
	Signature			



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Application for Venture Opportunity® B Share

Flexible Payment Deferred Annuity

Simplify your application process  
See back page for the "Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505  
Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com  
Home Office: Bloomfield Hills, MI

# Venture Opportunity® B Share

Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

## 1 Account Registration and Funding (complete A or B)

### A. Nonqualified

Registration:  Individual  Trust  Corporation  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$2,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  1035 Exchange  Mutual Fund / CD / Other \_\_\_\_\_

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

### B. Qualified

Registration:  Traditional IRA (Tax year \_\_\_\_\_)  Roth IRA (Tax year \_\_\_\_\_)  SEP IRA  SIMPLE IRA  
 Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.)  Individual 401(k)  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$5,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  Direct Transfer  Rollover \_\_\_\_\_

## 2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (required if different from mailing or address is PO Box) \_\_\_\_\_ Client Brokerage Account Number \_\_\_\_\_

### Co-owner

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

## 3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

### Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

# Venture Opportunity® B Share Application

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #2**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #3**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #4**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #5**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #6**  Primary  Male  Female  Trust/Entity  
 Contingent Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture Opportunity® B Share Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER**

### A. Guaranteed Living Benefits

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

**GUARANTEED LIVING BENEFITS**  
cannot be cancelled once elected.  
Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**  
 **Income Plus For Life–Joint Life\***

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

### B. Initial Investment Options for use with Guaranteed Living Benefits

#### Variable Portfolios

- |  |   |
|--|---|
| _____ % MFC Global Core Allocation           | _____ % MFC GIM' Lifestyle Conservative |
| _____ % MFC GIM' Core Balanced               | _____ % MFC GIM' Lifestyle Growth       |
| _____ % MFC GIM' Core Fundamental Holdings   | _____ % MFC GIM' Lifestyle Moderate     |
| _____ % MFC GIM' Core Global Diversification | _____ % MFC GIM' Money Market           |
| _____ % MFC GIM' Lifestyle Balanced          |   |

**REMEMBER:**  
Any combination of investment options within Section 7B must equal 100%.

#### Dollar Cost Averaging (Section 7C must be completed if elected)

- \_\_\_\_\_ % 6 Month Fund      **OR**      \_\_\_\_\_ % 12 Month Fund      **OR**

#### Asset Allocation Models (100% Participation Required)

- |   |   |
|---|---|
| <input type="checkbox"/> 100% Core Plus Balanced Growth & Income<br>5% American Global Small Cap<br>5% American Growth<br>5% Templeton Global<br>5% Van Kampen Value<br>15% Franklin Mutual Shares<br>15% American Blue Chip Income & Growth<br>10% American Growth-Income<br>25% American Bond<br>15% Wellington Investment Quality Bond<br>xx%<br>xx% | <input type="checkbox"/> 100% Core Plus Balanced to Growth<br>5% American Global Small Cap<br>5% American Growth<br>5% Templeton Global<br>5% Van Kampen Value<br>15% Franklin Mutual Shares<br>15% American Blue Chip Income & Growth<br>10% American Growth-Income<br>25% American Bond<br>15% Wellington Investment Quality Bond<br>xx%<br>xx% |
|---|---|

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

### C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

- Start Date**     **Immediate**    **OR**     **30 days from issue**    **OR**     \_\_\_\_\_ \* **Day of Month (1–28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.  
\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

- Source Fund**     **6 Month DCA Fund**    **OR**     **12 Month DCA Fund**    **OR**

(Selected in 7B)

- Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

#### Destination Fund(s) and % to allocate

- |  |   |
|--|---|
| _____ % MFC Global Core Allocation           | _____ % MFC GIM' Lifestyle Conservative |
| _____ % MFC GIM' Core Balanced               | _____ % MFC GIM' Lifestyle Growth       |
| _____ % MFC GIM' Core Fundamental Holdings   | _____ % MFC GIM' Lifestyle Moderate     |
| _____ % MFC GIM' Core Global Diversification | _____ % MFC GIM' Money Market           |
| _____ % MFC GIM' Lifestyle Balanced          |   |

- OR**     100% Core Plus Balanced Growth & Income     100% Core Plus Balanced to Growth

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

# Venture Opportunity® B Share Application

## 8 Use this section if you **ARE NOT** electing an Optional Living Benefit Rider

### A. Initial Investment Options (available when **NOT** electing an optional living benefit rider)

#### Variable Portfolios

<input type="checkbox"/> % American Funds American Asset Allocation	<input type="checkbox"/> % MFC GIM' 500 Index
<input type="checkbox"/> % American Funds American Bond	<input type="checkbox"/> % MFC GIM' Lifestyle Balanced
<input type="checkbox"/> % American Funds American Global Growth	<input type="checkbox"/> % MFC GIM' Lifestyle Conservative
<input type="checkbox"/> % American Funds American Global Small Cap	<input type="checkbox"/> % MFC GIM' Lifestyle Growth
<input type="checkbox"/> % American Funds American Growth	<input type="checkbox"/> % MFC GIM' Lifestyle Moderate
<input type="checkbox"/> % American Funds American Growth-Income	<input type="checkbox"/> % MFC GIM' Money Market
<input type="checkbox"/> % American Funds American High-Income Bond	<input type="checkbox"/> % PIMCO Global Bond
<input type="checkbox"/> % American Funds American International	<input type="checkbox"/> % PIMCO Total Return
<input type="checkbox"/> % American Funds American New World	<input type="checkbox"/> % Templeton® International Value
<input type="checkbox"/> % Davis Fundamental Value	<input type="checkbox"/> % T.Rowe Price Balanced
<input type="checkbox"/> % Declaration Total Bond Market Trust A	<input type="checkbox"/> % Van Kampen Value
<input type="checkbox"/> % GMO International Core	<input type="checkbox"/> % Wellington Management Investment Quality Bond
<input type="checkbox"/> % MFC Global Core Allocation	<input type="checkbox"/> % Wellington Management Mid Cap Intersection
<input type="checkbox"/> % MFC GIM' Core Balanced	<input type="checkbox"/> % Wellington Management Mid Cap Stock
<input type="checkbox"/> % MFC GIM' Core Fundamental Holdings	<input type="checkbox"/> % Wellington Management Small Cap Growth
<input type="checkbox"/> % MFC GIM' Core Global Diversification	<input type="checkbox"/> % Wellington Management Small Cap Value

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

#### Dollar Cost Averaging (Section 8B must be completed if elected)

% 6 Month Fund    **OR**     % 12 Month Fund    **OR**

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

\*MFC Global Investment Management (U.S.A.) Limited

### B. Dollar Cost Averaging Instructions (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**     **Immediate**    **OR**     **30 days from issue**    **OR**     **\_\_\_\_\_ \* Day of Month (1-28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**     **6 Month DCA Fund**    **OR**     **12 Month DCA Fund**    **OR**

(Selected in 8A)

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name

**OR**     **100% Core Plus Balanced Growth & Income**     **100% Core Plus Balanced to Growth**

**100 % Total DCA Options (must equal 100%)**

## 9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

## 10 Additional State Disclosures

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any issuer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## 11 Military Sales

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on [www.jhannuities.com](http://www.jhannuities.com)). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

**Yes\***  **No** Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

**Yes\***  **No** Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

<b>SIGN HERE</b>	<b>Owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Co-owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Annuitant:</b> (If different from owner)	_____	_____	_____
		Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Co-annuitant:</b> (If different from co-owner)	_____	_____	_____
		Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification: I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant.**

**YES**  **NO** Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

**YES**  **NO** Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  **A** (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
<b>SIGN HERE</b>	_____		_____	_____
	Broker/Dealer Firm		Broker/Dealer Rep Number	Email Address
	_____			
	Signature			

**D. Financial Advisor (Secondary)**

	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
<b>SIGN HERE</b>	_____		_____	_____
	Broker/Dealer Firm		Broker/Dealer Rep Number	Email Address
	_____			
	Signature			

## GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDER

This Rider is effective on the Rider Date. Election of this Rider is irrevocable and may only be terminated as provided in the Termination provision below. Except where this Rider provides otherwise, it is a part of, and subject to, the other terms and conditions of the Contract to which it is attached. If this Rider is added to a previously issued Contract, it replaces and supercedes any other previously issued Guaranteed Minimum Withdrawal Benefit Rider to the Contract.

### SPECIFICATIONS

<b>ADDITIONAL PAYMENT LIMIT:</b>	[\$100,000]	
<b>CREDIT PERIOD:</b>	[[First] [10] Contract Years after the Rider Date.]	
<b>CREDIT PERCENTAGE:</b>	<u>Determined On</u> <u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	<u>Credit Percentage is</u> [4%]
	[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]
	[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]
<b>COVERED PERSON:</b>	[John Doe]	
<b>LIFETIME INCOME DATE:</b>	[01/01/2025]	
<b>LIFETIME INCOME PERCENTAGE:</b>	Age at [first Withdrawal] [or] [at Step-Up] after <u>Lifetime Income Date</u>	<u>Percentage</u>
	[55 - 64]	[4%]
	[65 - 74]	[5%]
	[75 and over]	[6%]
<b>MAXIMUM BENEFIT BASE:</b>	[\$5,000,000]	
<b>MAXIMUM RIDER FEE PERCENTAGE:</b>	[1.20%]	
<b>RIDER DATE:</b>	[05/01/2009]	
<b>RIDER FEE PERCENTAGE:</b>	[1.00%]	

**STEP-UP DATE:**

Frequency  
[Every 3 years]

Beginning  
[on the [3rd]  
Contract  
Anniversary  
following the  
Rider Date.]

Ending  
[on the [9<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[Every year]

[on the [10<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[on the  
Contract  
Anniversary  
following the  
[oldest  
Owner's or  
Annuitant's]  
[95<sup>th</sup>]  
birthday.]

## **DEFINITIONS**

The following definitions are applicable to this Rider only:

### **BENEFIT BASE**

The Benefit Base is the total amount used for purposes of calculating future periodic withdrawals under this Rider. The Benefit Base cannot be withdrawn in a lump sum and will not exceed the Maximum Benefit Base shown in the Specifications above.

### **COVERED PERSON**

The Covered Person is the person named in the Specifications whose life is used to determine the duration of the LIA payments. If the Covered Person named above is deceased or is no longer an Owner, Beneficiary or Annuitant of the Contract, there will no longer be a Covered Person under this Rider.

### **LIFETIME INCOME AMOUNT (LIA)**

The Lifetime Income Amount is the amount that is guaranteed to be available each Contract Year for withdrawal during the life of the Covered Person while this Rider is in effect. The LIA reduces to zero upon the death of the Covered Person or upon a change in Owner, Beneficiary or Annuitant that removes the Covered Person from the Contract as an Owner, Beneficiary or Annuitant.

### **LIFETIME INCOME DATE**

The Lifetime Income Date is the earliest date on which the initial LIA is calculated. This date is shown in the Specifications above.

### **WITHDRAWALS**

The amount withdrawn, including any applicable Withdrawal Charges.

## **GUARANTEED MINIMUM WITHDRAWAL BENEFIT**

This benefit guarantees that each Contract Year during the life of the Covered Person after the Lifetime Income Date, you may take Withdrawals up to an amount equal to the LIA, even if your Contract Value reduces to zero. The LIA is described below in the "Calculation of Lifetime Income Amount (LIA)" provision.

## **EFFECT OF THIS BENEFIT ON CONTRACT**

All Withdrawals under this Rider will reduce your Contract Value on a dollar-for-dollar basis. The Death Benefit provided by the Contract is also reduced by Withdrawals under this Rider. Withdrawals will reduce the Death Benefit as described in the Contract or any applicable Death Benefit rider.

## **ADDITIONAL PAYMENT LIMITS**

The following limits on Additional Payments are in addition to any Payment limitations described in your Contract.

No Additional Payment will be accepted without our prior approval on or after the first Contract Anniversary following the Rider Date that either:

- (a) exceeds the Additional Payment Limit, shown in the Specifications above or
- (b) causes the total of all Additional Payments received since the first Contract Anniversary following the Rider Date to exceed such Additional Payment Limit.

Notwithstanding the above, we reserve the right to refuse to accept Additional Payments at any time after the first Contract Anniversary following the Rider Date.

## **CALCULATION OF BENEFIT BASE**

If this Rider is issued on the Contract Date, the initial Benefit Base equals the amount of your initial Payment(s) to the Contract.

If you add this Rider after the Contract Date but prior to the first Contract Anniversary, then we will calculate the Benefit Base as if this Rider had been issued on the Contract Date.

If you add this Rider on or after the first Contract Anniversary then the initial Benefit Base equals the Contract Value on the Rider Date.

The Benefit Base may increase as a result of Additional Payments, Credits, or Step-Ups and may decrease as a result of Withdrawals as described below. In no event will the Benefit Base exceed the Maximum Benefit Base shown in the Specifications above.

### **Additional Payments**

Each time an Additional Payment is received prior to the Lifetime Income Date, the Benefit Base will increase by the amount of that Additional Payment. After the Lifetime Income Date, an increase to the Benefit Base due to an Additional Payment is determined as follows:

- (a) If there have been no Additional Payments, Step-Ups or decreases in Benefit Base since the Lifetime Income Date, then all Withdrawals since the Lifetime Income Date will be deducted from the Additional Payment. Any Additional Payment remaining after that deduction will be applied to the Benefit Base.
- (b) If the Benefit Base has been adjusted due to Additional Payments, Step-Ups or Withdrawals, then the current Additional Payment will be reduced by Withdrawals less the amount of Additional Payments that have not adjusted the Benefit Base. The Withdrawals and Additional Payments that have not adjusted the Benefit Base are determined beginning with the most recent (i) increase in Benefit Base by an Additional Payment, or (ii) Step-Up, or (iii) decrease due to a Withdrawal. Any amount of the current Additional Payment remaining after the reduction will be applied to the Benefit Base.

**Credit**

On each Contract Anniversary during the Credit Period, we will determine the Credit payable if no Withdrawals are taken during the Contract Year. The Credit is equal to the Credit Percentage for that Contract Anniversary as shown in the Specifications multiplied by:

- (a) total Payments applied to the Benefit Base, if this Rider is issued on the Contract Date, or
- (b) the initial Benefit Base, increased by the Payments applied to the Benefit Base (as described in the "Additional Payments" provision in this section) since the Rider Date, if this Rider is added after the Contract Date.

If however, the Benefit Base was previously Stepped-Up (as described below in the "Step-Up" provision) and/or decreased (as described below in the "Effect of Withdrawals" provisions), then the Credit will equal the Credit Percentage multiplied by the Benefit Base immediately after the latest Step-Up or decrease, increased by any Payments applied to the Benefit Base since such latest Step-Up or decrease.

If any Payments are applied to the Benefit Base during the Contract Year, the Credit will be increased by the Credit Percentage multiplied by the amount of the Payment applied to the Benefit Base.

If there are no Withdrawals during the Contract Year, the Credit will be added to the Benefit Base on the immediately-following Contract Anniversary.

**Step-Up**

If the Contract Value on any Step-Up Date is greater than the Benefit Base on that date, the Benefit Base will automatically Step-Up to an amount equal to the Contract Value on that Step-Up Date. If the Rider Fee Percentage would increase as a result of a Step-Up as described below in the "Rider Fee" provision, you will receive advance notice of the increase in the Rider Fee Percentage and be given the opportunity to decline the automatic Step-Up. If we increase the fee and you decline an automatic Step-Up, the fee will not increase and you will have the option to elect to Step-Up within 30 days following any subsequent Step-Up Date. This election will resume automatic Step-Ups at the then current fee.

**Effect of Withdrawals Prior to the Lifetime Income Date**

Any Withdrawals prior to the Lifetime Income Date, will decrease the Benefit Base in the same proportion as the amount of Withdrawal divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, the Benefit Base will decrease by the amount of the Withdrawal when the Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program provided by us.

**Effect of Withdrawals On or After the Lifetime Income Date**

Any Withdrawals on or after the Lifetime Income Date, will not reduce the Benefit Base if total Withdrawals during a Contract Year are less than or equal to the LIA. If a Withdrawal causes total Withdrawals during a Contract Year to exceed the LIA or if total Withdrawals during a Contract Year already exceeded the LIA, then the Benefit Base will decrease in the same proportion as the amount of the Withdrawal in excess of the LIA divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, a decrease of the Benefit Base will not result when all Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program, provided by us, even if such Life Expectancy Distributions exceed the LIA for the Contract Year. (See the "Life Expectancy Distributions" provision.)

## **CALCULATION OF LIFETIME INCOME AMOUNT (LIA)**

The initial LIA is equal to the applicable Lifetime Income Percentage multiplied by the Benefit Base on the later of: (a) the Rider Date or (b) the Lifetime Income Date (see "Calculation of Benefit Base" provision above). The LIA will not be determined before the Lifetime Income Date.

Each time the Benefit Base is changed after the Lifetime Income Date, then the new LIA will equal the Lifetime Income Percentage multiplied by the new Benefit Base.

## **LIFE EXPECTANCY DISTRIBUTIONS**

For purposes of this Rider, Life Expectancy Distributions are distributions within a calendar year that:

- (a) are part of a series of substantially equal periodic payments over the Owner's Life Expectancy (or, if applicable, the joint Life Expectancy of the Owner and the Owner's spouse); and
- (b) are paid to the Owner:
  - (i) pursuant to Internal Revenue Code ("Code") Section 72(q)(2)(D) upon the request of the Owner ("Pre-59 1/2 Distributions"); or
  - (ii) pursuant to Code Section 72(s)(2) upon the request of the Owner ("Non-Qualified Death Benefit Stretch Distributions").

For purposes of this "Life Expectancy Distributions" provision, references to Owner also include the Beneficiary, as applicable.

We reserve the right to make any changes necessary to comply with the Code and Treasury Regulations.

## **SETTLEMENT PHASE**

When the Rider enters its Settlement Phase, the Contract will continue but all other rights and benefits under the Contract, including death benefits, will terminate and additional Payments will not be accepted. The Rider Fee will not be deducted during the Rider's Settlement Phase.

The Rider will enter its Settlement Phase if the Contract Value reduces to zero, Withdrawals during the Contract Year do not exceed the LIA but the Benefit Base is still greater than zero. You will automatically receive settlement payments each Contract Year equal to the LIA during the life of the Covered Person. If the Settlement Phase is entered prior to the Lifetime Income Date, then settlement payments will begin on or after the Lifetime Income Date.

The settlement payments will be paid no less frequently than annually.

If the Covered Person dies during the Settlement Phase, then this Rider terminates and no additional settlement payments will be paid.

## **EFFECT OF PAYMENT OF DEATH BENEFIT**

If the Contract's Death Benefit is paid while this Rider is in effect, and if the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract, the following will determine whether this Rider continues or terminates:

- (a) If the deceased Owner (Annuitant if the Owner is not an individual) is the Covered Person, the Rider will terminate.

- (b) If the deceased Owner (Annuitant if the Owner is not an individual) is not the Covered Person and the Covered Person remains an Owner, Annuitant or Beneficiary, the Rider will continue. In such instance, if the LIA has not been determined prior to the payment of the Death Benefit, it will be determined on the first anniversary of the date the Death Benefit was determined after the Covered Person has reached the Lifetime Income Date, instead of the original Contract Anniversary Dates.

If the Rider continues, under b) above, the Rider Fee will continue (See the "Rider Fee" provision). If the Rider continues, the Benefit Base will automatically Step-Up if the Death Benefit on the date the Death Benefit was determined was greater than the Benefit Base on that date. (See the "Calculation of Benefit Base - Step-Up" provision.)

The Beneficiary is eligible for any remaining Credits and any Step-Ups. However, any such remaining Credits will be calculated and applied on future anniversaries of the date the Death Benefit was determined instead of the original Contract Anniversary Dates. Remaining eligible Step-Up Dates will also be measured beginning from the date the Death Benefit was determined. The latest Step-Up Date, shown in the Specifications above, as measured beginning from the Rider Date, is still applicable. When Withdrawals deplete the Contract Value to zero, if the Benefit Base is still greater than zero, then the Rider enters its Settlement Phase. (See the "Settlement Phase" provision above.)

### **RIDER FEE**

To compensate us for assuming risks associated with this Rider, we charge an annual Rider Fee. The Rider Fee is deducted on each Contract Anniversary. The Rider Fee is withdrawn from each Investment Option in the same proportion that the value of Investment Accounts of each Investment Option bears to the Contract Value. The amount of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the "Adjusted Benefit Base." The Adjusted Benefit Base is the Benefit Base that was available on the prior Contract Anniversary adjusted for subsequent Payments applied to the Benefit Base during the Contract Year prior to the current Contract Anniversary.

If a Withdrawal in excess of the LIA is taken on any date other than the Contract Anniversary and such Withdrawal reduces the Contract Value to zero, we will deduct a pro rata share of the Rider Fee from the amount otherwise payable. In the case of such a total Withdrawal, a pro rata share of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the Adjusted Benefit Base, defined above, and then multiplied by the number of days that have elapsed since the previous Contract Anniversary and divided by 365. For purposes of determining the Rider Fee, a total Withdrawal will be deemed to have been taken on the date the Death Benefit is determined and once an Annuity Option has been elected. The Rider Fee will not be deducted during the Rider's Settlement Phase. The Rider Fee will not be deducted after the Maturity Date if an Annuity Option has commenced.

If the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract and the Rider continues, for purposes of this "Rider Fee" provision, the anniversaries of the date the Death Benefit was determined will be considered to be the Contract Anniversaries.

The initial Rider Fee Percentage is shown in the Specifications above. We reserve the right to increase the Rider Fee Percentage on the effective date of each Step-Up. In such a situation, the Rider Fee Percentage will never exceed the Maximum Rider Fee Percentage, shown in the Specifications above.

## **INVESTMENT OPTIONS**

There are generally two types of Investment Options available under Contracts issued with this Rider: Portfolios and Models. The Portfolios and Models available under this Rider as of the Rider Date are shown on the Available Investment Options Page of the Contract's Specifications.

If you choose to allocate your Contract Value to the Portfolios, you may allocate to one or a combination of the Portfolios currently available subject to the percentage limitations indicated on the Available Investment Options Page. If you allocate to a Model, you must allocate your entire Contract Value to only one of the Models available. We will require periodic rebalancing of existing variable Investment Accounts to the required Model percentages. Rebalancing is done by re-allocating the Contract Value on a periodic basis to the percentages shown on the Contract's Specification Page.

The percentages you initially allocated to the Investment Options for the Portfolios and Models are shown on the Contract's Specifications Page. You may transfer between a Model and the Portfolios, or among the Portfolios, then available, on any date, subject to the percentage limitations indicated on the Available Investment Options Page.

We reserve the right to add or delete Models or Portfolios, subject to compliance with applicable law. We may limit certain Models or Portfolios for new Payments however previous allocations to such Models or Portfolios will be unaffected. We reserve the right to adjust the percentage limitations on Available Investment Options to provide more flexibility in allocating your Contract Value among Portfolios and Models then available. In no event will we adjust the percentage limitations to be more restrictive than the limitations indicated on your Available Investment Options Page.

Withdrawals will be taken on a pro-rata basis from the Investment Options in effect at the time of each withdrawal.

## **ALTERNATE ANNUITY OPTION**

If the oldest Annuitant is also the Covered Person, we offer the following Alternate Annuity Option on or after the later of the oldest Annuitant's 90<sup>th</sup> birthday or the 10<sup>th</sup> Contract Anniversary. We reserve the right to revise the availability of this option to comply with state laws and regulations or with federal Code or Treasury regulations.

**LIA with Cash Refund:** If you elect this option, we will make payments during the lifetime of the Annuitant. After the death of the Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any,  
or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**MISCELLANEOUS**

Changes in Contract Owner(s), Annuitant(s) or Beneficiary designations and Assignment of the Contract may result in loss of the benefits provided by this Rider. Except as modified by this Rider, the provisions of the Contract also apply to this Rider.

**TERMINATION**

This rider will terminate upon the earlier of:

- (a) the date a Death Benefit is payable and the Beneficiary takes the Death Benefit as a lump sum under the terms of the Contract; or
- (b) the date an Annuity Option commences; or
- (c) the date the Contract Value, the Benefit Base and the LIA all equal zero; or
- (d) the date there is no longer a Covered Person under this Rider; or
- (e) termination of the Contract.

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

[  ]

[Secretary]

## GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDER

This Rider is effective on the Rider Date. Election of this Rider is irrevocable and may only be terminated as provided in the Termination provision below. Except where this Rider provides otherwise, it is a part of, and subject to, the other terms and conditions of the Contract to which it is attached, including applicable Qualified Plan provisions added by Endorsement. If this Rider is added to a previously issued Contract, it replaces and supercedes any other previously issued Guaranteed Minimum Withdrawal Benefit Rider to the Contract.

### SPECIFICATIONS

<b>ADDITIONAL PAYMENT LIMIT:</b>	[\$100,000]	
<b>CREDIT PERIOD:</b>	[[First] [10] Contract Years after the Rider Date.]	
<b>CREDIT PERCENTAGE:</b>	<u>Determined On</u> <u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	<u>Credit Percentage is</u> [4%]
	[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]
	[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]
<b>COVERED PERSON:</b>	[John Doe]	
<b>LIFETIME INCOME DATE:</b>	[01/01/2025]	
<b>LIFETIME INCOME PERCENTAGE:</b>	Age at [first Withdrawal] [or] [at Step-Up] after <u>Lifetime Income Date</u>	<u>Percentage</u>
	[55 - 64]	[4%]
	[65 - 74]	[5%]
	[75 and over]	[6%]
<b>MAXIMUM ADDITIONAL PAYMENT AGE:</b>	[On or after the Owner's (or oldest Joint Owner's) attained age [81]]	
<b>MAXIMUM BENEFIT BASE:</b>	[\$5,000,000]	
<b>MAXIMUM RIDER FEE PERCENTAGE:</b>	[1.20%]	
<b>RIDER DATE:</b>	[05/01/2009]	
<b>RIDER FEE PERCENTAGE:</b>	[1.00%]	

**STEP-UP DATE:**

Frequency  
[Every 3 years]

Beginning  
[on the [3rd]  
Contract  
Anniversary  
following the  
Rider Date.]

Ending  
[on the [9<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[Every year]

[on the [10<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[on the  
Contract  
Anniversary  
following the  
[oldest  
Owner's or  
Annuitant's]  
[95<sup>th</sup>]  
birthday.]

## **DEFINITIONS**

The following definitions are applicable to this Rider only:

### **BENEFIT BASE**

The Benefit Base is the total amount used for purposes of calculating future periodic withdrawals under this Rider. The Benefit Base cannot be withdrawn in a lump sum and will not exceed the Maximum Benefit Base shown in the Specifications above.

### **COVERED PERSON**

The Covered Person is the person named in the Specifications whose life is used to determine the duration of the LIA payments. If the Covered Person named above is deceased or is no longer an Owner, Beneficiary or Annuitant of the Contract, there will no longer be a Covered Person under this Rider.

### **LIFETIME INCOME AMOUNT (LIA)**

The Lifetime Income Amount is the amount that is guaranteed to be available each Contract Year for withdrawal during the life of the Covered Person while this Rider is in effect. The LIA reduces to zero upon the death of the Covered Person or upon a change in Owner, Beneficiary or Annuitant that removes the Covered Person from the Contract as an Owner, Beneficiary or Annuitant.

