

SERFF Tracking Number: MANU-126195906 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 42742
Company Tracking Number: CP4024US (07/2009) - EXPRESS UNDERWRITING APPLICATION FOR LIFE INSURANCE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: CP4024US (07/2009) - Express Underwriting Application for Life Insurance
Project Name/Number: CP4024US (07/2009) - Express Underwriting Application for Life Insurance/CP4024US (07/2009) - Express Underwriting Application for Life Insurance

Filing at a Glance

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

Product Name: CP4024US (07/2009) - Express SERFF Tr Num: MANU-126195906 State: Arkansas

Underwriting Application for Life Insurance

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 42742
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: CP4024US (07/2009) - State Status: Approved-Closed
EXPRESS UNDERWRITING
APPLICATION FOR LIFE
INSURANCE

Filing Type: Form

Reviewer(s): Linda Bird

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

Disposition Date: 06/24/2009

Date Submitted: 06/23/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: CP4024US (07/2009) - Express Underwriting Application Status of Filing in Domicile: Authorized for Life Insurance

Project Number: CP4024US (07/2009) - Express Underwriting Application for Life Insurance

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Exempt in Michigan

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/24/2009

Explanation for Other Group Market Type:

State Status Changed: 06/24/2009

Deemer Date:

Created By: Jacqueline Lau

Submitted By: Jacqueline Lau

Corresponding Filing Tracking Number:

SERFF Tracking Number: MANU-126195906 State: Arkansas
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Filing Description:

INDIVIDUAL LIFE

CP4024US (07/2009) – Express Underwriting Application for Life Insurance

We are submitting the above new application form for your approval. The form will be used with state approved Universal and Variable Life policies in the corporate-owned and bank-owned individual life insurance market. This new form does not replace any currently approved forms and will be available electronically (print only) without any change in the pre-formatted content.

This form will be used with main application form CP4000US (09/2008), Master COLI Application for Life Insurance which was approved by your state on August 27, 2008 under SERFF Tracking # MANU-125742058, State Tracking # 40055.

No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards.

CP4024US (07/2009), Express Underwriting Application for Life Insurance will be used with cases of 10 or more participants where the underwriting criteria for the insured is based on actively at work, smoking status and one simplified question about their health status. This form will also be used to obtain consent to be insured for each individual.

The Service Office address and Policy Details section are being filed as variable information [shown in brackets] to accommodate future changes.

We trust the forms are acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-7906 (collect) or via e-mail at jacqueline_lau@jhancock.com.

Enclosures: Statement of Variability

Filing Fee (EFT)

Flesch Score Certificate

Company and Contact

Filing Contact Information

Jacqueline Lau, Contract Analyst
200 Bloor St E

Jacqueline_Lau@jhancock.com
416-852-7906 [Phone]

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Toronto, ON M4W 1E5 416-926-3121 [FAX]

Filing Company Information

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

CoCode: 65838
 Group Code: 904
 Group Name:
 FEIN Number: 01-0233346

State of Domicile: Michigan
 Company Type: insurance/financial
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$20.00	06/23/2009	28755655

SERFF Tracking Number: MANU-126195906 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/24/2009	06/24/2009

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Disposition

Disposition Date: 06/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-126195906 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Express Underwriting Application for Life Insurance		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CP4024US (07/2009)	Application/ Enrollment Form	Express Underwriting Application for Life Insurance	Initial		0.000	CP4024US.pdf



Express Underwriting Application for Life Insurance

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

(hereinafter referred to as The Company)

Service Office:

COLI Unit
197 Clarendon Street
Boston MA 02116-5010

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

Proposed Life Insured

1. a) Name

First	JOHN	Middle	M.	Last	DOE
-------	------	--------	----	------	-----

b) Date of Birth

month	OCT	day	04	year	1967
-------	-----	-----	----	------	------

 c) Sex M F d) Social Security/Tax ID Number

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

e) Workplace Address

Address - Street No. & Name, Apt No., City, State, Zip code		
1999 MARCH STREET	ANYTOWN, ANYSTATE	12345

f) Place of Birth

ANYTOWN	USA
---------	-----

 g) Driver's Information

License No.	1234567890	State	AS
-------------	------------	-------	----

h) Residency Status U.S. Resident Other i) Citizenship if other than U.S.

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j) Name of Employer

Name of Employer	COMPANY PRESIDENT
------------------	-------------------

k) Occupation/Title

Occupation	ABC COMPANY
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 l) Salary \$

200,000

Owner (Complete only if Owner is other than Proposed Life Insured)

2. a) Name of Owner

ABC COMPANY

b) Date of Birth

month		day		year	
-------	--	-----	--	------	--

 c) Relationship to Proposed Life Insured

EMPLOYER

d) Address

Address - Street No. & Name, Apt No., City, State, Zip code		
456 CENTER STREET, ANYTOWN, ANYSTATE	12346	

e) Social Security/Tax ID Number

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

f) Residency Status U.S. Resident Other g) Citizenship if other than U.S.

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Consent

3. I,

First	JOHN	Middle	M.	Last	DOE
-------	------	--------	----	------	-----

 (Full name of Proposed Life Insured), consent to

First	ABC COMPANY	Middle		Last	
-------	-------------	--------	--	------	--

 (The Owner), purchasing a maximum amount of

\$ 500,000

 life insurance on my life and that the coverage may continue after termination of my current employment with:

Employer	ABC COMPANY
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4. a) Beneficiary (if other than the Owner)

First		Middle		Last	
-------	--	--------	--	------	--

b) Relationship to Proposed Life Insured(s)

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I acknowledge and consent to the above beneficiary(s) and owners having full rights and privileges to the insurance coverage applied for.

Policy Details - For Variable Insurance Policies, complete required Application Supplement for Investment Allocation and Investor Suitability form.

5. Plan Name Corporate VUL Other _____

6. Face Amount (excluding Supplementary Benefits): \$ 500,000

7. Supplementary Benefits

Overloan Protection Rider

Return of Premium Death Benefit (with DB Option 1 only)
Increase Rate Yes _____ % No

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

Supplemental Face Amount (SFA) (Check only one option below.)

Level SFA of \$ _____ for life of the policy

Initial SFA of \$ _____ with Total Face Amount increasing by: _____ % or \$ _____ per year for _____ policy years (level thereafter)

Customized Level or Increasing Schedule (List by policy year. SFA decreases cannot be scheduled at issue. Please complete Application Supplement - Customized Schedule form.)

Other _____

8. Death Benefit Option Option 1 (Face Amount) Option 2 (Face Amount plus Policy Value)

9. Loan Interest Rate Fixed Other _____ %

10. Life Insurance Qualification Test Guideline Premium (GPT) Cash