### **LIFETIME INCOME DATE**

The Lifetime Income Date is the earliest date on which the initial LIA is calculated. This date is shown in the Specifications above.

### **WITHDRAWALS**

The amount withdrawn, including any applicable Withdrawal Charges.

## **GUARANTEED MINIMUM WITHDRAWAL BENEFIT**

This benefit guarantees that each Contract Year during the life of the Covered Person after the Lifetime Income Date, you may take Withdrawals up to an amount equal to the LIA, even if your Contract Value reduces to zero. The LIA is described below in the "Calculation of Lifetime Income Amount (LIA)" provision.

## **EFFECT OF THIS BENEFIT ON CONTRACT**

All Withdrawals under this Rider will reduce your Contract Value on a dollar-for-dollar basis. The Death Benefit provided by the Contract is also reduced by Withdrawals under this Rider. Withdrawals will reduce the Death Benefit as described in the Contract or any applicable Death Benefit rider.

## **ADDITIONAL PAYMENT LIMITS**

The following limits on Additional Payments are in addition to any Payment limitations described in your Contract.

No Additional Payment will be accepted without our prior approval on or after the later of the first Contract Anniversary following the Rider Date or the Contract Anniversary after the oldest Owner's age 65 that either:

- (a) exceeds the Additional Payment Limit, shown in the Specifications above or
- (b) causes the total of all Additional Payments received since the first Contract Anniversary following the Rider Date to exceed such Additional Payment Limit.

In addition to the above restrictions, no Additional Payments will be accepted after the Maximum Additional Payment Age shown in the Specifications above. Notwithstanding the above, we reserve the right to refuse to accept Additional Payments at any time after the first Contract Anniversary following the Rider Date.

## **CALCULATION OF BENEFIT BASE**

If this Rider is issued on the Contract Date, the initial Benefit Base equals the amount of your initial Payment(s) to the Contract.

If you add this Rider after the Contract Date but prior to the first Contract Anniversary, then we will calculate the Benefit Base as if this Rider had been issued on the Contract Date.

If you add this Rider on or after the first Contract Anniversary then the initial Benefit Base equals the Contract Value on the Rider Date.

The Benefit Base may increase as a result of Additional Payments, Credits, or Step-Ups and may decrease as a result of Withdrawals as described below. In no event will the Benefit Base exceed the Maximum Benefit Base, shown in the Specifications above.

### **Additional Payments**

Each time an Additional Payment is received prior to the Lifetime Income Date, the Benefit Base will increase by the amount of that Additional Payment. After the Lifetime Income Date, an increase to the Benefit Base due to an Additional Payment is determined as follows:

- (a) If there have been no Additional Payments, Step-Ups or decreases in Benefit Base since the Lifetime Income Date, then all Withdrawals since the Lifetime Income Date will be deducted from the Additional Payment. Any Additional Payment remaining after that deduction will be applied to the Benefit Base.
- (b) If the Benefit Base has been adjusted due to Additional Payments, Step-Ups or Withdrawals, then the current Additional Payment will be reduced by Withdrawals less the amount of Additional Payments that have not adjusted the Benefit Base. The Withdrawals and Additional Payments that have not adjusted the Benefit Base are determined beginning with the most recent (i) increase in Benefit Base by an Additional Payment, or (ii) Step-Up, or (iii) decrease due to a Withdrawal. Any amount of the current Additional Payment remaining after the reduction will be applied to the Benefit Base.

**Credit**

On each Contract Anniversary during the Credit Period, we will determine the Credit payable if no Withdrawals are taken during the Contract Year. The Credit is equal to the Credit Percentage for that Contract Anniversary as shown in the Specifications multiplied by:

- (a) total Payments applied to the Benefit Base, if this Rider is issued on the Contract Date, or
- (b) the initial Benefit Base, increased by the Payments applied to the Benefit Base (as described in the "Additional Payments" provision in this section) since the Rider Date, if this Rider is added after the Contract Date.

If however, the Benefit Base was previously Stepped-Up (as described below in the "Step-Up" provision) and/or decreased (as described below in the "Effect of Withdrawals" provisions), then the Credit will equal the Credit Percentage multiplied by the Benefit Base immediately after the latest Step-Up or decrease, increased by any Payments applied to the Benefit Base since such latest Step-Up or decrease.

If any Payments are applied to the Benefit Base during the Contract Year, the Credit will be increased by the Credit Percentage multiplied by the amount of the Payment applied to the Benefit Base.

If there are no Withdrawals during the Contract Year, the Credit will be added to the Benefit Base on the immediately-following Contract Anniversary.

**Step-Up**

If the Contract Value on any Step-Up Date is greater than the Benefit Base on that date, the Benefit Base will automatically Step-Up to an amount equal to the Contract Value on that Step-Up Date. If the Rider Fee Percentage would increase as a result of a Step-Up as described below in the "Rider Fee" provision, you will receive advance notice of the increase in the Rider Fee Percentage and be given the opportunity to decline the automatic Step-Up. If we increase the fee and you decline an automatic Step-Up, the fee will not increase and you will have the option to elect to Step-Up within 30 days following any subsequent Step-Up Date. This election will resume automatic Step-Ups at the then current fee.

**Effect of Withdrawals Prior to the Lifetime Income Date**

Any Withdrawals prior to the Lifetime Income Date will decrease the Benefit Base in the same proportion as the amount of the Withdrawal divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, the Benefit Base will decrease by the amount of the Withdrawal when the Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program provided by us.

**Effect of Withdrawals On or After the Lifetime Income Date**

Any Withdrawals on or after the Lifetime Income Date, will not reduce the Benefit Base if total Withdrawals during a Contract Year are less than or equal to the LIA. If a Withdrawal causes total Withdrawals during a Contract Year to exceed the LIA or if total Withdrawals during a Contract Year already exceeded the LIA, then the Benefit Base will decrease in the same proportion as the amount of the Withdrawal in excess of the LIA divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, a decrease of the Benefit Base will not result when all Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program, provided by us, even if such Life Expectancy Distributions exceed the LIA for the Contract Year. (See the "Life Expectancy Distributions" provision.)

## **CALCULATION OF LIFETIME INCOME AMOUNT (LIA)**

The initial LIA is equal to the applicable Lifetime Income Percentage multiplied by the Benefit Base on the later of: (a) the Rider Date or (b) the Lifetime Income Date (see "Calculation of Benefit Base" provision above). The LIA will not be determined before the Lifetime Income Date.

Each time the Benefit Base is changed after the Lifetime Income Date, then the new LIA will equal the Lifetime Income Percentage multiplied by the new Benefit Base.

## **LIFE EXPECTANCY DISTRIBUTIONS**

For purposes of this Rider, Life Expectancy Distributions are distributions within a calendar year that:

- (a) are part of a series of substantially equal periodic payments over the Owner's Life Expectancy (or, if applicable, the joint Life Expectancy of the Owner and the Owner's spouse); and
- (b) are paid to the Owner:
  - (i) pursuant to Internal Revenue Code ("Code") Section 72(t)(2)(A)(iv) upon the request of the Owner ("Pre-59 1/2 Distributions"); or
  - (ii) as required or contemplated by Code Section 401(a)(9), Section 403(b)(10), Section 408(b)(3), or Section 408A(c), as the case may be ("Qualified Death Benefit Stretch Distributions" and "Required Minimum Distributions"); and
- (c) are the Contract's proportional share of all such distributions as determined by the Company and based on the Company's understanding of the Code.

For purposes of this "Life Expectancy Distributions" provision, references to Owner also include the Beneficiary, as applicable.

We reserve the right to make any changes necessary to comply with the Code and Treasury Regulations.

## **SETTLEMENT PHASE**

When the Rider enters its Settlement Phase, the Contract will continue but all other rights and benefits under the Contract, including death benefits, will terminate and additional Payments will not be accepted. The Rider Fee will not be deducted during the Rider's Settlement Phase.

The Rider will enter its Settlement Phase if the Contract Value reduces to zero, Withdrawals during the Contract Year do not exceed the LIA, but the Benefit Base is still greater than zero. You will automatically receive settlement payments each Contract Year equal to the LIA during the life of the Covered Person. If the Settlement Phase is entered prior to the Lifetime Income Date, then settlement payments will begin on or after the Lifetime Income Date.

The settlement payments will be paid no less frequently than annually.

If the Covered Person dies during the Settlement Phase, then this Rider terminates and no additional settlement payments will be paid.

## **EFFECT OF PAYMENT OF DEATH BENEFIT**

If the Contract's Death Benefit is paid while this Rider is in effect, and if the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract, the following will determine whether this Rider continues or terminates:

- (a) If the deceased Owner (Annuitant if the Owner is not an individual) is the Covered Person, the Rider will terminate.
- (b) If the deceased Owner (Annuitant if the Owner is not an individual) is not the Covered Person and the Covered Person remains an Owner, Annuitant or Beneficiary, the Rider will continue. In such instance, if the LIA has not been determined prior to the payment of the Death Benefit, it will be determined on the first anniversary of the date the Death Benefit was determined after the Covered Person has reached the Lifetime Income Date, instead of the original Contract Anniversary Dates.

If the Rider continues, under b) above, the Rider Fee will continue (See the "Rider Fee" provision). If the Rider continues, the Benefit Base will automatically Step-Up if the Death Benefit on the date the Death Benefit was determined was greater than the Benefit Base on that date. (See the "Calculation of Benefit Base - Step-Up" provision.)

The Beneficiary is eligible for any remaining Credits and any Step-Ups. However, any such remaining Credits will be calculated and applied on future anniversaries of the date the Death Benefit was determined instead of the original Contract Anniversary Dates. Remaining eligible Step-Up Dates will also be measured beginning from the date the Death Benefit was determined. The latest Step-Up Date, shown in the Specifications above, as measured beginning from the Rider Date, is still applicable. When Withdrawals deplete the Contract Value to zero, if the Benefit Base is still greater than zero, then the Rider enters its Settlement Phase. (See the "Settlement Phase" provision above.)

## **RIDER FEE**

To compensate us for assuming risks associated with this Rider, we charge an annual Rider Fee. The Rider Fee is deducted on each Contract Anniversary. The Rider Fee is withdrawn from each Investment Option in the same proportion that the value of Investment Accounts of each Investment Option bears to the Contract Value. The amount of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the "Adjusted Benefit Base." The Adjusted Benefit Base is the Benefit Base that was available on the prior Contract Anniversary adjusted for subsequent Payments applied to the Benefit Base during the Contract Year prior to the current Contract Anniversary.

If a Withdrawal in excess of the LIA is taken on any date other than the Contract Anniversary and such Withdrawal reduces the Contract Value to zero, we will deduct a pro rata share of the Rider Fee from the amount otherwise payable. In the case of such a total Withdrawal, a pro rata share of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the Adjusted Benefit Base, defined above, and then multiplied by the number of days that have elapsed since the previous Contract Anniversary and divided by 365. For purposes of determining the Rider Fee, a total Withdrawal will be deemed to have been taken on the date the Death Benefit is determined and once an Annuity Option has been elected. The Rider Fee will not be deducted during the Rider's Settlement Phase. The Rider Fee will not be deducted after the Maturity Date if an Annuity Option has commenced.

If the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract and the Rider continues, for purposes of this "Rider Fee" provision, the anniversaries of the date the Death Benefit was determined will be considered to be the Contract Anniversaries.

The initial Rider Fee Percentage is shown in the Specifications above. We reserve the right to increase the Rider Fee Percentage on the effective date of each Step-Up. In such a situation, the Rider Fee Percentage will never exceed the Maximum Rider Fee Percentage, shown in the Specifications above.

## **INVESTMENT OPTIONS**

There are generally two types of Investment Options available under Contracts issued with this Rider: Portfolios and Models. The Portfolios and Models available under this Rider as of the Rider Date are shown on the Available Investment Options Page of the Contract's Specifications.

If you choose to allocate your Contract Value to the Portfolios, you may allocate to one or a combination of the Portfolios currently available subject to the percentage limitations indicated on the Available Investment Options Page. If you allocate to a Model, you must allocate your entire Contract Value to only one of the Models available. We will require periodic rebalancing of existing variable Investment Accounts to the required Model percentages. Rebalancing is done by re-allocating the Contract Value on a periodic basis to the percentages shown on the Contract's Specification Page.

The percentages you initially allocated to the Investment Options for the Portfolios and Models are shown on the Contract's Specifications Page. You may transfer between a Model and the Portfolios, or among the Portfolios, then available, on any date, subject to the percentage limitations indicated on the Available Investment Options Page.

We reserve the right to add or delete Models or Portfolios, subject to compliance with applicable law. We may limit certain Models or Portfolios for new Payments however previous allocations to such Models or Portfolios will be unaffected. We reserve the right to adjust the percentage limitations on Available Investment Options to provide more flexibility in allocating your Contract Value among Portfolios and Models then available. In no event will we adjust the percentage limitations to be more restrictive than the limitations indicated on your Available Investment Options Page.

Withdrawals will be taken on a pro-rata basis from the Investment Options in effect at the time of each withdrawal.

## **ALTERNATE ANNUITY OPTION**

If the oldest Annuitant is also the Covered Person, we offer the following Alternate Annuity Option on or after the later of the oldest Annuitant's 90<sup>th</sup> birthday or the 10<sup>th</sup> Contract Anniversary. We reserve the right to revise the availability of this option to comply with state laws and regulations or with federal Code or Treasury regulations.

**LIA with Cash Refund:** If you elect this option, we will make payments during the lifetime of the Annuitant. After the death of the Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any, or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**MISCELLANEOUS**

Changes in Contract Owner(s), Annuitant(s) or Beneficiary designations and Assignment of the Contract may result in loss of the benefits provided by this Rider. Except as modified by this Rider, the provisions of the Contract also apply to this Rider.

**TERMINATION**

This rider will terminate upon the earlier of:

- (a) the date a Death Benefit is payable and the Beneficiary takes the Death Benefit as a lump sum under the terms of the Contract; or
- (b) the date an Annuity Option commences; or
- (c) the date the Contract Value, the Benefit Base and the LIA all equal zero; or
- (d) the date there is no longer a Covered Person under this Rider; or
- (e) termination of the Contract.

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

[  ]

[Secretary]

## SPOUSAL GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDER

This Rider is effective on the Rider Date. Election of this Rider is irrevocable and may only be terminated as provided in the Termination provision below. Except where this Rider provides otherwise, it is a part of, and subject to, the other terms and conditions of the Contract to which it is attached. If this Rider is added to a previously issued Contract, it replaces and supercedes any other previously issued Guaranteed Minimum Withdrawal Benefit Rider to the Contract.

### SPECIFICATIONS

<b>ADDITIONAL PAYMENT LIMIT:</b>	[\$100,000]	
<b>CREDIT PERIOD:</b>	[[First] [10] Contract Years after the Rider Date.]	
<b>CREDIT PERCENTAGE:</b>	<u>Determined On</u> <u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	<u>Credit Percentage is</u> [4%]
	[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]
	[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]
<b>COVERED PERSONS:</b>	[John Doe] [Jane Doe]	
<b>LIFETIME INCOME DATE:</b>	[01/01/2025]	
<b>LIFETIME INCOME PERCENTAGE:</b>	Age at [first Withdrawal] [or] [at Step-Up] after <u>Lifetime Income Date</u>	<u>Percentage</u>
	[55 - 64]	[4%]
	[65 - 74]	[5%]
	[75 and over]	[6%]
<b>MAXIMUM BENEFIT BASE:</b>	[\$5,000,000]	
<b>MAXIMUM RIDER FEE PERCENTAGE:</b>	[1.20%]	
<b>RIDER DATE:</b>	[05/01/2009]	
<b>RIDER FEE PERCENTAGE:</b>	[1.00%]	

**STEP-UP DATE:**

Frequency  
[Every 3 years]

Beginning  
[on the [3rd]  
Contract  
Anniversary  
following the  
Rider Date.]

Ending  
[on the [9<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[Every year]

[on the [10<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[on the  
Contract  
Anniversary  
following the  
[oldest  
Owner's or  
Annuitant's]  
[95<sup>th</sup>]  
birthday.]

## **DEFINITIONS**

The following definitions are applicable to this Rider only:

### **BENEFIT BASE**

The Benefit Base is the total amount used for purposes of calculating future periodic withdrawals under this Rider. The Benefit Base cannot be withdrawn in a lump sum and will not exceed the Maximum Benefit Base shown in the Specifications above.

### **COVERED PERSONS**

The Covered Persons are named in the Specifications above. The Covered Persons must be spouses and Co-Owners of the Contract or one spouse must be the Owner (or Annuitant, if the Owner is a non-natural person) and the other spouse must be the sole primary Beneficiary. A spouse must qualify as a "spouse" under federal law in order to be a Covered Person. A Covered Person who is removed as Owner, Annuitant or Beneficiary of the Contract, will no longer be a Covered Person. An Owner, Annuitant or Beneficiary named after the Rider Date will not be a Covered Person under this Rider.

### **LIFETIME INCOME AMOUNT (LIA)**

The Lifetime Income Amount is the amount that is guaranteed to be available each Contract Year for withdrawal during the life of either Covered Person while this Rider is in effect. The LIA reduces to zero upon the death of the last Covered Person or upon a change in Owner, Beneficiary or Annuitant that removes the last Covered Person from the Contract as an Owner, Beneficiary or Annuitant.

### **LIFETIME INCOME DATE**

The Lifetime Income Date is the earliest date on which the initial LIA is calculated. This date is shown in the Specifications above.

### **WITHDRAWALS**

The amount withdrawn, including any applicable Withdrawal Charges.

## **GUARANTEED MINIMUM WITHDRAWAL BENEFIT**

This benefit guarantees that each Contract Year during the life of either Covered Person after the Lifetime Income Date, you may take Withdrawals up to an amount equal to the LIA, even if your Contract Value reduces to zero. The LIA is described below in the "Calculation of Lifetime Income Amount (LIA)" provision.

## **EFFECT OF THIS BENEFIT ON CONTRACT**

All Withdrawals under this Rider will reduce your Contract Value on a dollar-for-dollar basis. The Death Benefit provided by the Contract is also reduced by Withdrawals under this Rider. Withdrawals will reduce the Death Benefit as described in the Contract or any applicable Death Benefit rider.

## **ADDITIONAL PAYMENT LIMITS**

The following limits on Additional Payments are in addition to any Payment limitations described in your Contract.

No Additional Payment will be accepted without our prior approval on or after the first Contract Anniversary following the Rider Date that either:

- (a) exceeds the Additional Payment Limit, shown in the Specifications above or
- (b) causes the total of all Additional Payments received since the first Contract Anniversary following the Rider Date to exceed such Additional Payment Limit.

Notwithstanding the above, we reserve the right to refuse to accept Additional Payments at any time after the first Contract Anniversary following the Rider Date.

## **CALCULATION OF BENEFIT BASE**

If this Rider is issued on the Contract Date, the initial Benefit Base equals the amount of your initial Payment(s) to the Contract.

If you add this Rider after the Contract Date but prior to the first Contract Anniversary, then we will calculate the Benefit Base as if this Rider had been issued on the Contract Date.

If you add this Rider on or after the first Contract Anniversary then the initial Benefit Base equals the Contract Value on the Rider Date.

The Benefit Base may increase as a result of Additional Payments, Credits, or Step-Ups and may decrease as a result of Withdrawals as described below. In no event will the Benefit Base exceed the Maximum Benefit Base shown in the Specifications above.

### **Additional Payments**

Each time an Additional Payment is received prior to the Lifetime Income Date, the Benefit Base will increase by the amount of that Additional Payment. After the Lifetime Income Date, an increase to the Benefit Base due to an Additional Payment is determined as follows:

- (a) If there have been no Additional Payments, Step-Ups or decreases in Benefit Base since the Lifetime Income Date, then all Withdrawals since the Lifetime Income Date will be deducted from the Additional Payment. Any Additional Payment remaining after that deduction will be applied to the Benefit Base.

- (b) If the Benefit Base has been adjusted due to Additional Payments, Step-Ups or Withdrawals, then the current Additional Payment will be reduced by Withdrawals less the amount of Additional Payments that have not adjusted the Benefit Base. The Withdrawals and Additional Payments that have not adjusted the Benefit Base are determined beginning with the most recent (i) increase in Benefit Base by an Additional Payment, or (ii) Step-Up, or (iii) decrease due to a Withdrawal. Any amount of the current Additional Payment remaining after the reduction will be applied to the Benefit Base.

### **Credit**

On each Contract Anniversary during the Credit Period, we will determine the Credit payable if no Withdrawals are taken during the Contract Year. The Credit is equal to the Credit Percentage for that Contract Anniversary as shown in the Specifications multiplied by:

- (a) total Payments applied to the Benefit Base, if this Rider is issued on the Contract Date, or  
(b) the initial Benefit Base, increased by the Payments applied to the Benefit Base (as described in the "Additional Payments" provision in this section) since the Rider Date, if this Rider is added after the Contract Date.

If however, the Benefit Base was previously Stepped-Up (as described below in the "Step-Up" provision) and/or decreased (as described below in the "Effect of Withdrawals" provisions), then the Credit will equal the Credit Percentage multiplied by the Benefit Base immediately after the latest Step-Up or decrease, increased by any Payments applied to the Benefit Base since such latest Step-Up or decrease.

If any Payments are applied to the Benefit Base during the Contract Year, the Credit will be increased by the Credit Percentage multiplied by the amount of the Payment applied to the Benefit Base.

If there are no Withdrawals during the Contract Year, the Credit will be added to the Benefit Base on the immediately-following Contract Anniversary.

### **Step-Up**

If the Contract Value on any Step-Up Date is greater than the Benefit Base on that date, the Benefit Base will automatically Step-Up to an amount equal to the Contract Value on that Step-Up Date. If the Rider Fee Percentage would increase as a result of a Step-Up as described below in the "Rider Fee" provision, you will receive advance notice of the increase in the Rider Fee Percentage and be given the opportunity to decline the automatic Step-Up. If we increase the fee and you decline an automatic Step-Up, the fee will not increase and you will have the option to elect to Step-Up within 30 days following any subsequent Step-Up Date. This election will resume automatic Step-Ups at the then current fee.

### **Effect of Withdrawals Prior to the Lifetime Income Date**

Any Withdrawals prior to the Lifetime Income Date will decrease the Benefit Base in the same proportion as the amount of Withdrawal divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, the Benefit Base will decrease by the amount of the Withdrawal when the Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program provided by us.

### **Effect of Withdrawals On or After the Lifetime Income Date**

Any Withdrawals on or after the Lifetime Income Date, will not reduce the Benefit Base if total Withdrawals during a Contract Year are less than or equal to the LIA. If a Withdrawal causes total Withdrawals during a Contract Year to exceed the LIA or if total Withdrawals during a Contract Year

already exceeded the LIA, then the Benefit Base will decrease in the same proportion as the amount of the Withdrawal in excess of the LIA divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, a decrease of the Benefit Base will not result when all Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program, provided by us, even if such Life Expectancy Distributions exceed the LIA for the Contract Year. (See the "Life Expectancy Distributions" provision.)

### **CALCULATION OF LIFETIME INCOME AMOUNT (LIA)**

The initial LIA is equal to the applicable Lifetime Income Percentage multiplied by the Benefit Base on the later of: (a) the Rider Date or (b) the Lifetime Income Date (see "Calculation of Benefit Base" provision above). The LIA will not be determined before the Lifetime Income Date.

Each time the Benefit Base is changed after the Lifetime Income Date, then the new LIA will equal the Lifetime Income Percentage multiplied by the new Benefit Base.

### **LIFE EXPECTANCY DISTRIBUTIONS**

For purposes of this Rider, Life Expectancy Distributions are distributions within a calendar year that:

- (a) are part of a series of substantially equal periodic payments over the Owner's Life Expectancy (or, if applicable, the joint Life Expectancy of the Owner and the Owner's spouse); and
- (b) are paid to the Owner:
  - (i) pursuant to Internal Revenue Code ("Code") Section 72(q)(2)(D) upon the request of the Owner ("Pre-59 1/2 Distributions"); or
  - (ii) pursuant to Code Section 72(s)(2) upon the request of the Owner ("Non-Qualified Death Benefit Stretch Distributions").

For purposes of this "Life Expectancy Distributions" provision, references to Owner also include the Beneficiary, as applicable.

We reserve the right to make any changes necessary to comply with the Code and Treasury Regulations.

### **SETTLEMENT PHASE**

When the Rider enters its Settlement Phase, the Contract will continue but all other rights and benefits under the Contract, including death benefits, will terminate and additional Payments will not be accepted. The Rider Fee will not be deducted during the Rider's Settlement Phase.

The Rider will enter its Settlement Phase if the Contract Value reduces to zero, Withdrawals during the Contract Year do not exceed the LIA but the Benefit Base is still greater than zero. You will automatically receive settlement payments each Contract Year equal to the LIA during the life of either Covered Person. If the Settlement Phase is entered prior to the Lifetime Income Date, then settlement payments will begin on or after the Lifetime Income Date.

The settlement payments will be paid no less frequently than annually.

If the last Covered Person dies during the Settlement Phase, then this Rider terminates and no additional settlement payments will be paid.

## **EFFECT OF PAYMENT OF DEATH BENEFIT**

If the last Covered Person dies while this Rider is in effect, this Rider terminates and no further benefits are paid under this Rider.

## **RIDER FEE**

To compensate us for assuming risks associated with this Rider, we charge an annual Rider Fee. The Rider Fee is deducted on each Contract Anniversary. The Rider Fee is withdrawn from each Investment Option in the same proportion that the value of Investment Accounts of each Investment Option bears to the Contract Value. The amount of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the "Adjusted Benefit Base." The Adjusted Benefit Base is the Benefit Base that was available on the prior Contract Anniversary adjusted for subsequent Payments applied to the Benefit Base during the Contract Year prior to the current Contract Anniversary.

If a Withdrawal in excess of the LIA is taken on any date other than the Contract Anniversary and such Withdrawal reduces the Contract Value to zero, we will deduct a pro rata share of the Rider Fee from the amount otherwise payable. In the case of such a total Withdrawal, a pro rata share of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the Adjusted Benefit Base, defined above, and then multiplied by the number of days that have elapsed since the previous Contract Anniversary and divided by 365. For purposes of determining the Rider Fee, a total Withdrawal will be deemed to have been taken on the date the Death Benefit is determined and once an Annuity Option has been elected. The Rider Fee will not be deducted during the Rider's Settlement Phase. The Rider Fee will not be deducted after the Maturity Date if an Annuity Option has commenced.

If the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract and the Rider continues, the Rider Fee will continue.

The initial Rider Fee Percentage is shown in the Specifications above. We reserve the right to increase the Rider Fee Percentage on the effective date of each Step-Up. In such a situation, the Rider Fee Percentage will never exceed the Maximum Rider Fee Percentage, shown in the Specifications above.

## **INVESTMENT OPTIONS**

There are generally two types of Investment Options available under Contracts issued with this Rider: Portfolios and Models. The Portfolios and Models available under this Rider as of the Rider Date are shown on the Available Investment Options Page of the Contract's Specifications.

If you choose to allocate your Contract Value to the Portfolios, you may allocate to one or a combination of the Portfolios currently available subject to the percentage limitations indicated on the Available Investment Options Page. If you allocate to a Model, you must allocate your entire Contract Value to only one of the Models available. We will require periodic rebalancing of existing variable Investment Accounts to the required Model percentages. Rebalancing is done by re-allocating the Contract Value on a periodic basis to the percentages shown on the Contract's Specification Page.

The percentages you initially allocated to the Investment Options for the Portfolios and Models are shown on the Contract's Specifications Page. You may transfer between a Model and the Portfolios, or among the Portfolios, then available, on any date, subject to the percentage limitations indicated on the Available Investment Options Page.

We reserve the right to add or delete Models or Portfolios, subject to compliance with applicable law. We may limit certain Models or Portfolios for new Payments however previous allocations to such Models or Portfolios will be unaffected. We reserve the right to adjust the percentage limitations on Available Investment Options to provide more flexibility in allocating your Contract Value among Portfolios and Models then available. In no event will we adjust the percentage limitations to be more restrictive than the limitations indicated on your Available Investment Options Page.

Withdrawals will be taken on a pro-rata basis from the Investment Options in effect at the time of each withdrawal.

### **ALTERNATE ANNUITY OPTIONS**

If the oldest Annuitant is also the Covered Person, we offer the following Alternate Annuity Options on or after the later of the oldest Annuitant's 90<sup>th</sup> birthday or the 10<sup>th</sup> Contract Anniversary. We reserve the right to revise the availability of these options to comply with state laws and regulations or with federal Code or Treasury regulations.

**Joint LIA with Cash Refund:** This option is available if both Covered Persons remain under the Rider and they are the Annuitant and Co-Annuitant at election of this option. If you elect this option, we will make payments during the joint lifetime of the Annuitant and Co-Annuitant. Payments will then continue during the remaining lifetime of the survivor. After the death of the surviving Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any, or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Joint Life Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**LIA with Cash Refund:** This option is available if only one Covered Person remains under the Rider and the Covered Person is the Annuitant. If you elect this option, we will make payments during the lifetime of the Annuitant. After the death of the Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any, or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

### **MISCELLANEOUS**

Changes in Contract Owner(s), Annuitant(s) or Beneficiary designations and Assignment of the Contract may result in loss of the benefits provided by this Rider. Except as modified by this Rider, the provisions of the Contract also apply to this Rider.

**TERMINATION**

This rider will terminate upon the earlier of:

- (a) the date of the first Covered Person's death and the Beneficiary takes the Death Benefit as a lump sum under the terms of the Contract; or
- (b) the date of the last Covered Person's death; or
- (c) the date an Annuity Option commences; or
- (d) the date the Contract Value, the Benefit Base and the LIA all equal zero; or
- (e) the date there is no longer a Covered Person under this Rider; or
- (f) termination of the Contract.

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

[  ]

[Secretary]

## SPOUSAL GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDER

This Rider is effective on the Rider Date. Election of this Rider is irrevocable and may only be terminated as provided in the Termination provision below. Except where this Rider provides otherwise, it is a part of, and subject to, the other terms and conditions of the Contract to which it is attached, including applicable Qualified Plan provisions added by Endorsement. If this Rider is added to a previously issued Contract, it replaces and supercedes any other previously issued Guaranteed Minimum Withdrawal Benefit Rider to the Contract.

### SPECIFICATIONS

<b>ADDITIONAL PAYMENT LIMIT:</b>	[\$100,000]	
<b>CREDIT PERIOD:</b>	[[First] [10] Contract Years after the Rider Date.]	
<b>CREDIT PERCENTAGE:</b>	<u>Determined On</u> <u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	<u>Credit Percentage is</u> [4%]
	[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]
	[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]
<b>COVERED PERSONS:</b>	[John Doe] [Jane Doe]	
<b>LIFETIME INCOME DATE:</b>	[01/01/2025]	
<b>LIFETIME INCOME PERCENTAGE:</b>	Age at [first Withdrawal] [or] [at Step-Up] after <u>Lifetime Income Date</u>	<u>Percentage</u>
	[55 - 64]	[4%]
	[65 - 74]	[5%]
	[75 and over]	[6%]
<b>MAXIMUM ADDITIONAL PAYMENT AGE</b>	[On or after the oldest Owner's or Annuitant's (if the Owner is a non-natural person) attained age [81]]	
<b>MAXIMUM BENEFIT BASE:</b>	[\$5,000,000]	
<b>MAXIMUM RIDER FEE PERCENTAGE:</b>	[1.20%]	
<b>RIDER DATE:</b>	[05/01/2009]	
<b>RIDER FEE PERCENTAGE:</b>	[1.00%]	

**STEP-UP DATE:**

Frequency  
[Every 3 years]

Beginning  
[on the [3rd]  
Contract  
Anniversary  
following the  
Rider Date.]

Ending  
[on the [9<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[Every year]

[on the [10<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[on the  
Contract  
Anniversary  
following the  
[oldest  
Owner's or  
Annuitant's]  
[95<sup>th</sup>]  
birthday.]

## **DEFINITIONS**

The following definitions are applicable to this Rider only:

### **BENEFIT BASE**

The Benefit Base is the total amount used for purposes of calculating future periodic withdrawals under this Rider. The Benefit Base cannot be withdrawn in a lump sum and will not exceed the Maximum Benefit Base shown in the Specifications above.

### **COVERED PERSONS**

The Covered Persons are named in the Specifications above. The Covered Persons must be spouses and Co-Owners of the Contract or one spouse must be the Owner (or the Annuitant if the Owner is a non-natural person) and the other spouse must be the Beneficiary. A spouse must qualify as a "spouse" under federal law in order to be a Covered Person. A Covered Person who is removed as Owner, Annuitant or Beneficiary of the Contract, will no longer be a Covered Person. An Owner, Annuitant or Beneficiary named after the Rider Date will not be a Covered Person under this Rider.

### **LIFETIME INCOME AMOUNT (LIA)**

The Lifetime Income Amount is the amount that is guaranteed to be available each Contract Year for withdrawal during the life of either Covered Person while this Rider is in effect. The LIA reduces to zero upon the death of the last Covered Person or upon a change in Owner, Beneficiary or Annuitant that removes the last Covered Person from the Contract as an Owner, Beneficiary or Annuitant.

### **LIFETIME INCOME DATE**

The Lifetime Income Date is the earliest date on which the initial LIA is calculated. This date is shown in the Specifications above.

### **WITHDRAWALS**

The amount withdrawn, including any applicable Withdrawal Charges.

## **GUARANTEED MINIMUM WITHDRAWAL BENEFIT**

This benefit guarantees that each Contract Year during the life of either Covered Person after the Lifetime Income Date, you may take Withdrawals up to an amount equal to the LIA, even if your Contract Value reduces to zero. The LIA is described below in the "Calculation of Lifetime Income Amount (LIA)" provision.

## **EFFECT OF THIS BENEFIT ON CONTRACT**

All Withdrawals under this Rider will reduce your Contract Value on a dollar-for-dollar basis. The Death Benefit provided by the Contract is also reduced by Withdrawals under this Rider. Withdrawals will reduce the Death Benefit as described in the Contract or any applicable Death Benefit rider.

## **ADDITIONAL PAYMENT LIMITS**

The following limits on Additional Payments are in addition to any Payment limitations described in your Contract.

No Additional Payment will be accepted without our prior approval on or after the later of the first Contract Anniversary following the Rider Date or the Contract Anniversary after the oldest Owner's age 65 that either:

- (a) exceeds the Additional Payment Limit, shown in the Specifications above or
- (b) causes the total of all Additional Payments received since the first Contract Anniversary following the Rider Date to exceed such Additional Payment Limit.

In addition to the above restrictions, no Additional Payments will be accepted after the Maximum Additional Payment Age shown in the Specifications above. Notwithstanding the above, we reserve the right to refuse to accept Additional Payments at any time after the first Contract Anniversary following the Rider Date.

## **CALCULATION OF BENEFIT BASE**

If this Rider is issued on the Contract Date, the initial Benefit Base equals the amount of your initial Payment(s) to the Contract.

If you add this Rider after the Contract Date but prior to the first Contract Anniversary, then we will calculate the Benefit Base as if this Rider had been issued on the Contract Date.

If you add this Rider on or after the first Contract Anniversary then the initial Benefit Base equals the Contract Value on the Rider Date.

The Benefit Base may increase as a result of Additional Payments, Credits, or Step-Ups and may decrease as a result of Withdrawals as described below. In no event will the Benefit Base exceed the Maximum Benefit Base, shown in the Specifications above.

### **Additional Payments**

Each time an Additional Payment is received prior to the Lifetime Income Date, the Benefit Base will increase by the amount of that Additional Payment. After the Lifetime Income Date, an increase to the Benefit Base due to an Additional Payment is determined as follows:

- (a) If there have been no Additional Payments, Step-Ups or decreases in Benefit Base since the Lifetime Income Date, then all Withdrawals since the Lifetime Income Date will be deducted from the Additional Payment. Any Additional Payment remaining after that deduction will be applied to the Benefit Base.
- (b) If the Benefit Base has been adjusted due to Additional Payments, Step-Ups or Withdrawals, then the current Additional Payment will be reduced by Withdrawals less the amount of Additional Payments that have not adjusted the Benefit Base. The Withdrawals and Additional Payments that have not adjusted the Benefit Base are determined beginning with the most recent (i) increase in Benefit Base by an Additional Payment, or (ii) Step-Up, or (iii) decrease due to a Withdrawal. Any amount of the current Additional Payment remaining after the reduction will be applied to the Benefit Base.

**Credit**

On each Contract Anniversary during the Credit Period, we will determine the Credit payable if no Withdrawals are taken during the Contract Year. The Credit is equal to the Credit Percentage for that Contract Anniversary as shown in the Specifications multiplied by:

- (a) total Payments applied to the Benefit Base, if this Rider is issued on the Contract Date, or
- (b) the initial Benefit Base, increased by the Payments applied to the Benefit Base (as described in the "Additional Payments" provision in this section) since the Rider Date, if this Rider is added after the Contract Date.

If however, the Benefit Base was previously Stepped-Up (as described below in the "Step-Up" provision) and/or decreased (as described below in the "Effect of Withdrawals" provisions), then the Credit will equal the Credit Percentage multiplied by the Benefit Base immediately after the latest Step-Up or decrease, increased by any Payments applied to the Benefit Base since such latest Step-Up or decrease.

If any Payments are applied to the Benefit Base during the Contract Year, the Credit will be increased by the Credit Percentage multiplied by the amount of the Payment applied to the Benefit Base.

If there are no Withdrawals during the Contract Year, the Credit will be added to the Benefit Base on the immediately-following Contract Anniversary.

**Step-Up**

If the Contract Value on any Step-Up Date is greater than the Benefit Base on that date, the Benefit Base will automatically Step-Up to an amount equal to the Contract Value on that Step-Up Date. If the Rider Fee Percentage would increase as a result of a Step-Up as described below in the "Rider Fee" provision, you will receive advance notice of the increase in the Rider Fee Percentage and be given the opportunity to decline the automatic Step-Up. If we increase the fee and you decline an automatic Step-Up, the fee will not increase and you will have the option to elect to Step-Up within 30 days following any subsequent Step-Up Date. This election will resume automatic Step-Ups at the then current fee.

**Effect of Withdrawals Prior to the Lifetime Income Date**

Any Withdrawals prior to the Lifetime Income Date will decrease the Benefit Base in the same proportion as the amount of the Withdrawal divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, the Benefit Base will decrease by the amount of the Withdrawal when the Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program provided by us.

**Effect of Withdrawals On or After the Lifetime Income Date**

Any Withdrawals on or after the Lifetime Income Date, will not reduce the Benefit Base if total Withdrawals during a Contract Year are less than or equal to the LIA. If a Withdrawal causes total Withdrawals during a Contract Year to exceed the LIA or if total Withdrawals during a Contract Year already exceeded the LIA, then the Benefit Base will decrease in the same proportion as the amount of the Withdrawal in excess of the LIA divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, a decrease of the Benefit Base will not result when all Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program, provided by us, even if such Life Expectancy Distributions exceed the LIA for the Contract Year. (See the "Life Expectancy Distributions" provision.)

## **CALCULATION OF LIFETIME INCOME AMOUNT (LIA)**

The initial LIA is equal to the applicable Lifetime Income Percentage multiplied by the Benefit Base on the later of: (a) the Rider Date or (b) the Lifetime Income Date (see "Calculation of Benefit Base" provision above). The LIA will not be determined before the Lifetime Income Date.

Each time the Benefit Base is changed after the Lifetime Income Date, then the new LIA will equal the Lifetime Income Percentage multiplied by the new Benefit Base.

## **LIFE EXPECTANCY DISTRIBUTIONS**

For purposes of this Rider, Life Expectancy Distributions are distributions within a calendar year that:

- (a) are part of a series of substantially equal periodic payments over the Owner's Life Expectancy (or, if applicable, the joint Life Expectancy of the Owner and the Owner's spouse); and
- (b) are paid to the Owner:
  - (i) pursuant to Internal Revenue Code ("Code") Section 72(t)(2)(A)(iv) upon the request of the Owner ("Pre-59 1/2 Distributions"); or
  - (ii) as required or contemplated by Code Section 401(a)(9), Section 403(b)(10), Section 408(b)(3), or Section 408A(c), as the case may be ("Qualified Death Benefit Stretch Distributions" and "Required Minimum Distributions"); and
- (c) are the Contract's proportional share of all such distributions as determined by the Company and based on the Company's understanding of the Code.

For purposes of this "Life Expectancy Distributions" provision, references to Owner also include the Beneficiary, as applicable.

We reserve the right to make any changes necessary to comply with the Code and Treasury Regulations.

## **SETTLEMENT PHASE**

When the Rider enters its Settlement Phase, the Contract will continue but all other rights and benefits under the Contract, including death benefits, will terminate and additional Payments will not be accepted. The Rider Fee will not be deducted during the Rider's Settlement Phase.

The Rider will enter its Settlement Phase if the Contract Value reduces to zero, Withdrawals during the Contract Year do not exceed the LIA but the Benefit Base is still greater than zero. You will automatically receive settlement payments each Contract Year equal to the LIA during the life of either Covered Person. If the Settlement Phase is entered prior to the Lifetime Income Date, then settlement payments will begin on or after the Lifetime Income Date.

The settlement payments will be paid no less frequently than annually.

If the last Covered Person dies during the Settlement Phase, then this Rider terminates and no additional settlement payments will be paid.

## **EFFECT OF PAYMENT OF DEATH BENEFIT**

If the last Covered Person dies while this Rider is in effect, this Rider terminates and no further benefits are paid under this Rider.

## **RIDER FEE**

To compensate us for assuming risks associated with this Rider, we charge an annual Rider Fee. The Rider Fee is deducted on each Contract Anniversary. The Rider Fee is withdrawn from each Investment Option in the same proportion that the value of Investment Accounts of each Investment Option bears to the Contract Value. The amount of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the "Adjusted Benefit Base." The Adjusted Benefit Base is the Benefit Base that was available on the prior Contract Anniversary adjusted for subsequent Payments applied to the Benefit Base during the Contract Year prior to the current Contract Anniversary.

If a Withdrawal in excess of the LIA is taken on any date other than the Contract Anniversary and such Withdrawal reduces the Contract Value to zero, we will deduct a pro rata share of the Rider Fee from the amount otherwise payable. In the case of such a total Withdrawal, a pro rata share of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the Adjusted Benefit Base, defined above, and then multiplied by the number of days that have elapsed since the previous Contract Anniversary and divided by 365. For purposes of determining the Rider Fee, a total Withdrawal will be deemed to have been taken on the date the Death Benefit is determined and once an Annuity Option has been elected. The Rider Fee will not be deducted during the Rider's Settlement Phase. The Rider Fee will not be deducted after the Maturity Date if an Annuity Option has commenced.

If the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract and the Rider continues, the Rider Fee will continue.

The initial Rider Fee Percentage is shown in the Specifications above. We reserve the right to increase the Rider Fee Percentage on the effective date of each Step-Up. In such a situation, the Rider Fee Percentage will never exceed the Maximum Rider Fee Percentage, shown in the Specifications above.

## **INVESTMENT OPTIONS**

There are generally two types of Investment Options available under Contracts issued with this Rider: Portfolios and Models. The Portfolios and Models available under this Rider as of the Rider Date are shown on the Available Investment Options Page of the Contract's Specifications.

If you choose to allocate your Contract Value to the Portfolios, you may allocate to one or a combination of the Portfolios currently available subject to the percentage limitations indicated on the Available Investment Options Page. If you allocate to a Model, you must allocate your entire Contract Value to only one of the Models available. We will require periodic rebalancing of existing variable Investment Accounts to the required Model percentages. Rebalancing is done by re-allocating the Contract Value on a periodic basis to the percentages shown on the Contract's Specification Page.

The percentages you initially allocated to the Investment Options for the Portfolios and Models are shown on the Contract's Specifications Page. You may transfer between a Model and the Portfolios, or among the Portfolios, then available, on any date, subject to the percentage limitations indicated on the Available Investment Options Page.

We reserve the right to add or delete Models or Portfolios, subject to compliance with applicable law. We may limit certain Models or Portfolios for new Payments however previous allocations to such Models or Portfolios will be unaffected. We reserve the right to adjust the percentage limitations on Available Investment Options to provide more flexibility in allocating your Contract Value among

Portfolios and Models then available. In no event will we adjust the percentage limitations to be more restrictive than the limitations indicated on your Available Investment Options Page.

Withdrawals will be taken on a pro-rata basis from the Investment Options in effect at the time of each withdrawal.

### **ALTERNATE ANNUITY OPTIONS**

If the oldest Annuitant is also the Covered Person, we offer the following Alternate Annuity Options on or after the later of the oldest Annuitant's 90<sup>th</sup> birthday or the 10<sup>th</sup> Contract Anniversary. We reserve the right to revise the availability of these options to comply with state laws and regulations or with federal Code or Treasury regulations.

**Joint LIA with Cash Refund:** This option is available if both Covered Persons remain under the Rider and they are the Annuitant and Co-Annuitant at election of this option. If you elect this option, we will make payments during the joint lifetime of the Annuitant and Co-Annuitant. Payments will then continue during the remaining lifetime of the survivor. After the death of the surviving Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any, or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Joint Life Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**LIA with Cash Refund:** This option is available if only one Covered Person remains under the Rider and the Covered Person is the Annuitant. If you elect this option, we will make payments during the lifetime of the Annuitant. After the death of the Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any, or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

### **MISCELLANEOUS**

Changes in Contract Owner(s), Annuitant(s) or Beneficiary designations and Assignment of the Contract may result in loss of the benefits provided by this Rider. Except as modified by this Rider, the provisions of the Contract also apply to this Rider.

**TERMINATION**

This rider will terminate upon the earlier of:

- (a) the date of the first Covered Person's death and the Beneficiary takes the Death Benefit as a lump sum under the terms of the Contract; or
- (b) the date of the last Covered Person's death; or
- (c) the date an Annuity Option commences; or
- (d) the date the Contract Value, the Benefit Base and the LIA all equal zero; or
- (e) the date there is no longer a Covered Person under this Rider; or
- (f) termination of the Contract.

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

[  ]

[Secretary]

## GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDER

This Rider is effective on the Rider Date. Election of this Rider is irrevocable and may only be terminated as provided in the Termination provision below. Except where this Rider provides otherwise, it is a part of, and subject to, the other terms and conditions of the Contract to which it is attached. If this Rider is added to a previously issued Contract, it replaces and supercedes any other previously issued Guaranteed Minimum Withdrawal Benefit Rider to the Contract.

### SPECIFICATIONS

<b>ADDITIONAL PAYMENT LIMIT:</b>	[\$100,000]	
<b>CREDIT PERIOD:</b>	[[First] [10] Contract Years after the Rider Date.]	
<b>CREDIT PERCENTAGE:</b>	<u>Determined On</u> <u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	<u>Credit Percentage is</u> [4%]
	[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]
	[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]
<b>COVERED PERSON:</b>	[John Doe]	
<b>LIFETIME INCOME DATE:</b>	[01/01/2025]	
<b>LIFETIME INCOME PERCENTAGE:</b>	Age at [first Withdrawal] [or] [at Step-Up] after <u>Lifetime Income Date</u>	<u>Percentage</u>
	[55 - 64]	[4%]
	[65 - 74]	[5%]
	[75 and over]	[6%]
<b>MAXIMUM BENEFIT BASE:</b>	[\$5,000,000]	
<b>MAXIMUM RIDER FEE PERCENTAGE:</b>	[1.20%]	
<b>RIDER DATE:</b>	[05/01/2009]	
<b>RIDER FEE PERCENTAGE:</b>	[1.00%]	

**STEP-UP DATE:**

Frequency  
[Every 3 years]

Beginning  
[on the [3rd]  
Contract  
Anniversary  
following the  
Rider Date.]

Ending  
[on the [9<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[Every year]

[on the [10<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[on the  
Contract  
Anniversary  
following the  
[oldest  
Owner's or  
Annuitant's]  
[95<sup>th</sup>]  
birthday.]

## **DEFINITIONS**

The following definitions are applicable to this Rider only:

### **BENEFIT BASE**

The Benefit Base is the total amount used for purposes of calculating future periodic withdrawals under this Rider. The Benefit Base cannot be withdrawn in a lump sum and will not exceed the Maximum Benefit Base shown in the Specifications above.

### **COVERED PERSON**

The Covered Person is the person named in the Specifications whose life is used to determine the duration of the LIA payments. If the Covered Person named above is deceased or is no longer an Owner, Beneficiary or Annuitant of the Contract, there will no longer be a Covered Person under this Rider.

### **LIFETIME INCOME AMOUNT (LIA)**

The Lifetime Income Amount is the amount that is guaranteed to be available each Contract Year for withdrawal during the life of the Covered Person while this Rider is in effect. The LIA reduces to zero upon the death of the Covered Person or upon a change in Owner, Beneficiary or Annuitant that removes the Covered Person from the Contract as an Owner, Beneficiary or Annuitant.

### **LIFETIME INCOME DATE**

The Lifetime Income Date is the earliest date on which the initial LIA is calculated. This date is shown in the Specifications above.

### **WITHDRAWALS**

The amount withdrawn, including any applicable Withdrawal Charges.

## **GUARANTEED MINIMUM WITHDRAWAL BENEFIT**

This benefit guarantees that each Contract Year during the life of the Covered Person after the Lifetime Income Date, you may take Withdrawals up to an amount equal to the LIA, even if your Contract Value reduces to zero. The LIA is described below in the "Calculation of Lifetime Income Amount (LIA)" provision.

## **EFFECT OF THIS BENEFIT ON CONTRACT**

All Withdrawals under this Rider will reduce your Contract Value on a dollar-for-dollar basis. The Death Benefit provided by the Contract is also reduced by Withdrawals under this Rider. Withdrawals during a Contract Year prior to the Lifetime Income Date will reduce the Death Benefit on a pro-rata basis, which is the same proportion as the amount of the Withdrawal divided by the Contract Value prior to the Withdrawal. After the Lifetime Income Date, Withdrawals during a Contract Year that are less than or equal to the Lifetime Income Amount will reduce the Death Benefit on a dollar-for-dollar basis, while Withdrawals during the Contract Year that exceed the Lifetime Income Amount will reduce the Death

Benefit on a pro-rata basis, which is the same proportion as the amount of Withdrawal in excess of the Lifetime Income Amount divided by the Contract Value prior to the Withdrawal.

Notwithstanding the above, if you limit all Withdrawals during the Contract Year to the Life Expectancy Distributions elected under an automatic distribution program provided by us, the Withdrawals will reduce the Death Benefit on a dollar-for-dollar basis. (See the "Life Expectancy Distributions" provision.)

### **ADDITIONAL PAYMENT LIMITS**

The following limits on Additional Payments are in addition to any Payment limitations described in your Contract.

No Additional Payment will be accepted without our prior approval on or after the first Contract Anniversary following the Rider Date that either:

- (a) exceeds the Additional Payment Limit, shown in the Specifications above or
- (b) causes the total of all Additional Payments received since the first Contract Anniversary following the Rider Date to exceed such Additional Payment Limit.

Notwithstanding the above, we reserve the right to refuse to accept Additional Payments at any time after the first Contract Anniversary following the Rider Date.

### **CALCULATION OF BENEFIT BASE**

If this Rider is issued on the Contract Date, the initial Benefit Base equals the amount of your initial Payment(s) to the Contract.

If you add this Rider after the Contract Date but prior to the first Contract Anniversary, then we will calculate the Benefit Base as if this Rider had been issued on the Contract Date.

If you add this Rider on or after the first Contract Anniversary then the initial Benefit Base equals the Contract Value on the Rider Date.

The Benefit Base may increase as a result of Additional Payments, Credits, or Step-Ups and may decrease as a result of Withdrawals as described below. In no event will the Benefit Base exceed the Maximum Benefit Base shown in the Specifications above.

#### **Additional Payments**

Each time an Additional Payment is received prior to the Lifetime Income Date, the Benefit Base will increase by the amount of that Additional Payment. After the Lifetime Income Date, an increase to the Benefit Base due to an Additional Payment is determined as follows:

- (a) If there have been no Additional Payments, Step-Ups or decreases in Benefit Base since the Lifetime Income Date, then all Withdrawals since the Lifetime Income Date will be deducted from the Additional Payment. Any Additional Payment remaining after that deduction will be applied to the Benefit Base.
- (b) If the Benefit Base has been adjusted due to Additional Payments, Step-Ups or Withdrawals, then the current Additional Payment will be reduced by Withdrawals less the amount of Additional Payments that have not adjusted the Benefit Base. The Withdrawals and Additional Payments that have not adjusted the Benefit Base are determined beginning with the most recent (i) increase in Benefit Base by an Additional Payment, or (ii) Step-Up, or (iii) decrease

due to a Withdrawal. Any amount of the current Additional Payment remaining after the reduction will be applied to the Benefit Base.

### **Credit**

On each Contract Anniversary during the Credit Period, we will determine the Credit payable if no Withdrawals are taken during the Contract Year. The Credit is equal to the Credit Percentage for that Contract Anniversary as shown in the Specifications multiplied by:

- (a) total Payments applied to the Benefit Base, if this Rider is issued on the Contract Date, or
- (b) the initial Benefit Base, increased by the Payments applied to the Benefit Base (as described in the "Additional Payments" provision in this section) since the Rider Date, if this Rider is added after the Contract Date.

If however, the Benefit Base was previously Stepped-Up (as described below in the "Step-Up" provision) and/or decreased (as described below in the "Effect of Withdrawals" provisions), then the Credit will equal the Credit Percentage multiplied by the Benefit Base immediately after the latest Step-Up or decrease, increased by any Payments applied to the Benefit Base since such latest Step-Up or decrease.

If any Payments are applied to the Benefit Base during the Contract Year, the Credit will be increased by the Credit Percentage multiplied by the amount of the Payment applied to the Benefit Base.

If there are no Withdrawals during the Contract Year, the Credit will be added to the Benefit Base on the immediately-following Contract Anniversary.

### **Step-Up**

If the Contract Value on any Step-Up Date is greater than the Benefit Base on that date, the Benefit Base will automatically Step-Up to an amount equal to the Contract Value on that Step-Up Date. If the Rider Fee Percentage would increase as a result of a Step-Up as described below in the "Rider Fee" provision, you will receive advance notice of the increase in the Rider Fee Percentage and be given the opportunity to decline the automatic Step-Up. If we increase the fee and you decline an automatic Step-Up, the fee will not increase and you will have the option to elect to Step-Up within 30 days following any subsequent Step-Up Date. This election will resume automatic Step-Ups at the then current fee.

### **Effect of Withdrawals Prior to the Lifetime Income Date**

Any Withdrawals prior to the Lifetime Income Date, will decrease the Benefit Base in the same proportion as the amount of Withdrawal divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, the Benefit Base will decrease by the amount of the Withdrawal when the Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program provided by us.

### **Effect of Withdrawals On or After the Lifetime Income Date**

Any Withdrawals on or after the Lifetime Income Date, will not reduce the Benefit Base if total Withdrawals during a Contract Year are less than or equal to the LIA. If a Withdrawal causes total Withdrawals during a Contract Year to exceed the LIA or if total Withdrawals during a Contract Year already exceeded the LIA, then the Benefit Base will decrease in the same proportion as the amount of the Withdrawal in excess of the LIA divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, a decrease of the Benefit Base will not result when all Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic

distribution program, provided by us, even if such Life Expectancy Distributions exceed the LIA for the Contract Year. (See the “Life Expectancy Distributions” provision.)

### **CALCULATION OF LIFETIME INCOME AMOUNT (LIA)**

The initial LIA is equal to the applicable Lifetime Income Percentage multiplied by the Benefit Base on the later of: (a) the Rider Date or (b) the Lifetime Income Date (see “Calculation of Benefit Base” provision above). The LIA will not be determined before the Lifetime Income Date.

Each time the Benefit Base is changed after the Lifetime Income Date, then the new LIA will equal the Lifetime Income Percentage multiplied by the new Benefit Base.

### **LIFE EXPECTANCY DISTRIBUTIONS**

For purposes of this Rider, Life Expectancy Distributions are distributions within a calendar year that:

- (a) are part of a series of substantially equal periodic payments over the Owner's Life Expectancy (or, if applicable, the joint Life Expectancy of the Owner and the Owner's spouse); and
- (b) are paid to the Owner:
  - (i) pursuant to Internal Revenue Code (“Code”) Section 72(q)(2)(D) upon the request of the Owner (“Pre-59 1/2 Distributions”); or
  - (ii) pursuant to Code Section 72(s)(2) upon the request of the Owner (“Non-Qualified Death Benefit Stretch Distributions”).

For purposes of this “Life Expectancy Distributions” provision, references to Owner also include the Beneficiary, as applicable.

We reserve the right to make any changes necessary to comply with the Code and Treasury Regulations.

### **SETTLEMENT PHASE**

When the Rider enters its Settlement Phase, the Contract will continue but all other rights and benefits under the Contract, including death benefits, will terminate and additional Payments will not be accepted. The Rider Fee will not be deducted during the Rider’s Settlement Phase.

The Rider will enter its Settlement Phase if the Contract Value reduces to zero, Withdrawals during the Contract Year do not exceed the LIA but the Benefit Base is still greater than zero. You will automatically receive settlement payments each Contract Year equal to the LIA during the life of the Covered Person. If the Settlement Phase is entered prior to the Lifetime Income Date, then settlement payments will begin on or after the Lifetime Income Date.

The settlement payments will be paid no less frequently than annually.

If the Covered Person dies during the Settlement Phase, then this Rider terminates and no additional settlement payments will be paid.

### **EFFECT OF PAYMENT OF DEATH BENEFIT**

If the Contract’s Death Benefit is paid while this Rider is in effect, and if the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract, the following will determine whether this Rider continues or terminates:

- (a) If the deceased Owner (Annuitant if the Owner is not an individual) is the Covered Person, the Rider will terminate.
- (b) If the deceased Owner (Annuitant if the Owner is not an individual) is not the Covered Person and the Covered Person remains an Owner, Annuitant or Beneficiary, the Rider will continue. In such instance, if the LIA has not been determined prior to the payment of the Death Benefit, it will be determined on the first anniversary of the date the Death Benefit was determined after the Covered Person has reached the Lifetime Income Date, instead of the original Contract Anniversary Dates.

If the Rider continues, under b) above, the Rider Fee will continue (See the "Rider Fee" provision). If the Rider continues, the Benefit Base will automatically Step-Up if the Death Benefit on the date the Death Benefit was determined was greater than the Benefit Base on that date. (See the "Calculation of Benefit Base - Step-Up" provision.)

The Beneficiary is eligible for any remaining Credits and any Step-Ups. However, any such remaining Credits will be calculated and applied on future anniversaries of the date the Death Benefit was determined instead of the original Contract Anniversary Dates. Remaining eligible Step-Up Dates will also be measured beginning from the date the Death Benefit was determined. The latest Step-Up Date, shown in the Specifications above, as measured beginning from the Rider Date, is still applicable. When Withdrawals deplete the Contract Value to zero, if the Benefit Base is still greater than zero, then the Rider enters its Settlement Phase. (See the "Settlement Phase" provision above.)

### **RIDER FEE**

To compensate us for assuming risks associated with this Rider, we charge an annual Rider Fee. The Rider Fee is deducted on each Contract Anniversary. The Rider Fee is withdrawn from each Investment Option in the same proportion that the value of Investment Accounts of each Investment Option bears to the Contract Value. The amount of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the "Adjusted Benefit Base." The Adjusted Benefit Base is the Benefit Base that was available on the prior Contract Anniversary adjusted for subsequent Payments applied to the Benefit Base during the Contract Year prior to the current Contract Anniversary.

If a Withdrawal in excess of the LIA is taken on any date other than the Contract Anniversary and such Withdrawal reduces the Contract Value to zero, we will deduct a pro rata share of the Rider Fee from the amount otherwise payable. In the case of such a total Withdrawal, a pro rata share of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the Adjusted Benefit Base, defined above, and then multiplied by the number of days that have elapsed since the previous Contract Anniversary and divided by 365. For purposes of determining the Rider Fee, a total Withdrawal will be deemed to have been taken on the date the Death Benefit is determined and once an Annuity Option has been elected. The Rider Fee will not be deducted during the Rider's Settlement Phase. The Rider Fee will not be deducted after the Maturity Date if an Annuity Option has commenced.

If the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract and the Rider continues, for purposes of this "Rider Fee" provision, the anniversaries of the date the Death Benefit was determined will be considered to be the Contract Anniversaries.

The initial Rider Fee Percentage is shown in the Specifications above. We reserve the right to increase the Rider Fee Percentage on the effective date of each Step-Up. In such a situation, the Rider Fee Percentage will never exceed the Maximum Rider Fee Percentage, shown in the Specifications above.

## **INVESTMENT OPTIONS**

There are generally two types of Investment Options available under Contracts issued with this Rider: Portfolios and Models. The Portfolios and Models available under this Rider as of the Rider Date are shown on the Available Investment Options Page of the Contract's Specifications.

If you choose to allocate your Contract Value to the Portfolios, you may allocate to one or a combination of the Portfolios currently available subject to the percentage limitations indicated on the Available Investment Options Page. If you allocate to a Model, you must allocate your entire Contract Value to only one of the Models available. We will require periodic rebalancing of existing variable Investment Accounts to the required Model percentages. Rebalancing is done by re-allocating the Contract Value on a periodic basis to the percentages shown on the Contract's Specification Page.

The percentages you initially allocated to the Investment Options for the Portfolios and Models are shown on the Contract's Specifications Page. You may transfer between a Model and the Portfolios, or among the Portfolios, then available, on any date, subject to the percentage limitations indicated on the Available Investment Options Page.

We reserve the right to add or delete Models or Portfolios, subject to compliance with applicable law. We may limit certain Models or Portfolios for new Payments however previous allocations to such Models or Portfolios will be unaffected. We reserve the right to adjust the percentage limitations on Available Investment Options to provide more flexibility in allocating your Contract Value among Portfolios and Models then available. In no event will we adjust the percentage limitations to be more restrictive than the limitations indicated on your Available Investment Options Page.

Withdrawals will be taken on a pro-rata basis from the Investment Options in effect at the time of each withdrawal.

## **ALTERNATE ANNUITY OPTION**

If the oldest Annuitant is also the Covered Person, we offer the following Alternate Annuity Option on or after the later of the oldest Annuitant's 90<sup>th</sup> birthday or the 10<sup>th</sup> Contract Anniversary. We reserve the right to revise the availability of this option to comply with state laws and regulations or with federal Code or Treasury regulations.

**LIA with Cash Refund:** If you elect this option, we will make payments during the lifetime of the Annuitant. After the death of the Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any,  
or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**MISCELLANEOUS**

Changes in Contract Owner(s), Annuitant(s) or Beneficiary designations and Assignment of the Contract may result in loss of the benefits provided by this Rider. Except as modified by this Rider, the provisions of the Contract also apply to this Rider.

**TERMINATION**

This rider will terminate upon the earlier of:

- (a) the date a Death Benefit is payable and the Beneficiary takes the Death Benefit as a lump sum under the terms of the Contract; or
- (b) the date an Annuity Option commences; or
- (c) the date the Contract Value, the Benefit Base and the LIA all equal zero; or
- (d) the date there is no longer a Covered Person under this Rider; or
- (e) termination of the Contract.

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

[  ]

[Secretary]

## GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDER

This Rider is effective on the Rider Date. Election of this Rider is irrevocable and may only be terminated as provided in the Termination provision below. Except where this Rider provides otherwise, it is a part of, and subject to, the other terms and conditions of the Contract to which it is attached, including applicable Qualified Plan provisions added by Endorsement. If this Rider is added to a previously issued Contract, it replaces and supercedes any other previously issued Guaranteed Minimum Withdrawal Benefit Rider to the Contract.

### SPECIFICATIONS

<b>ADDITIONAL PAYMENT LIMIT:</b>	[\$100,000]								
<b>CREDIT PERIOD:</b>	[[First] [10] Contract Years after the Rider Date.]								
<b>CREDIT PERCENTAGE:</b>	<table><thead><tr><th><u>Determined On</u></th><th><u>Credit Percentage is</u></th></tr></thead><tbody><tr><td><u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]</td><td>[4%]</td></tr><tr><td>[During the [4<sup>th</sup>] through [6<sup>th</sup>] Contract Years after the Rider Date]</td><td>[5%]</td></tr><tr><td>[During the [7<sup>th</sup>] through [10<sup>th</sup>] Contract Years after the Rider Date]</td><td>[6%]</td></tr></tbody></table>	<u>Determined On</u>	<u>Credit Percentage is</u>	<u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	[4%]	[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]	[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]
<u>Determined On</u>	<u>Credit Percentage is</u>								
<u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	[4%]								
[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]								
[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]								
<b>COVERED PERSON:</b>	[John Doe]								
<b>LIFETIME INCOME DATE:</b>	[01/01/2025]								
<b>LIFETIME INCOME PERCENTAGE:</b>	<table><thead><tr><th><u>Age at [first Withdrawal] [or] [at Step-Up] after Lifetime Income Date</u></th><th><u>Percentage</u></th></tr></thead><tbody><tr><td>[55 - 64]</td><td>[4%]</td></tr><tr><td>[65 - 74]</td><td>[5%]</td></tr><tr><td>[75 and over]</td><td>[6%]</td></tr></tbody></table>	<u>Age at [first Withdrawal] [or] [at Step-Up] after Lifetime Income Date</u>	<u>Percentage</u>	[55 - 64]	[4%]	[65 - 74]	[5%]	[75 and over]	[6%]
<u>Age at [first Withdrawal] [or] [at Step-Up] after Lifetime Income Date</u>	<u>Percentage</u>								
[55 - 64]	[4%]								
[65 - 74]	[5%]								
[75 and over]	[6%]								
<b>MAXIMUM ADDITIONAL PAYMENT AGE:</b>	[On or after the Owner's (or oldest Joint Owner's) attained age [81]]								
<b>MAXIMUM BENEFIT BASE:</b>	[\$5,000,000]								
<b>MAXIMUM RIDER FEE PERCENTAGE:</b>	[1.20%]								
<b>RIDER DATE:</b>	[05/01/2009]								
<b>RIDER FEE PERCENTAGE:</b>	[1.00%]								

**STEP-UP DATE:**

Frequency  
[Every 3 years]

Beginning  
[on the [3rd]  
Contract  
Anniversary  
following the  
Rider Date.]

Ending  
[on the [9<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[Every year]

[on the [10<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[on the  
Contract  
Anniversary  
following the  
[oldest  
Owner's or  
Annuitant's]  
[95<sup>th</sup>]  
birthday.]

## **DEFINITIONS**

The following definitions are applicable to this Rider only:

### **BENEFIT BASE**

The Benefit Base is the total amount used for purposes of calculating future periodic withdrawals under this Rider. The Benefit Base cannot be withdrawn in a lump sum and will not exceed the Maximum Benefit Base shown in the Specifications above.

### **COVERED PERSON**

The Covered Person is the person named in the Specifications whose life is used to determine the duration of the LIA payments. If the Covered Person named above is deceased or is no longer an Owner, Beneficiary or Annuitant of the Contract, there will no longer be a Covered Person under this Rider.

### **LIFETIME INCOME AMOUNT (LIA)**

The Lifetime Income Amount is the amount that is guaranteed to be available each Contract Year for withdrawal during the life of the Covered Person while this Rider is in effect. The LIA reduces to zero upon the death of the Covered Person or upon a change in Owner, Beneficiary or Annuitant that removes the Covered Person from the Contract as an Owner, Beneficiary or Annuitant.

### **LIFETIME INCOME DATE**

The Lifetime Income Date is the earliest date on which the initial LIA is calculated. This date is shown in the Specifications above.

### **WITHDRAWALS**

The amount withdrawn, including any applicable Withdrawal Charges.

## **GUARANTEED MINIMUM WITHDRAWAL BENEFIT**

This benefit guarantees that each Contract Year during the life of the Covered Person after the Lifetime Income Date, you may take Withdrawals up to an amount equal to the LIA, even if your Contract Value reduces to zero. The LIA is described below in the "Calculation of Lifetime Income Amount (LIA)" provision.

## **EFFECT OF THIS BENEFIT ON CONTRACT**

All Withdrawals under this Rider will reduce your Contract Value on a dollar-for-dollar basis. The Death Benefit provided by the Contract is also reduced by Withdrawals under this Rider. Withdrawals during a Contract Year prior to the Lifetime Income Date will reduce the Death Benefit on a pro-rata basis, which is the same proportion as the amount of the Withdrawal divided by the Contract Value prior to the Withdrawal. After the Lifetime Income Date, Withdrawals during a Contract Year that are less than or equal to the Lifetime Income Amount will reduce the Death Benefit on a dollar-for-dollar basis, while Withdrawals during the Contract Year that exceed the Lifetime Income Amount will reduce the Death Benefit on a pro-rata basis, which is the same proportion as the amount of Withdrawal in excess of the Lifetime Income Amount divided by the Contract Value prior to the Withdrawal.

Notwithstanding the above, if you limit all Withdrawals during the Contract Year to the Life Expectancy Distributions elected under an automatic distribution program provided by us, the Withdrawals will reduce the Death Benefit on a dollar-for-dollar basis. (See the "Life Expectancy Distributions" provision.)

### **ADDITIONAL PAYMENT LIMITS**

The following limits on Additional Payments are in addition to any Payment limitations described in your Contract.

No Additional Payment will be accepted without our prior approval on or after the later of the first Contract Anniversary following the Rider Date or the Contract Anniversary after the oldest Owner's age 65 that either:

- (a) exceeds the Additional Payment Limit, shown in the Specifications above or
- (b) causes the total of all Additional Payments received since the first Contract Anniversary following the Rider Date to exceed such Additional Payment Limit.

In addition to the above restrictions, no Additional Payments will be accepted after the Maximum Additional Payment Age shown in the Specifications above. Notwithstanding the above, we reserve the right to refuse to accept Additional Payments at any time after the first Contract Anniversary following the Rider Date.

### **CALCULATION OF BENEFIT BASE**

If this Rider is issued on the Contract Date, the initial Benefit Base equals the amount of your initial Payment(s) to the Contract.

If you add this Rider after the Contract Date but prior to the first Contract Anniversary, then we will calculate the Benefit Base as if this Rider had been issued on the Contract Date.

If you add this Rider on or after the first Contract Anniversary then the initial Benefit Base equals the Contract Value on the Rider Date.

The Benefit Base may increase as a result of Additional Payments, Credits, or Step-Ups and may decrease as a result of Withdrawals as described below. In no event will the Benefit Base exceed the Maximum Benefit Base, shown in the Specifications above.

#### **Additional Payments**

Each time an Additional Payment is received prior to the Lifetime Income Date, the Benefit Base will increase by the amount of that Additional Payment. After the Lifetime Income Date, an increase to the Benefit Base due to an Additional Payment is determined as follows:

- (a) If there have been no Additional Payments, Step-Ups or decreases in Benefit Base since the Lifetime Income Date, then all Withdrawals since the Lifetime Income Date will be deducted from the Additional Payment. Any Additional Payment remaining after that deduction will be applied to the Benefit Base.
- (b) If the Benefit Base has been adjusted due to Additional Payments, Step-Ups or Withdrawals, then the current Additional Payment will be reduced by Withdrawals less the amount of Additional Payments that have not adjusted the Benefit Base. The Withdrawals and Additional Payments that have not adjusted the Benefit Base are determined beginning with the most recent (i) increase in Benefit Base by an Additional Payment, or (ii) Step-Up, or (iii)

decrease due to a Withdrawal. Any amount of the current Additional Payment remaining after the reduction will be applied to the Benefit Base.

### **Credit**

On each Contract Anniversary during the Credit Period, we will determine the Credit payable if no Withdrawals are taken during the Contract Year. The Credit is equal to the Credit Percentage for that Contract Anniversary as shown in the Specifications multiplied by:

- (a) total Payments applied to the Benefit Base, if this Rider is issued on the Contract Date, or
- (b) the initial Benefit Base, increased by the Payments applied to the Benefit Base (as described in the "Additional Payments" provision in this section) since the Rider Date, if this Rider is added after the Contract Date.

If however, the Benefit Base was previously Stepped-Up (as described below in the "Step-Up" provision) and/or decreased (as described below in the "Effect of Withdrawals" provisions), then the Credit will equal the Credit Percentage multiplied by the Benefit Base immediately after the latest Step-Up or decrease, increased by any Payments applied to the Benefit Base since such latest Step-Up or decrease.

If any Payments are applied to the Benefit Base during the Contract Year, the Credit will be increased by the Credit Percentage multiplied by the amount of the Payment applied to the Benefit Base.

If there are no Withdrawals during the Contract Year, the Credit will be added to the Benefit Base on the immediately-following Contract Anniversary.

### **Step-Up**

If the Contract Value on any Step-Up Date is greater than the Benefit Base on that date, the Benefit Base will automatically Step-Up to an amount equal to the Contract Value on that Step-Up Date. If the Rider Fee Percentage would increase as a result of a Step-Up as described below in the "Rider Fee" provision, you will receive advance notice of the increase in the Rider Fee Percentage and be given the opportunity to decline the automatic Step-Up. If we increase the fee and you decline an automatic Step-Up, the fee will not increase and you will have the option to elect to Step-Up within 30 days following any subsequent Step-Up Date. This election will resume automatic Step-Ups at the then current fee.

### **Effect of Withdrawals Prior to the Lifetime Income Date**

Any Withdrawals prior to the Lifetime Income Date will decrease the Benefit Base in the same proportion as the amount of the Withdrawal divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, the Benefit Base will decrease by the amount of the Withdrawal when the Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program provided by us.

### **Effect of Withdrawals On or After the Lifetime Income Date**

Any Withdrawals on or after the Lifetime Income Date, will not reduce the Benefit Base if total Withdrawals during a Contract Year are less than or equal to the LIA. If a Withdrawal causes total Withdrawals during a Contract Year to exceed the LIA or if total Withdrawals during a Contract Year already exceeded the LIA, then the Benefit Base will decrease in the same proportion as the amount of the Withdrawal in excess of the LIA divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, a decrease of the Benefit Base will not result when all Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic

distribution program, provided by us, even if such Life Expectancy Distributions exceed the LIA for the Contract Year. (See the “Life Expectancy Distributions” provision.)

### **CALCULATION OF LIFETIME INCOME AMOUNT (LIA)**

The initial LIA is equal to the applicable Lifetime Income Percentage multiplied by the Benefit Base on the later of: (a) the Rider Date or (b) the Lifetime Income Date (see “Calculation of Benefit Base” provision above). The LIA will not be determined before the Lifetime Income Date.

Each time the Benefit Base is changed after the Lifetime Income Date, then the new LIA will equal the Lifetime Income Percentage multiplied by the new Benefit Base.

### **LIFE EXPECTANCY DISTRIBUTIONS**

For purposes of this Rider, Life Expectancy Distributions are distributions within a calendar year that:

- (a) are part of a series of substantially equal periodic payments over the Owner's Life Expectancy (or, if applicable, the joint Life Expectancy of the Owner and the Owner's spouse); and
- (b) are paid to the Owner:
  - (i) pursuant to Internal Revenue Code (“Code”) Section 72(t)(2)(A)(iv) upon the request of the Owner (“Pre-59 1/2 Distributions”); or
  - (ii) as required or contemplated by Code Section 401(a)(9), Section 403(b)(10), Section 408(b)(3), or Section 408A(c), as the case may be (“Qualified Death Benefit Stretch Distributions” and “Required Minimum Distributions”); and
- (c) are the Contract’s proportional share of all such distributions as determined by the Company and based on the Company’s understanding of the Code.

For purposes of this “Life Expectancy Distributions” provision, references to Owner also include the Beneficiary, as applicable.

We reserve the right to make any changes necessary to comply with the Code and Treasury Regulations.

### **SETTLEMENT PHASE**

When the Rider enters its Settlement Phase, the Contract will continue but all other rights and benefits under the Contract, including death benefits, will terminate and additional Payments will not be accepted. The Rider Fee will not be deducted during the Rider’s Settlement Phase.

The Rider will enter its Settlement Phase if the Contract Value reduces to zero, Withdrawals during the Contract Year do not exceed the LIA, but the Benefit Base is still greater than zero. You will automatically receive settlement payments each Contract Year equal to the LIA during the life of the Covered Person. If the Settlement Phase is entered prior to the Lifetime Income Date, then settlement payments will begin on or after the Lifetime Income Date.

The settlement payments will be paid no less frequently than annually.

If the Covered Person dies during the Settlement Phase, then this Rider terminates and no additional settlement payments will be paid.

## **EFFECT OF PAYMENT OF DEATH BENEFIT**

If the Contract's Death Benefit is paid while this Rider is in effect, and if the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract, the following will determine whether this Rider continues or terminates:

- (a) If the deceased Owner (Annuitant if the Owner is not an individual) is the Covered Person, the Rider will terminate.
- (b) If the deceased Owner (Annuitant if the Owner is not an individual) is not the Covered Person and the Covered Person remains an Owner, Annuitant or Beneficiary, the Rider will continue. In such instance, if the LIA has not been determined prior to the payment of the Death Benefit, it will be determined on the first anniversary of the date the Death Benefit was determined after the Covered Person has reached the Lifetime Income Date, instead of the original Contract Anniversary Dates.

If the Rider continues, under b) above, the Rider Fee will continue (See the "Rider Fee" provision). If the Rider continues, the Benefit Base will automatically Step-Up if the Death Benefit on the date the Death Benefit was determined was greater than the Benefit Base on that date. (See the "Calculation of Benefit Base - Step-Up" provision.)

The Beneficiary is eligible for any remaining Credits and any Step-Ups. However, any such remaining Credits will be calculated and applied on future anniversaries of the date the Death Benefit was determined instead of the original Contract Anniversary Dates. Remaining eligible Step-Up Dates will also be measured beginning from the date the Death Benefit was determined. The latest Step-Up Date, shown in the Specifications above, as measured beginning from the Rider Date, is still applicable. When Withdrawals deplete the Contract Value to zero, if the Benefit Base is still greater than zero, then the Rider enters its Settlement Phase. (See the "Settlement Phase" provision above.)

## **RIDER FEE**

To compensate us for assuming risks associated with this Rider, we charge an annual Rider Fee. The Rider Fee is deducted on each Contract Anniversary. The Rider Fee is withdrawn from each Investment Option in the same proportion that the value of Investment Accounts of each Investment Option bears to the Contract Value. The amount of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the "Adjusted Benefit Base." The Adjusted Benefit Base is the Benefit Base that was available on the prior Contract Anniversary adjusted for subsequent Payments applied to the Benefit Base during the Contract Year prior to the current Contract Anniversary.

If a Withdrawal in excess of the LIA is taken on any date other than the Contract Anniversary and such Withdrawal reduces the Contract Value to zero, we will deduct a pro rata share of the Rider Fee from the amount otherwise payable. In the case of such a total Withdrawal, a pro rata share of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the Adjusted Benefit Base, defined above, and then multiplied by the number of days that have elapsed since the previous Contract Anniversary and divided by 365. For purposes of determining the Rider Fee, a total Withdrawal will be deemed to have been taken on the date the Death Benefit is determined and once an Annuity Option has been elected. The Rider Fee will not be deducted during the Rider's Settlement Phase. The Rider Fee will not be deducted after the Maturity Date if an Annuity Option has commenced.

If the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract and the Rider continues, for purposes of this "Rider Fee" provision, the anniversaries of the date the Death Benefit was determined will be considered to be the Contract Anniversaries.

The initial Rider Fee Percentage is shown in the Specifications above. We reserve the right to increase the Rider Fee Percentage on the effective date of each Step-Up. In such a situation, the Rider Fee Percentage will never exceed the Maximum Rider Fee Percentage, shown in the Specifications above.

## **INVESTMENT OPTIONS**

There are generally two types of Investment Options available under Contracts issued with this Rider: Portfolios and Models. The Portfolios and Models available under this Rider as of the Rider Date are shown on the Available Investment Options Page of the Contract's Specifications.

If you choose to allocate your Contract Value to the Portfolios, you may allocate to one or a combination of the Portfolios currently available subject to the percentage limitations indicated on the Available Investment Options Page. If you allocate to a Model, you must allocate your entire Contract Value to only one of the Models available. We will require periodic rebalancing of existing variable Investment Accounts to the required Model percentages. Rebalancing is done by re-allocating the Contract Value on a periodic basis to the percentages shown on the Contract's Specification Page.

The percentages you initially allocated to the Investment Options for the Portfolios and Models are shown on the Contract's Specifications Page. You may transfer between a Model and the Portfolios, or among the Portfolios, then available, on any date, subject to the percentage limitations indicated on the Available Investment Options Page.

We reserve the right to add or delete Models or Portfolios, subject to compliance with applicable law. We may limit certain Models or Portfolios for new Payments however previous allocations to such Models or Portfolios will be unaffected. We reserve the right to adjust the percentage limitations on Available Investment Options to provide more flexibility in allocating your Contract Value among Portfolios and Models then available. In no event will we adjust the percentage limitations to be more restrictive than the limitations indicated on your Available Investment Options Page.

Withdrawals will be taken on a pro-rata basis from the Investment Options in effect at the time of each withdrawal.

## **ALTERNATE ANNUITY OPTION**

If the oldest Annuitant is also the Covered Person, we offer the following Alternate Annuity Option on or after the later of the oldest Annuitant's 90<sup>th</sup> birthday or the 10<sup>th</sup> Contract Anniversary. We reserve the right to revise the availability of this option to comply with state laws and regulations or with federal Code or Treasury regulations.

**LIA with Cash Refund:** If you elect this option, we will make payments during the lifetime of the Annuitant. After the death of the Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any, or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**MISCELLANEOUS**

Changes in Contract Owner(s), Annuitant(s) or Beneficiary designations and Assignment of the Contract may result in loss of the benefits provided by this Rider. Except as modified by this Rider, the provisions of the Contract also apply to this Rider.

**TERMINATION**

This rider will terminate upon the earlier of:

- (a) the date a Death Benefit is payable and the Beneficiary takes the Death Benefit as a lump sum under the terms of the Contract; or
- (b) the date an Annuity Option commences; or
- (c) the date the Contract Value, the Benefit Base and the LIA all equal zero; or
- (d) the date there is no longer a Covered Person under this Rider; or
- (e) termination of the Contract.

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

[  ]  
[Secretary]

## SPOUSAL GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDER

This Rider is effective on the Rider Date. Election of this Rider is irrevocable and may only be terminated as provided in the Termination provision below. Except where this Rider provides otherwise, it is a part of, and subject to, the other terms and conditions of the Contract to which it is attached. If this Rider is added to a previously issued Contract, it replaces and supercedes any other previously issued Guaranteed Minimum Withdrawal Benefit Rider to the Contract.

### SPECIFICATIONS

<b>ADDITIONAL PAYMENT LIMIT:</b>	[\$100,000]	
<b>CREDIT PERIOD:</b>	[[First] [10] Contract Years after the Rider Date.]	
<b>CREDIT PERCENTAGE:</b>	<u>Determined On</u> <u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	<u>Credit Percentage is</u> [4%]
	[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]
	[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]
<b>COVERED PERSONS:</b>	[John Doe] [Jane Doe]	
<b>LIFETIME INCOME DATE:</b>	[01/01/2025]	
<b>LIFETIME INCOME PERCENTAGE:</b>	Age at [first Withdrawal] [or] [at Step-Up] after <u>Lifetime Income Date</u>	<u>Percentage</u>
	[55 - 64]	[4%]
	[65 - 74]	[5%]
	[75 and over]	[6%]
<b>MAXIMUM BENEFIT BASE:</b>	[\$5,000,000]	
<b>MAXIMUM RIDER FEE PERCENTAGE:</b>	[1.20%]	
<b>RIDER DATE:</b>	[05/01/2009]	
<b>RIDER FEE PERCENTAGE:</b>	[1.00%]	

**STEP-UP DATE:**

Frequency  
[Every 3 years]

Beginning  
[on the [3rd]  
Contract  
Anniversary  
following the  
Rider Date.]

Ending  
[on the [9<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[Every year]

[on the [10<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[on the  
Contract  
Anniversary  
following the  
[oldest  
Owner's or  
Annuitant's]  
[95<sup>th</sup>]  
birthday.]

## **DEFINITIONS**

The following definitions are applicable to this Rider only:

### **BENEFIT BASE**

The Benefit Base is the total amount used for purposes of calculating future periodic withdrawals under this Rider. The Benefit Base cannot be withdrawn in a lump sum and will not exceed the Maximum Benefit Base shown in the Specifications above.

### **COVERED PERSONS**

The Covered Persons are named in the Specifications above. The Covered Persons must be spouses and Co-Owners of the Contract or one spouse must be the Owner (or Annuitant, if the Owner is a non-natural person) and the other spouse must be the sole primary Beneficiary. A spouse must qualify as a "spouse" under federal law in order to be a Covered Person. A Covered Person who is removed as Owner, Annuitant or Beneficiary of the Contract, will no longer be a Covered Person. An Owner, Annuitant or Beneficiary named after the Rider Date will not be a Covered Person under this Rider.

### **LIFETIME INCOME AMOUNT (LIA)**

The Lifetime Income Amount is the amount that is guaranteed to be available each Contract Year for withdrawal during the life of either Covered Person while this Rider is in effect. The LIA reduces to zero upon the death of the last Covered Person or upon a change in Owner, Beneficiary or Annuitant that removes the last Covered Person from the Contract as an Owner, Beneficiary or Annuitant.

### **LIFETIME INCOME DATE**

The Lifetime Income Date is the earliest date on which the initial LIA is calculated. This date is shown in the Specifications above.

### **WITHDRAWALS**

The amount withdrawn, including any applicable Withdrawal Charges.

## **GUARANTEED MINIMUM WITHDRAWAL BENEFIT**

This benefit guarantees that each Contract Year during the life of either Covered Person after the Lifetime Income Date, you may take Withdrawals up to an amount equal to the LIA, even if your Contract Value reduces to zero. The LIA is described below in the "Calculation of Lifetime Income Amount (LIA)" provision.

## **EFFECT OF THIS BENEFIT ON CONTRACT**

All Withdrawals under this Rider will reduce your Contract Value on a dollar-for-dollar basis. The Death Benefit provided by the Contract is also reduced by Withdrawals under this Rider. Withdrawals during a Contract Year prior to the Lifetime Income Date will reduce the Death Benefit on a pro-rata basis, which is the same proportion as the amount of the Withdrawal divided by the Contract Value prior to the Withdrawal. After the Lifetime Income Date, Withdrawals during a Contract Year that are less than or equal to the Lifetime Income Amount will reduce the Death Benefit on a dollar-for-dollar basis, while Withdrawals during the Contract Year that exceed the Lifetime Income Amount will reduce the Death Benefit on a pro-rata basis, which is the same proportion as the amount of Withdrawal in excess of the Lifetime Income Amount divided by the Contract Value prior to the Withdrawal.

Notwithstanding the above, if you limit all Withdrawals during the Contract Year to the Life Expectancy Distributions elected under an automatic distribution program provided by us, the Withdrawals will reduce the Death Benefit on a dollar-for-dollar basis. (See the "Life Expectancy Distributions" provision.)

## **ADDITIONAL PAYMENT LIMITS**

The following limits on Additional Payments are in addition to any Payment limitations described in your Contract.

No Additional Payment will be accepted without our prior approval on or after the first Contract Anniversary following the Rider Date that either:

- (a) exceeds the Additional Payment Limit, shown in the Specifications above or
- (b) causes the total of all Additional Payments received since the first Contract Anniversary following the Rider Date to exceed such Additional Payment Limit.

Notwithstanding the above, we reserve the right to refuse to accept Additional Payments at any time after the first Contract Anniversary following the Rider Date.

## **CALCULATION OF BENEFIT BASE**

If this Rider is issued on the Contract Date, the initial Benefit Base equals the amount of your initial Payment(s) to the Contract.

If you add this Rider after the Contract Date but prior to the first Contract Anniversary, then we will calculate the Benefit Base as if this Rider had been issued on the Contract Date.

If you add this Rider on or after the first Contract Anniversary then the initial Benefit Base equals the Contract Value on the Rider Date.

The Benefit Base may increase as a result of Additional Payments, Credits, or Step-Ups and may decrease as a result of Withdrawals as described below. In no event will the Benefit Base exceed the Maximum Benefit Base shown in the Specifications above.

### **Additional Payments**

Each time an Additional Payment is received prior to the Lifetime Income Date, the Benefit Base will increase by the amount of that Additional Payment. After the Lifetime Income Date, an increase to the Benefit Base due to an Additional Payment is determined as follows:

- (a) If there have been no Additional Payments, Step-Ups or decreases in Benefit Base since the Lifetime Income Date, then all Withdrawals since the Lifetime Income Date will be deducted from the Additional Payment. Any Additional Payment remaining after that deduction will be applied to the Benefit Base.
- (b) If the Benefit Base has been adjusted due to Additional Payments, Step-Ups or Withdrawals, then the current Additional Payment will be reduced by Withdrawals less the amount of Additional Payments that have not adjusted the Benefit Base. The Withdrawals and Additional Payments that have not adjusted the Benefit Base are determined beginning with the most recent (i) increase in Benefit Base by an Additional Payment, or (ii) Step-Up, or (iii) decrease due to a Withdrawal. Any amount of the current Additional Payment remaining after the reduction will be applied to the Benefit Base.

### **Credit**

On each Contract Anniversary during the Credit Period, we will determine the Credit payable if no Withdrawals are taken during the Contract Year. The Credit is equal to the Credit Percentage for that Contract Anniversary as shown in the Specifications multiplied by:

- (a) total Payments applied to the Benefit Base, if this Rider is issued on the Contract Date, or
- (b) the initial Benefit Base, increased by the Payments applied to the Benefit Base (as described in the "Additional Payments" provision in this section) since the Rider Date, if this Rider is added after the Contract Date.

If however, the Benefit Base was previously Stepped-Up (as described below in the "Step-Up" provision) and/or decreased (as described below in the "Effect of Withdrawals" provisions), then the Credit will equal the Credit Percentage multiplied by the Benefit Base immediately after the latest Step-Up or decrease, increased by any Payments applied to the Benefit Base since such latest Step-Up or decrease.

If any Payments are applied to the Benefit Base during the Contract Year, the Credit will be increased by the Credit Percentage multiplied by the amount of the Payment applied to the Benefit Base.

If there are no Withdrawals during the Contract Year, the Credit will be added to the Benefit Base on the immediately-following Contract Anniversary.

### **Step-Up**

If the Contract Value on any Step-Up Date is greater than the Benefit Base on that date, the Benefit Base will automatically Step-Up to an amount equal to the Contract Value on that Step-Up Date. If the Rider Fee Percentage would increase as a result of a Step-Up as described below in the "Rider Fee" provision, you will receive advance notice of the increase in the Rider Fee Percentage and be given the opportunity to decline the automatic Step-Up. If we increase the fee and you decline an automatic Step-Up, the fee will not increase and you will have the option to elect to Step-Up within 30 days following any subsequent Step-Up Date. This election will resume automatic Step-Ups at the then current fee.

### **Effect of Withdrawals Prior to the Lifetime Income Date**

Any Withdrawals prior to the Lifetime Income Date will decrease the Benefit Base in the same proportion as the amount of Withdrawal divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, the Benefit Base will decrease by the amount of the Withdrawal when the Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program provided by us.

**Effect of Withdrawals On or After the Lifetime Income Date**

Any Withdrawals on or after the Lifetime Income Date, will not reduce the Benefit Base if total Withdrawals during a Contract Year are less than or equal to the LIA. If a Withdrawal causes total Withdrawals during a Contract Year to exceed the LIA or if total Withdrawals during a Contract Year already exceeded the LIA, then the Benefit Base will decrease in the same proportion as the amount of the Withdrawal in excess of the LIA divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, a decrease of the Benefit Base will not result when all Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program, provided by us, even if such Life Expectancy Distributions exceed the LIA for the Contract Year. (See the “Life Expectancy Distributions” provision.)

**CALCULATION OF LIFETIME INCOME AMOUNT (LIA)**

The initial LIA is equal to the applicable Lifetime Income Percentage multiplied by the Benefit Base on the later of: (a) the Rider Date or (b) the Lifetime Income Date (see “Calculation of Benefit Base” provision above). The LIA will not be determined before the Lifetime Income Date.

Each time the Benefit Base is changed after the Lifetime Income Date, then the new LIA will equal the Lifetime Income Percentage multiplied by the new Benefit Base.

**LIFE EXPECTANCY DISTRIBUTIONS**

For purposes of this Rider, Life Expectancy Distributions are distributions within a calendar year that:

- (a) are part of a series of substantially equal periodic payments over the Owner's Life Expectancy (or, if applicable, the joint Life Expectancy of the Owner and the Owner's spouse); and
- (b) are paid to the Owner:
  - (i) pursuant to Internal Revenue Code (“Code”) Section 72(q)(2)(D) upon the request of the Owner (“Pre-59 1/2 Distributions”); or
  - (ii) pursuant to Code Section 72(s)(2) upon the request of the Owner ( “Non-Qualified Death Benefit Stretch Distributions”).

For purposes of this “Life Expectancy Distributions” provision, references to Owner also include the Beneficiary, as applicable.

We reserve the right to make any changes necessary to comply with the Code and Treasury Regulations.

**SETTLEMENT PHASE**

When the Rider enters its Settlement Phase, the Contract will continue but all other rights and benefits under the Contract, including death benefits, will terminate and additional Payments will not be accepted. The Rider Fee will not be deducted during the Rider’s Settlement Phase.

The Rider will enter its Settlement Phase if the Contract Value reduces to zero, Withdrawals during the Contract Year do not exceed the LIA but the Benefit Base is still greater than zero. You will automatically receive settlement payments each Contract Year equal to the LIA during the life of either

Covered Person. If the Settlement Phase is entered prior to the Lifetime Income Date, then settlement payments will begin on or after the Lifetime Income Date.

The settlement payments will be paid no less frequently than annually.

If the last Covered Person dies during the Settlement Phase, then this Rider terminates and no additional settlement payments will be paid.

### **EFFECT OF PAYMENT OF DEATH BENEFIT**

If the last Covered Person dies while this Rider is in effect, this Rider terminates and no further benefits are paid under this Rider.

### **RIDER FEE**

To compensate us for assuming risks associated with this Rider, we charge an annual Rider Fee. The Rider Fee is deducted on each Contract Anniversary. The Rider Fee is withdrawn from each Investment Option in the same proportion that the value of Investment Accounts of each Investment Option bears to the Contract Value. The amount of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the "Adjusted Benefit Base." The Adjusted Benefit Base is the Benefit Base that was available on the prior Contract Anniversary adjusted for subsequent Payments applied to the Benefit Base during the Contract Year prior to the current Contract Anniversary.

If a Withdrawal in excess of the LIA is taken on any date other than the Contract Anniversary and such Withdrawal reduces the Contract Value to zero, we will deduct a pro rata share of the Rider Fee from the amount otherwise payable. In the case of such a total Withdrawal, a pro rata share of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the Adjusted Benefit Base, defined above, and then multiplied by the number of days that have elapsed since the previous Contract Anniversary and divided by 365. For purposes of determining the Rider Fee, a total Withdrawal will be deemed to have been taken on the date the Death Benefit is determined and once an Annuity Option has been elected. The Rider Fee will not be deducted during the Rider's Settlement Phase. The Rider Fee will not be deducted after the Maturity Date if an Annuity Option has commenced.

If the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract and the Rider continues, the Rider Fee will continue.

The initial Rider Fee Percentage is shown in the Specifications above. We reserve the right to increase the Rider Fee Percentage on the effective date of each Step-Up. In such a situation, the Rider Fee Percentage will never exceed the Maximum Rider Fee Percentage, shown in the Specifications above.

### **INVESTMENT OPTIONS**

There are generally two types of Investment Options available under Contracts issued with this Rider: Portfolios and Models. The Portfolios and Models available under this Rider as of the Rider Date are shown on the Available Investment Options Page of the Contract's Specifications.

If you choose to allocate your Contract Value to the Portfolios, you may allocate to one or a combination of the Portfolios currently available subject to the percentage limitations indicated on the Available Investment Options Page. If you allocate to a Model, you must allocate your entire Contract Value to only one of the Models available. We will require periodic rebalancing of existing variable

Investment Accounts to the required Model percentages. Rebalancing is done by re-allocating the Contract Value on a periodic basis to the percentages shown on the Contract's Specification Page.

The percentages you initially allocated to the Investment Options for the Portfolios and Models are shown on the Contract's Specifications Page. You may transfer between a Model and the Portfolios, or among the Portfolios, then available, on any date, subject to the percentage limitations indicated on the Available Investment Options Page.

We reserve the right to add or delete Models or Portfolios, subject to compliance with applicable law. We may limit certain Models or Portfolios for new Payments however previous allocations to such Models or Portfolios will be unaffected. We reserve the right to adjust the percentage limitations on Available Investment Options to provide more flexibility in allocating your Contract Value among Portfolios and Models then available. In no event will we adjust the percentage limitations to be more restrictive than the limitations indicated on your Available Investment Options Page.

Withdrawals will be taken on a pro-rata basis from the Investment Options in effect at the time of each withdrawal.

### **ALTERNATE ANNUITY OPTIONS**

If the oldest Annuitant is also the Covered Person, we offer the following Alternate Annuity Options on or after the later of the oldest Annuitant's 90<sup>th</sup> birthday or the 10<sup>th</sup> Contract Anniversary. We reserve the right to revise the availability of these options to comply with state laws and regulations or with federal Code or Treasury regulations.

**Joint LIA with Cash Refund:** This option is available if both Covered Persons remain under the Rider and they are the Annuitant and Co-Annuitant at election of this option. If you elect this option, we will make payments during the joint lifetime of the Annuitant and Co-Annuitant. Payments will then continue during the remaining lifetime of the survivor. After the death of the surviving Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any, or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Joint Life Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**LIA with Cash Refund:** This option is available if only one Covered Person remains under the Rider and the Covered Person is the Annuitant. If you elect this option, we will make payments during the lifetime of the Annuitant. After the death of the Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any, or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**MISCELLANEOUS**

Changes in Contract Owner(s), Annuitant(s) or Beneficiary designations and Assignment of the Contract may result in loss of the benefits provided by this Rider. Except as modified by this Rider, the provisions of the Contract also apply to this Rider.

**TERMINATION**

This rider will terminate upon the earlier of:

- (a) the date of the first Covered Person's death and the Beneficiary takes the Death Benefit as a lump sum under the terms of the Contract; or
- (b) the date of the last Covered Person's death; or
- (c) the date an Annuity Option commences; or
- (d) the date the Contract Value, the Benefit Base and the LIA all equal zero; or
- (e) the date there is no longer a Covered Person under this Rider; or
- (f) termination of the Contract.

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

[  ]

[Secretary]

## SPOUSAL GUARANTEED MINIMUM WITHDRAWAL BENEFIT RIDER

This Rider is effective on the Rider Date. Election of this Rider is irrevocable and may only be terminated as provided in the Termination provision below. Except where this Rider provides otherwise, it is a part of, and subject to, the other terms and conditions of the Contract to which it is attached, including applicable Qualified Plan provisions added by Endorsement. If this Rider is added to a previously issued Contract, it replaces and supercedes any other previously issued Guaranteed Minimum Withdrawal Benefit Rider to the Contract.

### SPECIFICATIONS

<b>ADDITIONAL PAYMENT LIMIT:</b>	[\$100,000]	
<b>CREDIT PERIOD:</b>	[[First] [10] Contract Years after the Rider Date.]	
<b>CREDIT PERCENTAGE:</b>	<u>Determined On</u> <u>Contract Anniversaries</u> [During the [first 3] Contract Year[s] after the Rider Date]	<u>Credit Percentage is</u> [4%]
	[During the [4 <sup>th</sup> ] through [6 <sup>th</sup> ] Contract Years after the Rider Date]	[5%]
	[During the [7 <sup>th</sup> ] through [10 <sup>th</sup> ] Contract Years after the Rider Date]	[6%]
<b>COVERED PERSONS:</b>	[John Doe] [Jane Doe]	
<b>LIFETIME INCOME DATE:</b>	[01/01/2025]	
<b>LIFETIME INCOME PERCENTAGE:</b>	Age at [first Withdrawal] [or] [at Step-Up] after <u>Lifetime Income Date</u>	<u>Percentage</u>
	[55 - 64]	[4%]
	[65 - 74]	[5%]
	[75 and over]	[6%]
<b>MAXIMUM ADDITIONAL PAYMENT AGE</b>	[On or after the oldest Owner's or Annuitant's (if the Owner is a non-natural person) attained age [81]]	
<b>MAXIMUM BENEFIT BASE:</b>	[\$5,000,000]	
<b>MAXIMUM RIDER FEE PERCENTAGE:</b>	[1.20%]	
<b>RIDER DATE:</b>	[05/01/2009]	
<b>RIDER FEE PERCENTAGE:</b>	[1.00%]	

**STEP-UP DATE:**

Frequency  
[Every 3 years]

Beginning  
[on the [3rd]  
Contract  
Anniversary  
following the  
Rider Date.]

Ending  
[on the [9<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[Every year]

[on the [10<sup>th</sup>]  
Contract  
Anniversary  
following the  
Rider Date.]

[on the  
Contract  
Anniversary  
following the  
[oldest  
Owner's or  
Annuitant's]  
[95<sup>th</sup>]  
birthday.]

## **DEFINITIONS**

The following definitions are applicable to this Rider only:

### **BENEFIT BASE**

The Benefit Base is the total amount used for purposes of calculating future periodic withdrawals under this Rider. The Benefit Base cannot be withdrawn in a lump sum and will not exceed the Maximum Benefit Base shown in the Specifications above.

### **COVERED PERSONS**

The Covered Persons are named in the Specifications above. The Covered Persons must be spouses and Co-Owners of the Contract or one spouse must be the Owner (or the Annuitant if the Owner is a non-natural person) and the other spouse must be the Beneficiary. A spouse must qualify as a "spouse" under federal law in order to be a Covered Person. A Covered Person who is removed as Owner, Annuitant or Beneficiary of the Contract, will no longer be a Covered Person. An Owner, Annuitant or Beneficiary named after the Rider Date will not be a Covered Person under this Rider.

### **LIFETIME INCOME AMOUNT (LIA)**

The Lifetime Income Amount is the amount that is guaranteed to be available each Contract Year for withdrawal during the life of either Covered Person while this Rider is in effect. The LIA reduces to zero upon the death of the last Covered Person or upon a change in Owner, Beneficiary or Annuitant that removes the last Covered Person from the Contract as an Owner, Beneficiary or Annuitant.

### **LIFETIME INCOME DATE**

The Lifetime Income Date is the earliest date on which the initial LIA is calculated. This date is shown in the Specifications above.

### **WITHDRAWALS**

The amount withdrawn, including any applicable Withdrawal Charges.

## **GUARANTEED MINIMUM WITHDRAWAL BENEFIT**

This benefit guarantees that each Contract Year during the life of either Covered Person after the Lifetime Income Date, you may take Withdrawals up to an amount equal to the LIA, even if your Contract Value reduces to zero. The LIA is described below in the "Calculation of Lifetime Income Amount (LIA)" provision.

## **EFFECT OF THIS BENEFIT ON CONTRACT**

All Withdrawals under this Rider will reduce your Contract Value on a dollar-for-dollar basis. The Death Benefit provided by the Contract is also reduced by Withdrawals under this Rider. Withdrawals during a Contract Year prior to the Lifetime Income Date will reduce the Death Benefit on a pro-rata basis, which is the same proportion as the amount of the Withdrawal divided by the Contract Value prior to the Withdrawal. After the Lifetime Income Date, Withdrawals during a Contract Year that are less than or equal to the Lifetime Income Amount will reduce the Death Benefit on a dollar-for-dollar basis, while

Withdrawals during the Contract Year that exceed the Lifetime Income Amount will reduce the Death Benefit on a pro-rata basis, which is the same proportion as the amount of Withdrawal in excess of the Lifetime Income Amount divided by the Contract Value prior to the Withdrawal.

Notwithstanding the above, if you limit all Withdrawals during the Contract Year to the Life Expectancy Distributions elected under an automatic distribution program provided by us, the Withdrawals will reduce the Death Benefit on a dollar-for-dollar basis. (See the "Life Expectancy Distributions" provision.)

### **ADDITIONAL PAYMENT LIMITS**

The following limits on Additional Payments are in addition to any Payment limitations described in your Contract.

No Additional Payment will be accepted without our prior approval on or after the later of the first Contract Anniversary following the Rider Date or the Contract Anniversary after the oldest Owner's age 65 that either:

- (a) exceeds the Additional Payment Limit, shown in the Specifications above or
- (b) causes the total of all Additional Payments received since the first Contract Anniversary following the Rider Date to exceed such Additional Payment Limit.

In addition to the above restrictions, no Additional Payments will be accepted after the Maximum Additional Payment Age shown in the Specifications above. Notwithstanding the above, we reserve the right to refuse to accept Additional Payments at any time after the first Contract Anniversary following the Rider Date.

### **CALCULATION OF BENEFIT BASE**

If this Rider is issued on the Contract Date, the initial Benefit Base equals the amount of your initial Payment(s) to the Contract.

If you add this Rider after the Contract Date but prior to the first Contract Anniversary, then we will calculate the Benefit Base as if this Rider had been issued on the Contract Date.

If you add this Rider on or after the first Contract Anniversary then the initial Benefit Base equals the Contract Value on the Rider Date.

The Benefit Base may increase as a result of Additional Payments, Credits, or Step-Ups and may decrease as a result of Withdrawals as described below. In no event will the Benefit Base exceed the Maximum Benefit Base, shown in the Specifications above.

### **Additional Payments**

Each time an Additional Payment is received prior to the Lifetime Income Date, the Benefit Base will increase by the amount of that Additional Payment. After the Lifetime Income Date, an increase to the Benefit Base due to an Additional Payment is determined as follows:

- (a) If there have been no Additional Payments, Step-Ups or decreases in Benefit Base since the Lifetime Income Date, then all Withdrawals since the Lifetime Income Date will be deducted from the Additional Payment. Any Additional Payment remaining after that deduction will be applied to the Benefit Base.
- (b) If the Benefit Base has been adjusted due to Additional Payments, Step-Ups or Withdrawals, then the current Additional Payment will be reduced by Withdrawals less the amount of

Additional Payments that have not adjusted the Benefit Base. The Withdrawals and Additional Payments that have not adjusted the Benefit Base are determined beginning with the most recent (i) increase in Benefit Base by an Additional Payment, or (ii) Step-Up, or (iii) decrease due to a Withdrawal. Any amount of the current Additional Payment remaining after the reduction will be applied to the Benefit Base.

### **Credit**

On each Contract Anniversary during the Credit Period, we will determine the Credit payable if no Withdrawals are taken during the Contract Year. The Credit is equal to the Credit Percentage for that Contract Anniversary as shown in the Specifications multiplied by:

- (a) total Payments applied to the Benefit Base, if this Rider is issued on the Contract Date, or
- (b) the initial Benefit Base, increased by the Payments applied to the Benefit Base (as described in the "Additional Payments" provision in this section) since the Rider Date, if this Rider is added after the Contract Date.

If however, the Benefit Base was previously Stepped-Up (as described below in the "Step-Up" provision) and/or decreased (as described below in the "Effect of Withdrawals" provisions), then the Credit will equal the Credit Percentage multiplied by the Benefit Base immediately after the latest Step-Up or decrease, increased by any Payments applied to the Benefit Base since such latest Step-Up or decrease.

If any Payments are applied to the Benefit Base during the Contract Year, the Credit will be increased by the Credit Percentage multiplied by the amount of the Payment applied to the Benefit Base.

If there are no Withdrawals during the Contract Year, the Credit will be added to the Benefit Base on the immediately-following Contract Anniversary.

### **Step-Up**

If the Contract Value on any Step-Up Date is greater than the Benefit Base on that date, the Benefit Base will automatically Step-Up to an amount equal to the Contract Value on that Step-Up Date. If the Rider Fee Percentage would increase as a result of a Step-Up as described below in the "Rider Fee" provision, you will receive advance notice of the increase in the Rider Fee Percentage and be given the opportunity to decline the automatic Step-Up. If we increase the fee and you decline an automatic Step-Up, the fee will not increase and you will have the option to elect to Step-Up within 30 days following any subsequent Step-Up Date. This election will resume automatic Step-Ups at the then current fee.

### **Effect of Withdrawals Prior to the Lifetime Income Date**

Any Withdrawals prior to the Lifetime Income Date will decrease the Benefit Base in the same proportion as the amount of the Withdrawal divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, the Benefit Base will decrease by the amount of the Withdrawal when the Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program provided by us.

### **Effect of Withdrawals On or After the Lifetime Income Date**

Any Withdrawals on or after the Lifetime Income Date, will not reduce the Benefit Base if total Withdrawals during a Contract Year are less than or equal to the LIA. If a Withdrawal causes total Withdrawals during a Contract Year to exceed the LIA or if total Withdrawals during a Contract Year already exceeded the LIA, then the Benefit Base will decrease in the same proportion as the amount of the Withdrawal in excess of the LIA divided by the Contract Value prior to the Withdrawal.

Notwithstanding the Withdrawal discussions above, a decrease of the Benefit Base will not result when all Withdrawals during the Contract Year are Life Expectancy Distributions elected under an automatic distribution program, provided by us, even if such Life Expectancy Distributions exceed the LIA for the Contract Year. (See the "Life Expectancy Distributions" provision.)

### **CALCULATION OF LIFETIME INCOME AMOUNT (LIA)**

The initial LIA is equal to the applicable Lifetime Income Percentage multiplied by the Benefit Base on the later of: (a) the Rider Date or (b) the Lifetime Income Date (see "Calculation of Benefit Base" provision above). The LIA will not be determined before the Lifetime Income Date.

Each time the Benefit Base is changed after the Lifetime Income Date, then the new LIA will equal the Lifetime Income Percentage multiplied by the new Benefit Base.

### **LIFE EXPECTANCY DISTRIBUTIONS**

For purposes of this Rider, Life Expectancy Distributions are distributions within a calendar year that:

- (a) are part of a series of substantially equal periodic payments over the Owner's Life Expectancy (or, if applicable, the joint Life Expectancy of the Owner and the Owner's spouse); and
- (b) are paid to the Owner:
  - (i) pursuant to Internal Revenue Code ("Code") Section 72(t)(2)(A)(iv) upon the request of the Owner ("Pre-59 1/2 Distributions"); or
  - (ii) as required or contemplated by Code Section 401(a)(9), Section 403(b)(10), Section 408(b)(3), or Section 408A(c), as the case may be ("Qualified Death Benefit Stretch Distributions" and "Required Minimum Distributions"); and
- (c) are the Contract's proportional share of all such distributions as determined by the Company and based on the Company's understanding of the Code.

For purposes of this "Life Expectancy Distributions" provision, references to Owner also include the Beneficiary, as applicable.

We reserve the right to make any changes necessary to comply with the Code and Treasury Regulations.

### **SETTLEMENT PHASE**

When the Rider enters its Settlement Phase, the Contract will continue but all other rights and benefits under the Contract, including death benefits, will terminate and additional Payments will not be accepted. The Rider Fee will not be deducted during the Rider's Settlement Phase.

The Rider will enter its Settlement Phase if the Contract Value reduces to zero, Withdrawals during the Contract Year do not exceed the LIA but the Benefit Base is still greater than zero. You will automatically receive settlement payments each Contract Year equal to the LIA during the life of either Covered Person. If the Settlement Phase is entered prior to the Lifetime Income Date, then settlement payments will begin on or after the Lifetime Income Date.

The settlement payments will be paid no less frequently than annually.

If the last Covered Person dies during the Settlement Phase, then this Rider terminates and no additional settlement payments will be paid.

## **EFFECT OF PAYMENT OF DEATH BENEFIT**

If the last Covered Person dies while this Rider is in effect, this Rider terminates and no further benefits are paid under this Rider.

## **RIDER FEE**

To compensate us for assuming risks associated with this Rider, we charge an annual Rider Fee. The Rider Fee is deducted on each Contract Anniversary. The Rider Fee is withdrawn from each Investment Option in the same proportion that the value of Investment Accounts of each Investment Option bears to the Contract Value. The amount of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the "Adjusted Benefit Base." The Adjusted Benefit Base is the Benefit Base that was available on the prior Contract Anniversary adjusted for subsequent Payments applied to the Benefit Base during the Contract Year prior to the current Contract Anniversary.

If a Withdrawal in excess of the LIA is taken on any date other than the Contract Anniversary and such Withdrawal reduces the Contract Value to zero, we will deduct a pro rata share of the Rider Fee from the amount otherwise payable. In the case of such a total Withdrawal, a pro rata share of the Rider Fee is equal to the Rider Fee Percentage, shown in the Specifications above, multiplied by the Adjusted Benefit Base, defined above, and then multiplied by the number of days that have elapsed since the previous Contract Anniversary and divided by 365. For purposes of determining the Rider Fee, a total Withdrawal will be deemed to have been taken on the date the Death Benefit is determined and once an Annuity Option has been elected. The Rider Fee will not be deducted during the Rider's Settlement Phase. The Rider Fee will not be deducted after the Maturity Date if an Annuity Option has commenced.

If the Beneficiary does not take the Death Benefit as a lump sum under the terms of the Contract and the Rider continues, the Rider Fee will continue.

The initial Rider Fee Percentage is shown in the Specifications above. We reserve the right to increase the Rider Fee Percentage on the effective date of each Step-Up. In such a situation, the Rider Fee Percentage will never exceed the Maximum Rider Fee Percentage, shown in the Specifications above.

## **INVESTMENT OPTIONS**

There are generally two types of Investment Options available under Contracts issued with this Rider: Portfolios and Models. The Portfolios and Models available under this Rider as of the Rider Date are shown on the Available Investment Options Page of the Contract's Specifications.

If you choose to allocate your Contract Value to the Portfolios, you may allocate to one or a combination of the Portfolios currently available subject to the percentage limitations indicated on the Available Investment Options Page. If you allocate to a Model, you must allocate your entire Contract Value to only one of the Models available. We will require periodic rebalancing of existing variable Investment Accounts to the required Model percentages. Rebalancing is done by re-allocating the Contract Value on a periodic basis to the percentages shown on the Contract's Specification Page.

The percentages you initially allocated to the Investment Options for the Portfolios and Models are shown on the Contract's Specifications Page. You may transfer between a Model and the Portfolios, or among the Portfolios, then available, on any date, subject to the percentage limitations indicated on the Available Investment Options Page.

We reserve the right to add or delete Models or Portfolios, subject to compliance with applicable law. We may limit certain Models or Portfolios for new Payments however previous allocations to such Models or Portfolios will be unaffected. We reserve the right to adjust the percentage limitations on Available Investment Options to provide more flexibility in allocating your Contract Value among Portfolios and Models then available. In no event will we adjust the percentage limitations to be more restrictive than the limitations indicated on your Available Investment Options Page.

Withdrawals will be taken on a pro-rata basis from the Investment Options in effect at the time of each withdrawal.

### **ALTERNATE ANNUITY OPTIONS**

If the oldest Annuitant is also the Covered Person, we offer the following Alternate Annuity Options on or after the later of the oldest Annuitant's 90<sup>th</sup> birthday or the 10<sup>th</sup> Contract Anniversary. We reserve the right to revise the availability of these options to comply with state laws and regulations or with federal Code or Treasury regulations.

**Joint LIA with Cash Refund:** This option is available if both Covered Persons remain under the Rider and they are the Annuitant and Co-Annuitant at election of this option. If you elect this option, we will make payments during the joint lifetime of the Annuitant and Co-Annuitant. Payments will then continue during the remaining lifetime of the survivor. After the death of the surviving Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any,  
or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Joint Life Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

**LIA with Cash Refund:** This option is available if only one Covered Person remains under the Rider and the Covered Person is the Annuitant. If you elect this option, we will make payments during the lifetime of the Annuitant. After the death of the Annuitant, we will pay the Beneficiary a lump sum amount equal to the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments made under this option.

The annual amount of the annuity payments will equal the greater of

- (a) the Lifetime Income Amount provided by this Guaranteed Minimum Withdrawal Benefit, if any,  
or
- (b) the annual amount determined by applying the Contract Value to a Cash Refund Annuity Option on the guaranteed basis provided under the Contract. The Cash Refund Amount is the excess, if any, of the Contract Value at the election of this option over the sum of the annuity payments.

### **MISCELLANEOUS**

Changes in Contract Owner(s), Annuitant(s) or Beneficiary designations and Assignment of the Contract may result in loss of the benefits provided by this Rider. Except as modified by this Rider, the provisions of the Contract also apply to this Rider.

**TERMINATION**

This rider will terminate upon the earlier of:

- (a) the date of the first Covered Person's death and the Beneficiary takes the Death Benefit as a lump sum under the terms of the Contract; or
- (b) the date of the last Covered Person's death; or
- (c) the date an Annuity Option commences; or
- (d) the date the Contract Value, the Benefit Base and the LIA all equal zero; or
- (e) the date there is no longer a Covered Person under this Rider; or
- (f) termination of the Contract.

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

[  ]

[Secretary]

SERFF Tracking Number: MALF-126058542 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 41855  
 Company Tracking Number: BR001NQ.09, ET AL  
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium  
 Variable and Variable  
 Product Name: GMWB Rider (May, 2009)  
 Project Name/Number: BR001NQ.09, et al/BR001NQ.09, et al

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR - Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
Applications are submitted for approval and attached to Form Schedule.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachments:</b>		
01 - Stmt of Variability (Riders).pdf		
02 - Stmt of Variability (Application).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> John Doe Applications		
<b>Comments:</b>		
<b>Attachments:</b>		
Natl Venture III (John Doe).pdf		
Natl Vantage (John Doe).pdf		
Natl Vision (John Doe).pdf		
Natl VenOpps A (John Doe).pdf		
Natl VenOpps B (John Doe).pdf		
NatlVenture (John Doe).pdf		

## ARKANSAS CERTIFICATION

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

**Form Number(s):** BR001NQ.09, BR001Q.09, BR002NQ.09, BR002Q.09, BR003NQ.09, BR003Q.09, BR004NQ.09, BR004Q.09, APPVEN0509, APPVENIII0509, APPVTG0509, APPVIS0509, APPVENOPPA05009, APPVENOPPB0509

Having carefully reviewed the above numbered form, we hereby certify, to the best of our knowledge, information and ability, that:

1. Said form conforms in all aspects to the provisions of Arkansas Rule and Regulation 19;
2. Said form conforms in all aspects to the provisions of Arkansas Rule and Regulation 49;
3. Said forms are exempt from ACA 23-80-206 (Flesch) due to the fact that such forms are securities, subject to federal regulations and must comply with requirements of the Securities and Exchange Commission.
4. Said form conforms in all aspects to the provisions of ACA 23-79-138 (Consumer Information Notice).
5. Said form contains no provision or provisions previously disapproved or called to our attention by the Insurance Department of Arkansas, except as follows: NONE



Kathryn Dowdell  
Director – Product Compliance

Signed at: Boston, Massachusetts

Date: 3/18/2009

# STATEMENT OF VARIABILITY

**Guaranteed Minimum Withdrawal Benefit Riders**  
**Forms BR001NQ.09 and BR001Q.09 (Single Life versions)**  
**Forms BR002NQ.09 and BR002Q.09 (Spousal versions)**  
**Forms BR003NQ.09 and BR003Q.09 (Single Life versions)**  
**Forms BR004NQ.09 and BR004Q.09 (Spousal versions)**

This document will define the range of variation of bracketed items in the Specifications section of the Riders. There are two types of variations: (1) those items that vary by Contract Owner and (2) those items that vary by class of Owner. Certain items are filed flexibly, as identified below, for variation by both (1) Contract Owner and/or (2) Class of Owner. In the future, if any changes are desired outside the ranges of variability included herein, we will submit a revised statement of variability on an informational basis.

## Variations by Contract Owner

The following items will vary Owner to Owner, depending upon the information provided by each Owner.

- **Covered Person(s)** – This data will vary based on the Owner or Annuitant (in the event the owner is a non-natural person) and, Spouse-Beneficiary information contained on the Application
- **Rider Date** – This date will vary depending on when the Rider is issued.
- **Lifetime Income Date** – This date will vary based on the age of the Covered Person(s). (See **Variations by Class of Owner**)

## Variations by Class of Owner

The following items may vary by Class of Owner. A class is defined as a group of owners with substantial commonality, such as date of issue, issue age or distribution channel. Multiple cost/benefit options may be available by Class of Owner. For example, we may offer three pricing options, ranging from a low fee/low benefit option, to a high fee/high benefit option, thus giving the client the choice of purchasing the level of protection desired at a price commensurate with the risk.

Class of Owner and the value of each variable item associated with each class are determined by the Company on a basis that is not unfairly discriminatory. Class is defined at issue of the Contract, so that these items will not change over the life of any given Contract. Range of variation is described on the following pages.

### **ADDITIONAL PAYMENT LIMIT**

This item may vary between the ranges \$1.00 to \$1,000,000 or substitute "None" on specifications Page if no Limit applies.

### **CREDIT PERIOD**

The Credit Period may be one of the following:

- the first **C** Contract Years after the Rider Date
- the first **C** Contract Years after the Rider Date or most recent Step-up.
- every **C**th Contract Years after the Rider Date
- every **C**th Contract Years after the Rider Date or most recent Step-up.
- the first **C** Contract Years after the Rider Date or most recent Step-up until **Y** credits have been paid.
- every **C**th Contract Year after the Rider Date or most recent Step-up until **Y** credits have been paid.

Where

**C** may be between 1 and 20

**Y** may be between 1 and 20

When **C** or **C**th =1, the 1 would not be included on the specifications page. Instead it would say respectively, "the first Contract Year" or "every Contract Year".

## STATEMENT OF VARIABILITY

The following text may be added to any of the Credit Period variations above:

but not later than the Contract Anniversary on or after **N**'s attained age **A**.

Where

**N** may be:

- oldest Owner's or Annuitant's
- youngest Owner's or Annuitant's
- oldest Covered Person's
- Youngest Covered Person's

**A** may be between 55 and 100

### CREDIT PERCENTAGE

The Credit Percentage may be either years-based or age-based.

#### Years Based:

- The Specifications in the submitted forms illustrate a multi-tiered schedule. The number of tiers may vary from 1 to 6. The Credit Percentage at any tier may range from 1% to 20%. The number of years may range from 1 to 30
- When the years-based schedule is a single tier, the determination date may be one of the following
  - During the first **Y** Contract Years after the Rider Date  
Where **Y** may be between 2 and 30
  - During every **YY**th Contract Year after the Rider Date up to and including the **X**th year  
where **YY** may be between 1 and 10  
where **X** may be up to 30

#### Age-Based:

There may be 1-5 age-based tiers. The Credit Percentage **P** at any tier may range from 1% to 10%. For example, a 3-tier schedule would appear as

Determined on Contract Anniversaries

On or prior to the **N**'s **A** birthday

Beginning on the **N**'s **A** birthday

On and After the **N**'s **A** birthday

Where Age **A** may be 55th – 99th birthday.

Where **N** may be:

- oldest Owner's or Annuitant's
- youngest Owner's or Annuitant's
- oldest Covered Person's
- youngest Covered Person's

Credit Percentage is

[**P**%]

[**P** %]

[**P** %]

### COVERED PERSON(S)

Covered Persons are the person(s) covered by this Rider. For the Spousal Riders: The owner (or annuitant, if the owner is a non-natural person) and the owner/annuitant's spouse. For the Single Life Riders: The owner (or annuitant if the owner is a non-natural person).

### LIFETIME INCOME DATE

The determination of the Lifetime Income Date may vary as follows:

- Single-Life Riders: The Contract Anniversary on or after the Covered Person's attained age **A**  
where **A** may vary between ages 50 - 75
- Spousal Riders:
  - The Contract Anniversary on or after the older Covered Person's attained age **A**
  - The Contract Anniversary on or after the younger Covered Person's attained age **A**.  
where **A** may vary between the ages 50 – 75.

## STATEMENT OF VARIABILITY

### LIFETIME INCOME PERCENTAGE

The Lifetime Income Percentage may be based on

- Age at first Withdrawal
- Age at Contract Anniversary before first Withdrawal
- Age at first Withdrawal or at Step-up
- Age at Contract Anniversary before first Withdrawal or at Step-up
- Age at Step-up

We may add the phrase "on or after the Lifetime Income Date" to any of the above variations.

The Lifetime Income Percentage at any age will range from 1% to 10%. The minimum age is 50; maximum 85.

### MAXIMUM ADDITIONAL PAYMENT AGE

*(This item applies only to Forms BR001Q.09, BR002Q.09, BR003Q.09, and BR004Q.09)*

The maximum attained age may vary between 60-100 based on the age of the Owner (or oldest joint Owner) or Annuitant (if the Owner is a non-natural person).

### MAXIMUM BENEFIT BASE

This item may vary between the ranges \$1,000,000 to \$20,000,000.

### MAXIMUM RIDER FEE PERCENTAGE

This item may vary between the ranges .10% to 1.50%.

### RIDER FEE PERCENTAGE

This item may vary between the ranges of .10% to 1.50%.

### STEP-UP DATE

**Frequency** may vary as follows:

- Every Year
- Every **X** years  
where **X** may vary between 2 and 10 years
- Semi-annual
- Quarterly
- Monthly
- Daily

The frequency may change after an initial period.

**Beginning** may vary as follows:

- on the Contract Anniversary following the Rider Date
- on the **Y**th Contract Anniversary following the Rider Date  
where **Y** may vary between 2 and 49 years
- on the Rider Date

In the event the Frequency changes after an initial period, any subsequent period will begin on the contract anniversary next following the Ending contract anniversary for the prior Frequency.

**Ending** may vary as follows:

- on the **YY** Contract Anniversary following the Rider Date  
where **YY** may vary between 2 and 50
- on the Contract Anniversary following the **N**'s **B**th birthday  
where  
**N** may be
  - oldest Owner's or Annuitant's
  - youngest Owner's or Annuitant's
  - oldest Covered Person's
  - Youngest Covered Person's

**B** may be between 60 and 95

- On the **YY** Contract Anniversary following the Rider Date but not beyond the anniversary on or after **N**'s **B**th birthday.

Where

## STATEMENT OF VARIABILITY

**YY** may vary between 2 and 50

**N** may be

- oldest Owner's or Annuitant's
- youngest Owner's or Annuitant's
- oldest Covered Person's
- youngest Covered Person's

**B** may be between 60th and 95th

**STATEMENT OF VARIABILITY  
APPLICATION FORMS  
APPVEN0509, APPVENIII0509, APPVTG0509, APPVIS0509, APPVENOPPA0509, APPVENOPPB0509**

This application is completed to reflect the personal data unique to each owner, as well as the owner's selections from the choices made available by the Company at the time of application based on Class of Owner.

Below is a description of the variable bracketing contained in this application.

**Variations – Company-Specific Data**

The following items may be revised by the Company as necessary should changes to this Company-specific data occur in the future.

- Company logo
- P.O. Box address for the Company
- Overnight mailing address for the Company
- Company toll-free telephone number
- Company web address

**Variations by Class of Owner**

The following items may vary by Class of Owner. A class is defined as a group of owners with substantial commonality, such as date of issue, distribution channel through which the plan is offered, or by amount of initial deposit. Multiple variations may be available concurrently. For instance, the Investment Allocation options may differ between Distribution Channel A and Distribution Channel B. Class is determined by the Company on a non-discriminatory basis.

- **Product** –may vary by distribution channel.
- **Revised Date** – This field will be updated when bracketed material is updated.
- **Contract Type/Source Funds** – Below are the Ownership Type and Plan Type variations currently available. We may add or delete types based on the Company's determination as to its target markets.
  - Ownership Type:
    - Individual
    - Trust
    - Corporation
    - Other
  - Plan Type:
    - Traditional IRA
    - Roth IRA
    - SEP IRA
    - SIMPLE IRA
    - Inherited/Beneficiary IRA
    - 403(b) Non-ERISA
    - Individual 401(k)
    - Other
- **Purchase Payment** - Minimum purchase payment may vary. Minimum \$2000; Maximum \$50,000.
- **E-mail Address**- See Sections 1 thru 3. Email address may or may not be included based on systems capabilities.
- **Death Benefit** –The current optional Death Benefit is the Annual Step-Up Death Benefit rider. We may add optional riders approved subsequently or delete an approved optional benefit that will no longer be offered.

**STATEMENT OF VARIABILITY  
APPLICATION FORMS**

**APPVEN0509, APPVENIII0509, APPVTG0509, APPVIS0509, APPVENOPPA0509, APPVENOPPB0509**

- **Optional Withdrawal Benefit** –The Optional Withdrawal Benefits currently available are listed below. We may add optional riders approved subsequently or delete an approved optional rider that will no longer be offered.
  - Income Plus for Life
    - Single Life
    - Joint Life
  - Principal Plus for Life (applicable to APPVEN0509, APPVENIII0509, APPVTG0509, and APPVIS0509)
  
- **Initial Investment Allocations** – The owner will choose the initial allocations from the investments we make available. We may add or delete investment options at any time, as permitted by applicable law.
  
- **Optional Dollar Cost Averaging Instructions** - We may add or delete DCA source funds as permitted by applicable law.
  
- **Notice for California owners/annuitants age 60 or older** – This may be revised as necessary to comply with future changes in California law.
  
- **State Disclosures** - The listing of exception states is bracketed to allow us to add or delete states that require a Fraud Warning notice that differs from the generic notice, based on individual state requirements. The state-specific notice area is also bracketed to allow for the addition or deletion of state-specific fraud warnings as state requirements change in the future.
  
- **Military Sales** – This may be revised as necessary to comply with future changes in state laws.
  
- **Agent Information** – B. Option – we may add or delete options at any time.



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

Application for Venture III®
Flexible Payment Deferred Annuity

Simplify your application process
See back page for the "Good Order Checklist"



John Hancock Life Insurance Company (U.S.A.)
P.O. Box 9505, Portsmouth, NH 03802-9505
Overnight mail 164 Corporate Drive, Portsmouth, NH 03801-6815
800-344-1029 www.jhannuities.com
Home Office: Bloomfield Hills, MI

Venture III

Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

1 Account Registration and Funding (complete A or B)

A. Nonqualified

Registration: [X] Individual [ ] Trust [ ] Corporation [ ] Other

Funding: Direct Payment \$ [ ] Check (Payable to John Hancock Life Insurance Company (U.S.A.))
Minimum \$10,000 (Payment must accompany application if selected) [ ] Wire (Please see sales kit or jhannuities.com for wire instructions)

Transfer/Exchange\* \$ [ ] 1035 Exchange [ ] Mutual Fund / CD / Other

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

B. Qualified

Registration: [ ] Traditional IRA (Tax year) [ ] Roth IRA (Tax year) [ ] SEP IRA [ ] SIMPLE IRA
[ ] Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.) [ ] Individual 401(k) [ ] Other

Funding: Direct Payment \$ [ ] Check (Payable to John Hancock Life Insurance Company (U.S.A.))
Minimum \$10,000 (Payment must accompany application if selected) [ ] Wire (Please see sales kit or jhannuities.com for wire instructions)

Transfer/Exchange\* \$ [ ] Direct Transfer [ ] Rollover

2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) Coolidge, Dough [ ] Male [X] Female [ ] Trust/Entity

Date of Birth (mm/dd/yyyy) 04/12/1962 Social Security/Tax Identification Number 333-33-3333 Email Address

Mailing Address Anytown, MA 02222 City, State, Zip

Residential Address (required if different from mailing or address is PO Box) Client Brokerage Account Number 111

Co-owner

Name (First, Middle, Last or Name of Trust/Entity) [ ] Male [ ] Female [ ] Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) [ ] Male [ ] Female [ ] Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) [ ] Male [ ] Female [ ] Trust/Entity

Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number Email Address

Mailing Address City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)



# Venture III® Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER** A. Guaranteed Living Benefits

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

**GUARANTEED LIVING BENEFITS** cannot be cancelled once elected. Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life-Joint Life\***
- Principal Plus for Life**

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

## B. Initial Investment Options for use with Guaranteed Living Benefits

### Variable Portfolios

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> % <b>MFC GIM</b> Core Allocation | _____ % <b>MFC GIM</b> Lifestyle Growth            |
| _____ % <b>MFC GIM</b> Core Fundamental Holdings                     | _____ % <b>MFC GIM</b> Lifestyle Moderate          |
| _____ % <b>MFC GIM</b> Core Diversification                          | _____ % <b>MFC GIM</b> Money Market                |
| _____ % <b>MFC GIM</b> Index Allocation                              | _____ % <b>MFC GIM</b> Core Balanced               |
| _____ % <b>MFC GIM</b> Lifestyle Balanced                            | _____ % <b>MFC GIM</b> Core Global Diversification |
| _____ % <b>MFC GIM</b> Lifestyle Conservative                        |  |

**REMEMBER:** Any combination of investment options within Section 7B must equal 100%.

### Dollar Cost Averaging (Section 7C must be completed if elected)

\_\_\_\_\_ % 6 Month Fund **OR** \_\_\_\_\_ % 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

## C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  \_\_\_\_\_ \* **Day of Month (1-28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund** (Selected in 7B)  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

### Destination Fund(s) and % to allocate

- |  |  |
|--|--|
| _____ % <b>MFC GIM</b> Core Allocation           | _____ % <b>MFC GIM</b> Lifestyle Growth            |
| _____ % <b>MFC GIM</b> Core Fundamental Holdings | _____ % <b>MFC GIM</b> Lifestyle Moderate          |
| _____ % <b>MFC GIM</b> Core Diversification      | _____ % <b>MFC GIM</b> Money Market                |
| _____ % <b>MFC GIM</b> Index Allocation          | _____ % <b>MFC GIM</b> Core Balanced               |
| _____ % <b>MFC GIM</b> Lifestyle Balanced        | _____ % <b>MFC GIM</b> Core Global Diversification |
| _____ % <b>MFC GIM</b> Lifestyle Conservative    |  |

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

8

Use this section if you **ARE NOT** electing an **Optional Living Benefit Rider**

**A. Initial Investment Options** (available when **NOT** electing an optional living benefit rider)

**Variable Portfolios**

- |   |  |
|---|--|
| <input type="checkbox"/> % American Funds American Asset Allocation           | <input type="checkbox"/> % MFC GIM <sup>1</sup> Mid Cap Index            |
| <input type="checkbox"/> % American Funds American Bond                       | <input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market             |
| <input type="checkbox"/> % MFC GIM Core Allocation                            | <input type="checkbox"/> % MFC GIM <sup>1</sup> Pacific Rim              |
| <input type="checkbox"/> % MFC GIM Core Diversification                       | <input type="checkbox"/> % MFC Global U.S. High Income                   |
| <input type="checkbox"/> % American Funds American Global Growth              | <input type="checkbox"/> % PIMCO Global Bond                             |
| <input type="checkbox"/> % American Funds American Global Small Cap           | <input type="checkbox"/> % PIMCO Total Return                            |
| <input type="checkbox"/> % American Funds American Growth                     | <input type="checkbox"/> % RCMIT, Rowe Price Science & Technology        |
| <input type="checkbox"/> % American Funds American Growth-Income              | <input type="checkbox"/> % T. Rowe Price Blue Chip Growth                |
| <input type="checkbox"/> % American Funds American High-Income Bond           | <input type="checkbox"/> % MFC GIM Core Balancd                          |
| <input type="checkbox"/> % American Funds American International              | <input type="checkbox"/> % T. Rowe Price Equity-Income                   |
| <input type="checkbox"/> % American Funds American New World                  | <input type="checkbox"/> % T. Rowe Price Health Sciences                 |
| <input type="checkbox"/> % Davis Financial Services                           | <input type="checkbox"/> % T. Rowe Price Small Company Value             |
| <input type="checkbox"/> % Davis Fundamental Value                            | <input type="checkbox"/> % Templeton® International Value                |
| <input type="checkbox"/> % MFC GIM Core Diversification                       | <input type="checkbox"/> % UBS Global AM Global Allocation               |
| <input type="checkbox"/> % Franklin Templeton® International Small Cap        | <input type="checkbox"/> % Van Kampen Value                              |
| <input type="checkbox"/> % GMO International Core                             | <input type="checkbox"/> % MFC GIM Core Global Diversification           |
| <input type="checkbox"/> % Invesco AIM/Munder Capital Small Cap Opportunities | <input type="checkbox"/> % Wellington Management Investment Quality Bond |
| <input type="checkbox"/> % Jennison Capital Appreciation                      | <input type="checkbox"/> % Wellington Management Mid Cap Intersection    |
| <input type="checkbox"/> % Legg Mason Funds Management Core Equity            | <input type="checkbox"/> % Wellington Management Mid Cap Stock           |
| <input type="checkbox"/> % Marsico International Opportunities                | <input type="checkbox"/> % Wellington Management Natural Resources       |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Index Allocation              | <input type="checkbox"/> % Wellington Management Small Cap Growth        |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Aggressive          | <input type="checkbox"/> % Wellington Management Small Cap Value         |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced            | <input type="checkbox"/> % Western Asset High Yield                      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative        | <input type="checkbox"/> % Western Asset Strategic Bond                  |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth              | <input type="checkbox"/> % Western Asset U.S. Government Securities      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate            |  |

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

**Dollar Cost Averaging** (Section 8B must be completed if elected)

% 6 Month Fund **OR**  % 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

**B. Dollar Cost Averaging Instructions** (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  **\_\_\_\_\_ \* Day of Month (1–28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.  
\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund** (Selected in 8A)  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**  **Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

- |   |   |
|---|---|
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |

**100 % Total DCA Options (must equal 100%)**

**9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older**

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

**10 Additional State Disclosures**

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any issuer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**11 Military Sales**

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on www.jhannuities.com). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

# Venture III® Application

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes\*  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 Yes\*  No Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We certify my/our status as either a citizen or resident alien of the United States of America.

SIGN HERE	<b>Owner:</b>	<u>Cookie J. Dough</u>	<u>Amytown, MA</u>	<u>3/13/09</u>
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Annuitant:</b> (If different from owner)	_____	_____	_____
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-annuitant:</b> (If different from co-owner)	_____	_____	_____
		Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification:** I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant.

- YES  NO Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 YES  NO Will this contract replace or change any existing life insurance or annuity in this or any other company?

B. Option  B  C (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

SIGN HERE	<u>100</u> %	<u>John Advisor</u>	<u>123-456-7891</u>	<u>XXX</u>
	Percentage	Printed Name	Telephone Number	State License ID
	<u>Broker INC</u>	<u>123</u>	<u>abc@efg.com</u>	
	Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address	
	<u>John Advisor</u>			
	Signature			

**D. Financial Advisor (Secondary)**

SIGN HERE	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
	_____	_____	_____	_____
	Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address	
	_____			
	Signature			



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Application for Venture Vantage®

## Flexible Payment Deferred Annuity

Simplify your application process  
See back page for the "Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Venture Vantage®

## Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

### 1 Account Registration and Funding (complete A or B)

#### A. Nonqualified

Registration:  Individual  Trust  Corporation  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$10,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  1035 Exchange  Mutual Fund / CD / Other ]

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

#### B. Qualified

Registration:  Traditional IRA (Tax year \_\_\_\_\_)  Roth IRA (Tax year \_\_\_\_\_)  SEP IRA  SIMPLE IRA  
 Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.)  Individual 401(k)  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$10,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  Direct Transfer  Rollover ]

### 2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) Cookie Dough  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) 04/12/1962 Social Security/Tax Identification Number 333-33-3333 Email Address \_\_\_\_\_

Mailing Address 1 main street City, State, Zip Anytown, MA 02222

Residential Address (required if different from mailing or address is PO Box) \_\_\_\_\_ Client Brokerage Account Number 1111

#### Co-owner

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

### 3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

#### Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

# Venture Vantage® Application

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary  Contingent John Doe  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
100 brother 4/12/1962 123-45-6789 MA  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #2**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #3**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #4**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #5**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #6**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture Vantage<sup>®</sup> Application

**7 Use this section to elect an OPTIONAL LIVING BENEFIT RIDER** Skip to Section 8 if NO Optional Living Benefit Rider is elected.

## A. Guaranteed Living Benefits

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life-Joint Life\***
- Principal Plus for Life**

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

**GUARANTEED LIVING BENEFITS** cannot be cancelled once elected. Certain restrictions apply; see prospectus for details.

## B. Initial Investment Options for use with Guaranteed Living Benefits

<b>Variable Portfolios</b>		<b>REMEMBER:</b> Any combination of investment options within Section 7B must equal 100%.
_____ % MFC GIM Core Allocation	_____ % MFC GIM' Lifestyle Growth	
_____ % MFC GIM Core Fundamental Holdings	_____ % MFC GIM' Lifestyle Moderate	
_____ % MFC GIM Core Diversification	<u>100</u> % MFC GIM' Money Market	
_____ % MFC GIM' Index Allocation	_____ % MFC GIM Core Balanced	
_____ % MFC GIM' Lifestyle Balanced	_____ % MFC GIM Core Global Diversification	
_____ % MFC GIM' Lifestyle Conservative		
<b>100 % Total Initial Investment Options (must equal 100%)</b>		

## C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** OR  **30 days from issue** OR  **\_\_\_\_\_ \* Day of Month (1-28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th - 31st, then the transfer will occur on the next business day.  
\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  **Variable Portfolio** \_\_\_\_\_  
(Selected in 7B) MONTHLY Transfer Amount \$ \_\_\_\_\_

<b>Destination Fund(s) and % to allocate</b>	
_____ % MFC GIM Core Allocation	_____ % MFC GIM' Lifestyle Growth
_____ % MFC GIM Core Fundamental Holdings	_____ % MFC GIM' Lifestyle Moderate
_____ % MFC GIM Core Diversification	_____ % MFC GIM' Money Market
_____ % MFC GIM' Index Allocation	_____ % MFC GIM Core Balanced
_____ % MFC GIM' Lifestyle Balanced	_____ % MFC GIM Core Global Diversification
_____ % MFC GIM' Lifestyle Conservative	
<b>100 % Total DCA Options (must equal 100%)</b>	

Skip to Section 10 for State Disclosures.

# Venture Vantage® Application

8

Use this section if you **ARE NOT** electing an Optional Living Benefit Rider

## A. Initial Investment Options (available when **NOT** electing an optional living benefit rider)

### Variable Portfolios

- |   |   |
|---|---|
| <input type="checkbox"/> % American Funds American Asset Allocation           | <input type="checkbox"/> % MFC GIM <sup>1</sup> Mid Cap Index               |
| <input type="checkbox"/> % American Funds American Bond                       | <input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market                |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Core Allocation               | <input type="checkbox"/> % MFC GIM <sup>1</sup> Pacific Rim                 |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Core Fundamental Holdings     | <input type="checkbox"/> % MFC Global U.S. High Income                      |
| <input type="checkbox"/> % American Funds American Global Growth              | <input type="checkbox"/> % PIMCO Global Bond                                |
| <input type="checkbox"/> % American Funds American Global Small Cap           | <input type="checkbox"/> % PIMCO Total Return                               |
| <input type="checkbox"/> % American Funds American Growth                     | <input type="checkbox"/> % RCMIT. Rowe Price Science & Technology           |
| <input type="checkbox"/> % American Funds American Growth-Income              | <input type="checkbox"/> % T. Rowe Price Blue Chip Growth                   |
| <input type="checkbox"/> % American Funds American High-Income Bond           | <input type="checkbox"/> % MFC GIM <sup>1</sup> Core Balanced               |
| <input type="checkbox"/> % American Funds American International              | <input type="checkbox"/> % T. Rowe Price Equity-Income                      |
| <input type="checkbox"/> % American Funds American New World                  | <input type="checkbox"/> % T. Rowe Price Health Sciences                    |
| <input type="checkbox"/> % Davis Financial Services                           | <input type="checkbox"/> % T. Rowe Price Small Company Value                |
| <input type="checkbox"/> % Davis Fundamental Value                            | <input type="checkbox"/> % Templeton® International Value                   |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Core Diversification          | <input type="checkbox"/> % UBS Global AM Global Allocation                  |
| <input type="checkbox"/> % Franklin Templeton® International Small Cap        | <input type="checkbox"/> % Van Kampen Value                                 |
| <input type="checkbox"/> % GMO International Core                             | <input type="checkbox"/> % MFC GIM <sup>1</sup> Core Global Diversification |
| <input type="checkbox"/> % Invesco AIM/Munder Capital Small Cap Opportunities | <input type="checkbox"/> % Wellington Management Investment Quality Bond    |
| <input type="checkbox"/> % Jennison Capital Appreciation                      | <input type="checkbox"/> % Wellington Management Mid Cap Intersection       |
| <input type="checkbox"/> % Legg Mason Funds Management Core Equity            | <input type="checkbox"/> % Wellington Management Mid Cap Stock              |
| <input type="checkbox"/> % Marsico International Opportunities                | <input type="checkbox"/> % Wellington Management Natural Resources          |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Index Allocation              | <input type="checkbox"/> % Wellington Management Small Cap Growth           |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Aggressive          | <input type="checkbox"/> % Wellington Management Small Cap Value            |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced            | <input type="checkbox"/> % Western Asset High Yield                         |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative        | <input type="checkbox"/> % Western Asset Strategic Bond                     |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth              | <input type="checkbox"/> % Western Asset U.S. Government Securities         |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate            |   |

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

## B. Dollar Cost Averaging Instructions (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**     Immediate    OR     30 days from issue    OR     \_\_\_\_\_ \* Day of Month (1-28)  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**     Variable Portfolio \_\_\_\_\_

(Selected in 8A)

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

- |   |   |
|---|---|
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |

**100 % Total DCA Options (must equal 100%)**

## 9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

## 10 Additional State Disclosures

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## 11 Military Sales

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on [www.jhannuities.com](http://www.jhannuities.com)). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

# Venture Vantage<sup>®</sup> Application

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes\*  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 Yes\*  No Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

SIGN HERE	<b>Owner:</b>	<u>Cookie J. Doe</u>	<u>Anytown MA</u>	<u>3/13/09</u>
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Annuitant:</b>	_____	_____	_____
	(If different from owner)	Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-annuitant:</b>	_____	_____	_____
	(If different from co-owner)	Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification: I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant.**

- YES  NO Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 YES  NO Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  A  B  C (If left blank, option will default to your firm's Selling Agreement.)

### C. Financial Advisor (Primary)

SIGN HERE	<u>100</u> %	<u>John Advisor</u>	<u>123-456-7891</u>	<u>XXX</u>
	Percentage	Printed Name	Telephone Number	State License ID
		<u>Broker, Inc.</u>	<u>123</u>	<u>abc@efg.com</u>
		Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address
		<u>John Advisor</u>	_____	_____
		Signature	_____	_____

### D. Financial Advisor (Secondary)

SIGN HERE	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
		_____	_____	_____
		Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address
		_____	_____	_____
		Signature	_____	_____

*John Hancock*<sup>®</sup>

JOHN HANCOCK ANNUITIES

NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 [www.jhannuities.com](http://www.jhannuities.com)

Home Office: Bloomfield Hills, MI

# Application for Venture<sup>®</sup>

Flexible Payment Deferred Annuity

Simplify your  
application process  
See back page for the  
"Good Order Checklist"



John Hancock Life Insurance Company (U.S.A.)
P.O. Box 9505, Portsmouth, NH 03802-9505
Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815
800-344-1029 www.jhannuities.com
Home Office: Bloomfield Hills, MI

Venture Vision®

Variable Annuity Application (Revised or MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

1 Account Registration and Funding (complete A or B)

A. Nonqualified
Registration: [X] Individual [ ] Trust [ ] Corporation [ ] Other
Funding: Direct Payment \$ [ ] Check [ ] Wire [ ]
Transfer/Exchange\* \$ [ ] 1035 Exchange [ ] Mutual Fund / CD / Other [ ]

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

B. Qualified
Registration: [X] Traditional IRA [ ] Roth IRA [ ] SEP IRA [ ] SIMPLE IRA
Funding: Direct Payment \$ [ ] Check [ ] Wire [ ]
Transfer/Exchange\* \$ [ ] Direct Transfer [ ] Rollover [ ]

2 Owner (oldest)
Name: Cookie J. Dough
Date of Birth: 04/12/1962
Social Security/Tax Identification Number: 333-33-3333
Mailing Address: Main Street
City, State, Zip: Anytown, MA 02222
Client Brokerage Account Number: 1111

Co-owner
Name:
Date of Birth:
Social Security/Tax Identification Number:
Mailing Address:
City, State, Zip:
Residential Address: (Required if different from mailing or address is PO Box)

3 Annuitant (if different from owner)
Name:
Date of Birth:
Social Security/Tax Identification Number:
Mailing Address:
City, State, Zip:
Residential Address: (Required if different from mailing or address is PO Box)

Co-annuitant (if different from co-owner)
Name:
Date of Birth:
Social Security/Tax Identification Number:
Mailing Address:
City, State, Zip:
Residential Address: (Required if different from mailing or address is PO Box)

# Venture Vision® Application

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary John Doe  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
100 Brother 4/12/1962 123-45-6789 MA  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #2**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #3**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #4**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #5**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #6**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture Vision® Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER**

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

### A. Guaranteed Living Benefits

**GUARANTEED LIVING BENEFITS** cannot be cancelled once elected. Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life-Joint Life\***
- Principal Plus for Life**

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

### B. Initial Investment Options for use with Guaranteed Living Benefits

#### Variable Portfolios

- |   |   |
|---|---|
| ____% MFC GIM Core Allocation           | ____% MFC GIM' Lifestyle Growth           |
| ____% MFC GIM Core Fundamental Holdings | ____% MFC GIM' Lifestyle Moderate         |
| ____% MFC GIM Core Diversification      | <u>100</u> % MFC GIM' Money Market        |
| ____% MFC GIM' Index Allocation         | ____% MFC GIM Core Balanced               |
| ____% MFC GIM' Lifestyle Balanced       | ____% MFC GIM Core Global Diversification |
| ____% MFC GIM' Lifestyle Conservative   |   |

**REMEMBER:** Any combination of investment options within Section 7B must equal 100%.

#### Dollar Cost Averaging (Section 7C must be completed if elected)

- \_\_\_\_% 6 Month Fund **OR** \_\_\_\_% 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100%** Total Initial Investment Options (must equal 100%)

### C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

- Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  \_\_\_\_ \* **Day of Month (1-28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th - 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

- Source Fund** (Selected in 7B)  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

- Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

#### Destination Fund(s) and % to allocate

- |   |   |
|---|---|
| ____% MFC GIM Core Allocation           | ____% MFC GIM' Lifestyle Growth           |
| ____% MFC GIM Core Fundamental Holdings | ____% MFC GIM' Lifestyle Moderate         |
| ____% MFC GIM Core Diversification      | ____% MFC GIM' Money Market               |
| ____% MFC GIM' Index Allocation         | ____% MFC GIM Core Balanced               |
| ____% MFC GIM' Lifestyle Balanced       | ____% MFC GIM Core Global Diversification |
| ____% MFC GIM' Lifestyle Conservative   |   |

**100%** Total DCA Options (must equal 100%)

Skip to Section 10 for State Disclosures.

# Venture Vision® Application

## 8 Use this section if you **ARE NOT** electing an Optional Living Benefit Rider

### A. Initial Investment Options (available when **NOT** electing an optional living benefit rider)

#### Variable Portfolios

- |   |  |
|---|--|
| <input type="checkbox"/> % American Funds American Asset Allocation           | <input type="checkbox"/> % MFC GIM <sup>1</sup> Mid Cap Index            |
| <input type="checkbox"/> % American Funds American Bond                       | <input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market             |
| <input type="checkbox"/> % MFC GIM Core Allocation                            | <input type="checkbox"/> % MFC GIM <sup>1</sup> Pacific Rim              |
| <input type="checkbox"/> % MFC GIM Core Fundamental Holdings                  | <input type="checkbox"/> % MFC Global U.S. High Income                   |
| <input type="checkbox"/> % American Funds American Global Growth              | <input type="checkbox"/> % PIMCO Global Bond                             |
| <input type="checkbox"/> % American Funds American Global Small Cap           | <input type="checkbox"/> % PIMCO Total Return                            |
| <input type="checkbox"/> % American Funds American Growth                     | <input type="checkbox"/> % RCMIT. Rowe Price Science & Technology        |
| <input type="checkbox"/> % American Funds American Growth-Income              | <input type="checkbox"/> % T. Rowe Price Blue Chip Growth                |
| <input type="checkbox"/> % American Funds American High-Income Bond           | <input type="checkbox"/> % MFC GIM Core Balanced                         |
| <input type="checkbox"/> % American Funds American International              | <input type="checkbox"/> % T. Rowe Price Equity-Income                   |
| <input type="checkbox"/> % American Funds American New World                  | <input type="checkbox"/> % T. Rowe Price Health Sciences                 |
| <input type="checkbox"/> % Davis Financial Services                           | <input type="checkbox"/> % T. Rowe Price Small Company Value             |
| <input type="checkbox"/> % Davis Fundamental Value                            | <input type="checkbox"/> % Templeton® International Value                |
| <input type="checkbox"/> % MFC GIM Core Diversification                       | <input type="checkbox"/> % UBS Global AM Global Allocation               |
| <input type="checkbox"/> % Franklin Templeton® International Small Cap        | <input type="checkbox"/> % Van Kampen Value                              |
| <input type="checkbox"/> % GMO International Core                             | <input type="checkbox"/> % MFC GIM Core Global Diversification           |
| <input type="checkbox"/> % Invesco AIM/Munder Capital Small Cap Opportunities | <input type="checkbox"/> % Wellington Management Investment Quality Bond |
| <input type="checkbox"/> % Jennison Capital Appreciation                      | <input type="checkbox"/> % Wellington Management Mid Cap Intersection    |
| <input type="checkbox"/> % Legg Mason Funds Management Core Equity            | <input type="checkbox"/> % Wellington Management Mid Cap Stock           |
| <input type="checkbox"/> % Marsico International Opportunities                | <input type="checkbox"/> % Wellington Management Natural Resources       |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Index Allocation              | <input type="checkbox"/> % Wellington Management Small Cap Growth        |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Aggressive          | <input type="checkbox"/> % Wellington Management Small Cap Value         |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced            | <input type="checkbox"/> % Western Asset High Yield                      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative        | <input type="checkbox"/> % Western Asset Strategic Bond                  |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth              | <input type="checkbox"/> % Western Asset U.S. Government Securities      |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate            |  |

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

#### Dollar Cost Averaging (Section 8B must be completed if elected)

% 6 Month Fund **OR**  % 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

### B. Dollar Cost Averaging Instructions (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  Immediate **OR**  30 days from issue **OR**  \_\_\_\_ \* Day of Month (1-28)

(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  6 Month DCA Fund **OR**  12 Month DCA Fund **OR**

(Selected in 8A)

Variable Portfolio \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name

**100 % Total DCA Options (must equal 100%)**

## 9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

## 10 Additional State Disclosures

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any issuer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## 11 Military Sales

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on [www.jhannuities.com](http://www.jhannuities.com)). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes\*  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 Yes\*  No Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

SIGN HERE	<b>Owner:</b>	<u>Cookle J. Barger</u>	<u>Amherst, MA</u>	<u>3/13/09</u>
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
SIGN HERE	<b>Annuitant:</b>	_____	_____	_____
	(If different from owner)	Signature	City, State (signed in)	Date
SIGN HERE	<b>Co-annuitant:</b>	_____	_____	_____
	(If different from co-owner)	Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification: I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant."**

- YES  NO Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 YES  NO Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  B  C (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

SIGN HERE	<u>100</u> %	<u>John Advisor</u>	<u>123-456-7891</u>	<u>XXV</u>
	Percentage	Printed Name	Telephone Number	State License ID
		<u>Broker, Inc</u>	<u>123</u>	<u>abc@efg.com</u>
		Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address
		<u>John Advisor</u>	_____	_____
		Signature	_____	_____

**D. Financial Advisor (Secondary)**

SIGN HERE	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
		_____	_____	_____
		Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address
		_____	_____	_____
		Signature	_____	_____

*John Hancock*

JOHN HANCOCK ANNUITIES

NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Application for Venture Opportunity® A Share

Flexible Payment Deferred Annuity

Simplify your  
application process  
See back page for the  
"Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Venture Opportunity® A Share

Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

## 1 Account Registration and Funding (complete A or B)

### A. Nonqualified

Registration:  Individual  Trust  Corporation  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$2,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  1035 Exchange  Mutual Fund / CD / Other ]

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

### B. Qualified

Registration:  Traditional IRA (Tax year \_\_\_\_\_)  Roth IRA (Tax year \_\_\_\_\_)  SEP IRA  SIMPLE IRA  
 Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.)  Individual 401(k)  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$5,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  Direct Transfer  Rollover ]

## 2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) Cookie Dough  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) 04/12/1962 Social Security/Tax Identification Number 333-33-3333 Email Address \_\_\_\_\_

Mailing Address 2 street City, State, Zip Anytown, MA 00000

Residential Address (required if different from mailing or address is PO Box) \_\_\_\_\_ Client Brokerage Account Number 111

### Co-owner

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

## 3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

### Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

# Venture Opportunity® A Share Application

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary  Contingent Jane Doe  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
100 Brother 4/12/1962 12345-6789 MA  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #2**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #3**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #4**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #5**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #6**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
 Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
 \_\_\_\_\_  
 % of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture Opportunity® A Share Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER**

### A. Guaranteed Living Benefits

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

**GUARANTEED LIVING BENEFITS** cannot be cancelled once elected. Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**  
 **Income Plus For Life-Joint Life\***

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

### B. Initial Investment Options for use with Guaranteed Living Benefits

#### Variable Portfolios

- |  |   |
|--|---|
| <u>50</u> % MFC Global Core Allocation       | _____ % MFC GIM' Lifestyle Conservative |
| <u>50</u> % MFC GIM' Core Balanced           | _____ % MFC GIM' Lifestyle Growth       |
| _____ % MFC GIM' Core Fundamental Holdings   | _____ % MFC GIM' Lifestyle Moderate     |
| _____ % MFC GIM' Core Global Diversification | _____ % MFC GIM' Money Market           |
| _____ % MFC GIM' Lifestyle Balanced          |   |

**REMEMBER:** Any combination of investment options within Section 7B must equal 100%.

#### Dollar Cost Averaging (Section 7C must be completed if elected)

- \_\_\_\_\_ % 6 Month Fund    **OR**    \_\_\_\_\_ % 12 Month Fund    **OR**

#### Asset Allocation Models (100% Participation Required)

- |   |   |
|---|---|
| <input type="checkbox"/> 100% Core Plus Balanced Growth & Income<br>5% American Global Small Cap<br>5% American Growth<br>5% Templeton Global<br>5% Van Kampen Value<br>15% Franklin Mutual Shares<br>15% American Blue Chip Income & Growth<br>10% American Growth-Income<br>25% American Bond<br>15% Wellington Investment Quality Bond | <input type="checkbox"/> 100% Core Plus Balanced to Growth<br>5% American Global Small Cap<br>5% American Growth<br>5% Templeton Global<br>5% Van Kampen Value<br>15% Franklin Mutual Shares<br>15% American Blue Chip Income & Growth<br>10% American Growth-Income<br>25% American Bond<br>15% Wellington Investment Quality Bond |
|---|---|

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

### C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

- Start Date**     **Immediate**    **OR**     **30 days from issue**    **OR**     \_\_\_\_\_ \* **Day of Month (1-28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th - 31st, then the transfer will occur on the next business day.  
\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

- Source Fund** (Selected in 7B)     **6 Month DCA Fund**    **OR**     **12 Month DCA Fund**    **OR**

**Variable Portfolio** \_\_\_\_\_  
MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

#### Destination Fund(s) and % to allocate

- |  |   |
|--|---|
| _____ % MFC Global Core Allocation           | _____ % MFC GIM' Lifestyle Conservative |
| _____ % MFC GIM' Core Balanced               | _____ % MFC GIM' Lifestyle Growth       |
| _____ % MFC GIM' Core Fundamental Holdings   | _____ % MFC GIM' Lifestyle Moderate     |
| _____ % MFC GIM' Core Global Diversification | _____ % MFC GIM' Money Market           |
| _____ % MFC GIM' Lifestyle Balanced          |   |

- OR**     100% Core Plus Balanced Growth & Income     100% Core Plus Balanced to Growth

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

# [ Venture Opportunity® A Share ] Application

## 8 Use this section if you **ARE NOT** electing an Optional Living Benefit Rider

### A. Initial Investment Options (available when **NOT** electing an optional living benefit rider)

#### Variable Portfolios

- |  |  |
|--|--|
| <input type="checkbox"/> % American Funds American Asset Allocation<br><input type="checkbox"/> % American Funds American Bond<br><input type="checkbox"/> % American Funds American Global Growth<br><input type="checkbox"/> % American Funds American Global Small Cap<br><input type="checkbox"/> % American Funds American Growth<br><input type="checkbox"/> % American Funds American Growth-Income<br><input type="checkbox"/> % American Funds American High-Income Bond<br><input type="checkbox"/> % American Funds American International<br><input type="checkbox"/> % American Funds American New World<br><input type="checkbox"/> % Davis Fundamental Value<br><input type="checkbox"/> % Declaration Total Bond Market Trust A<br><input type="checkbox"/> % GMO International Core<br><input type="checkbox"/> % MFC Global Core Allocation<br><input type="checkbox"/> % MFC GIM <sup>1</sup> Core Balanced<br><input type="checkbox"/> % MFC GIM <sup>1</sup> Core Fundamental Holdings<br><input type="checkbox"/> % MFC GIM <sup>1</sup> Core Global Diversification | <input type="checkbox"/> % MFC GIM <sup>1</sup> 500 Index<br><input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced<br><input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative<br><input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth<br><input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate<br><input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market<br><input type="checkbox"/> % PIMCO Global Bond<br><input type="checkbox"/> % PIMCO Total Return<br><input type="checkbox"/> % Templeton® International Value<br><input type="checkbox"/> % T.Rowe Price Balanced<br><input type="checkbox"/> % Van Kampen Value<br><input type="checkbox"/> % Wellington Management Investment Quality Bond<br><input type="checkbox"/> % Wellington Management Mid Cap Intersection<br><input type="checkbox"/> % Wellington Management Mid Cap Stock<br><input type="checkbox"/> % Wellington Management Small Cap Growth<br><input type="checkbox"/> % Wellington Management Small Cap Value |
|--|--|

**REMEMBER:**  
 Use this page only when **NOT** electing an optional living benefit rider.

#### Dollar Cost Averaging (Section 8B must be completed if elected)

% 6 Month Fund    **OR**     % 12 Month Fund    **OR**

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

### B. Dollar Cost Averaging Instructions (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**     **Immediate**    **OR**     **30 days from issue**    **OR**     \_\_\_\_ \* **Day of Month (1-28)**  
 (default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.  
 \*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund** (Selected in 8A)     **6 Month DCA Fund**    **OR**     **12 Month DCA Fund**    **OR**

**Variable Portfolio** \_\_\_\_\_  
 MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name

**OR**     **100% Core Plus Balanced Growth & Income**     **100% Core Plus Balanced to Growth**

**100 % Total DCA Options (must equal 100%)**

## 9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

## 10 Additional State Disclosures

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## 11 Military Sales

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on [www.jhannuities.com](http://www.jhannuities.com)). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

# Venture Opportunity® A Share Application

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes\*  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 Yes\*  No Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_

Contract Number \_\_\_\_\_

Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

SIGN  
HERE

**Owner:**

Signature

City, State (signed in)

Date

SIGN  
HERE

**Co-owner:**

Signature

City, State (signed in)

Date

SIGN  
HERE

**Annuitant:**

(If different from owner)

Signature

City, State (signed in)

Date

SIGN  
HERE

**Co-annuitant:**

(If different from co-owner)

Signature

City, State (signed in)

Date

## 13 Financial Advisor Information

**A. Certification:** I have truly and accurately recorded the information provided by the applicant. I have determined that the annuity contract applied for is a suitable investment for the applicant.

- YES  NO Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 YES  NO Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  A (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

100 %  
Percentage

John Advisor  
Printed Name

123-456-7891  
Telephone Number

XX  
State License ID

Broker Inc  
Broker/Dealer Firm

123  
Broker/Dealer Rep Number

abc@efg.com  
Email Address

SIGN  
HERE

Signature

John Advisor

**D. Financial Advisor (Secondary)**

%  
Percentage

Printed Name

Telephone Number

State License ID

Broker/Dealer Firm

Broker/Dealer Rep Number

Email Address

SIGN  
HERE

Signature



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Application for Venture Opportunity® B Share

Flexible Payment Deferred Annuity

Simplify your application process  
See back page for the "Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Venture Opportunity® B Share

Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

## 1 Account Registration and Funding (complete A or B)

### A. Nonqualified

Registration:  Individual  Trust  Corporation  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$2,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  1035 Exchange  Mutual Fund / CD / Other \_\_\_\_\_

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

### B. Qualified

Registration:  Traditional IRA (Tax year \_\_\_\_\_)  Roth IRA (Tax year \_\_\_\_\_)  SEP IRA  SIMPLE IRA  
 Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.)  Individual 401(k)  Other \_\_\_\_\_

Funding: **Direct Payment \$** \_\_\_\_\_  Check (Payable to John Hancock Life Insurance Company (U.S.A.))  
Minimum \$5,000 (Payment must accompany application if selected)  Wire (Please see sales kit or jhannuities.com for wire instructions)

**Transfer/Exchange\* \$** \_\_\_\_\_  Direct Transfer  Rollover \_\_\_\_\_

## 2 Owner (oldest)

Name (First, Middle, Last or Name of Trust/Entity) Cookie J. Doyne  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) 04/12/1962 Social Security/Tax Identification Number 383-33-3333 Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip Any town MA 02022

Residential Address (required if different from mailing or address is PO Box) \_\_\_\_\_ Client Brokerage Account Number 161

### Co-owner

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

## 3 Annuitant (if different from owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

### Co-annuitant (if different from co-owner)

Name (First, Middle, Last or Name of Trust/Entity) \_\_\_\_\_  Male  Female  Trust/Entity

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security/Tax Identification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Residential Address (Required if different from mailing or address is PO Box) \_\_\_\_\_

XXXX:XXXXXX

# Venture Opportunity® B Share Application

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary John Doe  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
100 Brother 4/12/1962 123-45-6789 MA  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #2**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #3**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #4**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #5**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #6**  Primary  Male  Female  Trust/Entity  
 Contingent  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Note:** To name additional beneficiaries, please use the space in Special Instructions (Section 6).

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

Annual Step-Up Death Benefit (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture Opportunity® B Share Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER**

### A. Guaranteed Living Benefits

**GUARANTEED LIVING BENEFITS** cannot be cancelled once elected. Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**  
 **Income Plus For Life-Joint Life\***

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

### B. Initial Investment Options for use with Guaranteed Living Benefits

#### Variable Portfolios

- |  |   |
|--|---|
| _____ % MFC Global Core Allocation             | _____ % MFC GIM' Lifestyle Conservative |
| <u>50</u> % MFC GIM' Core Balanced             | _____ % MFC GIM' Lifestyle Growth       |
| <u>50</u> % MFC GIM' Core Fundamental Holdings | _____ % MFC GIM' Lifestyle Moderate     |
| _____ % MFC GIM' Core Global Diversification   | _____ % MFC GIM' Money Market           |
| _____ % MFC GIM' Lifestyle Balanced            |   |

**REMEMBER:** Any combination of investment options within Section 7B must equal 100%.

#### Dollar Cost Averaging (Section 7C must be completed if elected)

- \_\_\_\_\_ % 6 Month Fund    **OR**    \_\_\_\_\_ % 12 Month Fund    **OR**

#### Asset Allocation Models (100% Participation Required)

- |   |   |
|---|---|
| <input type="checkbox"/> 100% Core Plus Balanced Growth & Income<br>5% American Global Small Cap<br>5% American Growth<br>5% Templeton Global<br>5% Van Kampen Value<br>15% Franklin Mutual Shares<br>15% American Blue Chip Income & Growth<br>10% American Growth-Income<br>25% American Bond<br>15% Wellington Investment Quality Bond | <input type="checkbox"/> 100% Core Plus Balanced to Growth<br>5% American Global Small Cap<br>5% American Growth<br>5% Templeton Global<br>5% Van Kampen Value<br>15% Franklin Mutual Shares<br>15% American Blue Chip Income & Growth<br>10% American Growth-Income<br>25% American Bond<br>15% Wellington Investment Quality Bond |
|---|---|

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

### C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

- Start Date**     **Immediate**    **OR**     **30 days from issue**    **OR**     \_\_\_\_\_ \* **Day of Month (1-28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th - 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

- Source Fund**     **6 Month DCA Fund**    **OR**     **12 Month DCA Fund**    **OR**

(Selected in 7B)

- Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

#### Destination Fund(s) and % to allocate

- |  |   |
|--|---|
| _____ % MFC Global Core Allocation           | _____ % MFC GIM' Lifestyle Conservative |
| _____ % MFC GIM' Core Balanced               | _____ % MFC GIM' Lifestyle Growth       |
| _____ % MFC GIM' Core Fundamental Holdings   | _____ % MFC GIM' Lifestyle Moderate     |
| _____ % MFC GIM' Core Global Diversification | _____ % MFC GIM' Money Market           |
| _____ % MFC GIM' Lifestyle Balanced          |   |

- OR**     100% Core Plus Balanced Growth & Income     100% Core Plus Balanced to Growth

**100 % Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

# Venture Opportunity® B Share Application

**8** Use this section if you **ARE NOT** electing an **Optional Living Benefit Rider**

## A. Initial Investment Options (available when **NOT** electing an optional living benefit rider)

### Variable Portfolios

- |   |  |
|---|--|
| <input type="checkbox"/> % American Funds American Asset Allocation         | <input type="checkbox"/> % MFC GIM <sup>1</sup> 500 Index                |
| <input type="checkbox"/> % American Funds American Bond                     | <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Balanced       |
| <input type="checkbox"/> % American Funds American Global Growth            | <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Conservative   |
| <input type="checkbox"/> % American Funds American Global Small Cap         | <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Growth         |
| <input type="checkbox"/> % American Funds American Growth                   | <input type="checkbox"/> % MFC GIM <sup>1</sup> Lifestyle Moderate       |
| <input type="checkbox"/> % American Funds American Growth-Income            | <input type="checkbox"/> % MFC GIM <sup>1</sup> Money Market             |
| <input type="checkbox"/> % American Funds American High-Income Bond         | <input type="checkbox"/> % PIMCO Global Bond                             |
| <input type="checkbox"/> % American Funds American International            | <input type="checkbox"/> % PIMCO Total Return                            |
| <input type="checkbox"/> % American Funds American New World                | <input type="checkbox"/> % Templeton® International Value                |
| <input type="checkbox"/> % Davis Fundamental Value                          | <input type="checkbox"/> % T.Rowe Price Balanced                         |
| <input type="checkbox"/> % Declaration Total Bond Market Trust A            | <input type="checkbox"/> % Van Kampen Value                              |
| <input type="checkbox"/> % GMO International Core                           | <input type="checkbox"/> % Wellington Management Investment Quality Bond |
| <input type="checkbox"/> % MFC Global Core Allocation                       | <input type="checkbox"/> % Wellington Management Mid Cap Intersection    |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Core Balanced               | <input type="checkbox"/> % Wellington Management Mid Cap Stock           |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Core Fundamental Holdings   | <input type="checkbox"/> % Wellington Management Small Cap Growth        |
| <input type="checkbox"/> % MFC GIM <sup>1</sup> Core Global Diversification | <input type="checkbox"/> % Wellington Management Small Cap Value         |

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

### Dollar Cost Averaging (Section 8B must be completed if elected)

% 6 Month Fund    **OR**     % 12 Month Fund    **OR**

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

<sup>1</sup>MFC Global Investment Management (U.S.A.) Limited

## B. Dollar Cost Averaging Instructions (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**     Immediate    **OR**     30 days from issue    **OR**     \_\_\_\_\_ \* Day of Month (1-28)  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**     6 Month DCA Fund    **OR**     12 Month DCA Fund    **OR**

(Selected in 8A)

Variable Portfolio \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name
<input type="checkbox"/> % _____ Fund Name	<input type="checkbox"/> % _____ Fund Name

**OR**     100% Core Plus Balanced Growth & Income     100% Core Plus Balanced to Growth

**100 % Total DCA Options (must equal 100%)**

**9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older**

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

**10 Additional State Disclosures**

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any issuer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**11 Military Sales**

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on www.jhannuities.com). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

# Venture Opportunity® B Share Application

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes\*  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 Yes\*  No Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

<b>SIGN HERE</b>	<b>Owner:</b>	<u>Cooke J Dodge</u>	<u>Amytown MA</u>	<u>3/13/09</u>
		Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Co-owner:</b>	_____	_____	_____
		Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Annuitant:</b> (If different from owner)	_____	_____	_____
		Signature	City, State (signed in)	Date
<b>SIGN HERE</b>	<b>Co-annuitant:</b> (If different from co-owner)	_____	_____	_____
		Signature	City, State (signed in)	Date

## 13 Financial Advisor Information

**A. Certification:** I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant.

- YES  NO Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 YES  NO Will this contract replace or change any existing life insurance or annuity in this or any other company?

**B. Option**  A (If left blank, option will default to your firm's Selling Agreement.)

**C. Financial Advisor (Primary)**

<b>SIGN HERE</b>	<u>100</u> %	<u>John Advisor</u>	<u>123-456-7891</u>	<u>XVZ</u>
	Percentage	Printed Name	Telephone Number	State License ID
	<u>Broker Inc.</u>	<u>123</u>	<u>abc@efg.com</u>	
	Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address	
	<u>John Advisor</u>			
	Signature			

**D. Financial Advisor (Secondary)**

<b>SIGN HERE</b>	_____ %	_____	_____	_____
	Percentage	Printed Name	Telephone Number	State License ID
	_____	_____	_____	
	Broker/Dealer Firm	Broker/Dealer Rep Number	Email Address	
	_____			
	Signature			



NOT FOR USE IN NEW YORK

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

# Application for Venture<sup>®</sup>

## Flexible Payment Deferred Annuity

Simplify your application process  
See back page for the "Good Order Checklist"



JOHN HANCOCK ANNUITIES

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

P.O. Box 9505, Portsmouth, NH 03802-9505

Overnight mail: 164 Corporate Drive, Portsmouth, NH 03801-6815

800-344-1029 www.jhannuities.com

Home Office: Bloomfield Hills, MI

Venture®

Variable Annuity Application (Revised on MM/YY)

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

1 Account Registration and Funding (complete A or B)

A. Nonqualified

Registration: [X] Individual [ ] Trust [ ] Corporation [ ] Other

Funding: Direct Payment \$ [ ] Check (Payable to John Hancock Life Insurance Company (U.S.A.))
Minimum \$2,000 (Payment must accompany application if selected) [ ] Wire (Please see sales kit or jhannuities.com for wire instructions)

Transfer/Exchange\* \$ [ ] 1035 Exchange [ ] Mutual Fund / CD / Other

\*Original transfer/exchange paperwork must accompany application. See forms booklet.

B. Qualified

Registration: [ ] Traditional IRA (Tax year) [ ] Roth IRA (Tax year) [ ] SEP IRA [ ] SIMPLE IRA
[ ] Inherited/Beneficiary IRA (Optional death benefits and living benefit riders not permitted.) [ ] Individual 401(k) [ ] Other

Funding: Direct Payment \$ [ ] Check (Payable to John Hancock Life Insurance Company (U.S.A.))
Minimum \$5,000 (Payment must accompany application if selected) [ ] Wire (Please see sales kit or jhannuities.com for wire instructions)

Transfer/Exchange\* \$ [ ] Direct Transfer [ ] Rollover

2 Owner (oldest)

Cookie J. Dough

[ ] Male [X] Female [ ] Trust/Entity

Name (First, Middle, Last or Name of Trust/Entity)

04/12/1962

333-33-3333

Email Address

Mailing Address

Main Street

Anytown, MA 02222

111

Residential Address (required if different from mailing or address is PO Box)

Client Brokerage Account Number

Co-owner

[ ] Male [ ] Female [ ] Trust/Entity

Name (First, Middle, Last or Name of Trust/Entity)

Date of Birth (mm/dd/yyyy)

Social Security/Tax Identification Number

Email Address

Mailing Address

City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

3 Annuitant (if different from owner)

[ ] Male [ ] Female [ ] Trust/Entity

Name (First, Middle, Last or Name of Trust/Entity)

Date of Birth (mm/dd/yyyy)

Social Security/Tax Identification Number

Email Address

Mailing Address

City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

Co-annuitant (if different from co-owner)

[ ] Male [ ] Female [ ] Trust/Entity

Name (First, Middle, Last or Name of Trust/Entity)

Date of Birth (mm/dd/yyyy)

Social Security/Tax Identification Number

Email Address

Mailing Address

City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

# Venture® Application

## 4 Beneficiaries

If a co-owner was selected in Section 2, the surviving owner will be the primary beneficiary. Contingent beneficiaries receive proceeds only if all primary beneficiaries pre-decease the owner. If you wish to restrict the death payment options for any of the beneficiaries listed below, please complete the Restricted Beneficiary Payout form located in our forms booklet or on [www.jhannuities.com](http://www.jhannuities.com).

The Primary beneficiaries and Contingent beneficiaries must EACH equal 100% of proceeds. Please use whole percentages only.

**Beneficiary #1**  Primary John Doe  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
100 Brother 4/12/1962 123-45-6789 MA  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #2**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
\_\_\_\_\_  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #3**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
\_\_\_\_\_  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #4**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
\_\_\_\_\_  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #5**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
\_\_\_\_\_  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Beneficiary #6**  Primary  Contingent \_\_\_\_\_  Male  Female  Trust/Entity  
Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)  
\_\_\_\_\_  
% of Proceeds Relationship to Owner Date of Birth (mm/dd/yyyy) Social Security/Tax Identification Number State of Residence

**Note: To name additional beneficiaries, please use the space in Special Instructions (Section 6).**

## 5 Optional Death Benefits

Available at the time of application and cannot be cancelled once elected. Certain restrictions apply; please see the prospectus for details.

**Annual Step-Up Death Benefit** (Not available if any owner is age 80 or older.)

## 6 Special Instructions (write in)

# Venture® Application

## 7 Use this section to elect an **OPTIONAL LIVING BENEFIT RIDER**

Skip to Section 8 if **NO** Optional Living Benefit Rider is elected.

### A. Guaranteed Living Benefits

**GUARANTEED LIVING BENEFITS** cannot be cancelled once elected. Certain restrictions apply; see prospectus for details.

Please choose **ONLY ONE** rider:

- Income Plus For Life**
- Income Plus For Life-Joint Life\***
- Principal Plus for Life**

\*For nonqualified registrations (Section 1A), the spouse must be either the co-owner (Section 2) or sole primary beneficiary (Section 4). For qualified registrations (Section 1B), the spouse must be the sole primary beneficiary (Section 4).

### B. Initial Investment Options for use with Guaranteed Living Benefits

#### Variable Portfolios

- |  |   |
|--|---|
| ____% MFC GIM Core Allocation          | ____% MFC GIM' Lifestyle Growth           |
| 100% MFC GIM Core Fundamental Holdings | ____% MFC GIM' Lifestyle Moderate         |
| ____% MFC GIM Core Diversification     | ____% MFC GIM' Money Market               |
| ____% MFC GIM' Index Allocation        | ____% MFC GIM Core Balanced               |
| ____% MFC GIM' Lifestyle Balanced      | ____% MFC GIM Core Global Diversification |
| ____% MFC GIM' Lifestyle Conservative  |   |

**REMEMBER:** Any combination of investment options within Section 7B must equal 100%.

#### Dollar Cost Averaging (Section 7C must be completed if elected)

\_\_\_\_% 6 Month Fund **OR** \_\_\_\_% 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100% Total Initial Investment Options (must equal 100%)**

### C. Dollar Cost Averaging Instructions

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed below. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  **Immediate** **OR**  **30 days from issue** **OR**  \_\_\_\_\* **Day of Month (1-28)**  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund** (Selected in 7B)  **6 Month DCA Fund** **OR**  **12 Month DCA Fund** **OR**

**Variable Portfolio** \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

#### Destination Fund(s) and % to allocate

- |   |   |
|---|---|
| ____% MFC GIM Core Allocation           | ____% MFC GIM' Lifestyle Growth           |
| ____% MFC GIM Core Fundamental Holdings | ____% MFC GIM' Lifestyle Moderate         |
| ____% MFC GIM Core Diversification      | ____% MFC GIM' Money Market               |
| ____% MFC GIM' Index Allocation         | ____% MFC GIM Core Balanced               |
| ____% MFC GIM' Lifestyle Balanced       | ____% MFC GIM Core Global Diversification |
| ____% MFC GIM' Lifestyle Conservative   |   |

**100% Total DCA Options (must equal 100%)**

Skip to Section 10 for State Disclosures.

8 Use this section if you **ARE NOT** electing an **Optional Living Benefit Rider**

**A. Initial Investment Options** (available when **NOT** electing an optional living benefit rider)

**Variable Portfolios**

- |   |  |
|---|--|
| <input type="checkbox"/> % American Funds American Asset Allocation           | <input type="checkbox"/> % MFC GIM' Mid Cap Index                        |
| <input type="checkbox"/> % American Funds American Bond                       | <input type="checkbox"/> % MFC GIM' Money Market                         |
| <input type="checkbox"/> % MFC GIM Core Allocation                            | <input type="checkbox"/> % MFC GIM' Pacific Rim                          |
| <input type="checkbox"/> % MFC GIM Core Fundamental Holdings                  | <input type="checkbox"/> % MFC Global U.S. High Income                   |
| <input type="checkbox"/> % American Funds American Global Growth              | <input type="checkbox"/> % PIMCO Global Bond                             |
| <input type="checkbox"/> % American Funds American Global Small Cap           | <input type="checkbox"/> % PIMCO Total Return                            |
| <input type="checkbox"/> % American Funds American Growth                     | <input type="checkbox"/> % RCMIT. Rowe Price Science & Technology        |
| <input type="checkbox"/> % American Funds American Growth-Income              | <input type="checkbox"/> % T. Rowe Price Blue Chip Growth                |
| <input type="checkbox"/> % American Funds American High-Income Bond           | <input type="checkbox"/> % MFC GIM Core Balanced                         |
| <input type="checkbox"/> % American Funds American International              | <input type="checkbox"/> % T. Rowe Price Equity-Income                   |
| <input type="checkbox"/> % American Funds American New World                  | <input type="checkbox"/> % T. Rowe Price Health Sciences                 |
| <input type="checkbox"/> % Davis Financial Services                           | <input type="checkbox"/> % T. Rowe Price Small Company Value             |
| <input type="checkbox"/> % Davis Fundamental Value                            | <input type="checkbox"/> % Templeton® International Value                |
| <input type="checkbox"/> % MFC GIM Core Diversification                       | <input type="checkbox"/> % UBS Global AM Global Allocation               |
| <input type="checkbox"/> % Franklin Templeton® International Small Cap        | <input type="checkbox"/> % Van Kampen Value                              |
| <input type="checkbox"/> % GMO International Core                             | <input type="checkbox"/> % MFC GIM Core Global Diversification           |
| <input type="checkbox"/> % Invesco AIM/Munder Capital Small Cap Opportunities | <input type="checkbox"/> % Wellington Management Investment Quality Bond |
| <input type="checkbox"/> % Jennison Capital Appreciation                      | <input type="checkbox"/> % Wellington Management Mid Cap Intersection    |
| <input type="checkbox"/> % Legg Mason Funds Management Core Equity            | <input type="checkbox"/> % Wellington Management Mid Cap Stock           |
| <input type="checkbox"/> % Marsico International Opportunities                | <input type="checkbox"/> % Wellington Management Natural Resources       |
| <input type="checkbox"/> % MFC GIM' Index Allocation                          | <input type="checkbox"/> % Wellington Management Small Cap Growth        |
| <input type="checkbox"/> % MFC GIM' Lifestyle Aggressive                      | <input type="checkbox"/> % Wellington Management Small Cap Value         |
| <input type="checkbox"/> % MFC GIM' Lifestyle Balanced                        | <input type="checkbox"/> % Western Asset High Yield                      |
| <input type="checkbox"/> % MFC GIM' Lifestyle Conservative                    | <input type="checkbox"/> % Western Asset Strategic Bond                  |
| <input type="checkbox"/> % MFC GIM' Lifestyle Growth                          | <input type="checkbox"/> % Western Asset U.S. Government Securities      |
| <input type="checkbox"/> % MFC GIM' Lifestyle Moderate                        |  |

**REMEMBER:**  
Use this page only when **NOT** electing an optional living benefit rider.

**Dollar Cost Averaging** (Section 8B must be completed if elected)

% 6 Month Fund **OR**  % 12 Month Fund

**Note:** Subsequent payments do not allocate to DCA Funds unless directed.

**100 % Total Initial Investment Options (must equal 100%)**

©MFC Global Investment Management (U.S.A.) Limited

**B. Dollar Cost Averaging Instructions** (when **NOT** electing an optional living benefit rider)

Dollar Cost Averaging (DCA) is an optional program which involves the systematic transfer of specific dollar amounts each month from a Variable or DCA (6 or 12 month) Source Fund to one or more portfolios listed above. Automatic transfers run until the Source Fund has been depleted.

**Start Date**  Immediate **OR**  30 days from issue **OR**  \_\_\_\_\_ \* Day of Month (1-28)  
(default if none selected)

If the transfer day is a weekend, holiday or the 29th – 31st, then the transfer will occur on the next business day.

\*If funds are received after the requested start date, transfers will begin on the requested day of the following month.

**Source Fund**  6 Month DCA Fund **OR**  12 Month DCA Fund **OR**

Variable Portfolio \_\_\_\_\_

MONTHLY Transfer Amount \$ \_\_\_\_\_ (Variable Portfolio Source Fund ONLY.)

**Destination Fund(s) and % to allocate** (Choose from Variable Portfolios located in section 8A.)

- |   |   |
|---|---|
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |
| <input type="checkbox"/> % _____<br>Fund Name | <input type="checkbox"/> % _____<br>Fund Name |

**100 % Total DCA Options (must equal 100%)**

## 9 REQUIRED For California Owner(s)/Annuitant(s) Age 60 or Older

Under California law, there is a 30-Day Right to Review your contract. During this time, your initial payment may only be invested into a money market fund, unless you specifically direct that the initial payment be invested in other variable investment options.

- A.  I/We wish to immediately invest in the variable investment options elected in either Section 7 or 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- B.  I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my contract value to the investment selection(s) elected in either Section 7 or 8. If I cancel my/our contract within 30 days, any payments will be returned.

If you do not check one of these boxes, we must allocate your payment to the Money Market portfolio (Option B).

## 10 Additional State Disclosures

**For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, VT, WA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For AK Applicants:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**For AZ Applicants:** On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For CO Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For DE, ID, IN, OK Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**For DC Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For FL Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any issuer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For KY, NE, PA Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For MD Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For ME, TN, VA, WA Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For NM Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For OH Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For OR, VT Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## 11 Military Sales

Is the annuitant or owner an active member of the U.S. Armed Forces?  Yes\*  No (default)

\* If you answered "Yes", please complete and attach a "Military Personnel Financial Services Disclosure" form (available on [www.jhannuities.com](http://www.jhannuities.com)). This product is not specifically designed for or marketed to active duty military personnel. Applications not complying with our military sales procedures will not be accepted.

## 12 Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the contract I/we have applied for shall not take effect until the later of: (1) the issuance of the contract, or (2) receipt by the company at its Annuity Service Office of the first payment required under the contract. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded.

- Yes\*  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 Yes\*  No Will this contract replace or change any existing life insurance or annuity in this or any other company?

\*If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable). Please see reference guide in the forms booklet.

Issuing Company \_\_\_\_\_ Contract Number \_\_\_\_\_  Annuity  Life Insurance

I/We understand that unless I/we elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date \_\_\_\_\_.

I/We acknowledge receipt of the current prospectus and understand that annuity payments and other values provided by the contract applied for, when based on the investment experience of the variable investment options are variable and are not guaranteed as to a fixed dollar amount.

I/We confirm a review of my/our investment objectives, tax, liquidity, and financial statuses was offered to me/us.

I/We have read the applicable fraud statement contained in the State Disclosures Section.

To the best of my knowledge and belief, the statements in this application are true and complete.

I/We am/are either a citizen or resident alien of the United States of America.

SIGN HERE

**Owner:**

Cookie J. Doe  
Signature

Anytown, MA  
City, State (signed in)

3/13/09  
Date

SIGN HERE

**Co-owner:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, State (signed in)

\_\_\_\_\_  
Date

SIGN HERE

**Annuitant:**

(If different from owner)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, State (signed in)

\_\_\_\_\_  
Date

SIGN HERE

**Co-annuitant:**

(If different from co-owner)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, State (signed in)

\_\_\_\_\_  
Date

## 13 Financial Advisor Information

**A. Certification:** I have truly and accurately recorded the information provided by the applicant and I have determined that the annuity contract applied for is a suitable investment for the applicant.

- YES  NO Does the annuitant or owner have existing individual life insurance policies or annuity contracts?  
 YES  NO Will this contract replace or change any existing life insurance or annuity in this or any other company?

[ **B. Option**  A  B  C (If left blank, option will default to your firm's Selling Agreement.) ]

**C. Financial Advisor (Primary)**

100 %  
Percentage

John Advisor  
Printed Name

123-456-7891  
Telephone Number

XX X  
State License ID

Broker Inc.  
Broker/Dealer Firm

123  
Broker/Dealer Rep Number

abc@efg.com  
Email Address

SIGN HERE

\_\_\_\_\_  
Signature

John Doe

**D. Financial Advisor (Secondary)**

\_\_\_\_\_%  
Percentage

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
State License ID

\_\_\_\_\_  
Broker/Dealer Firm

\_\_\_\_\_  
Broker/Dealer Rep Number

\_\_\_\_\_  
Email Address

SIGN HERE

\_\_\_\_\_  
Signature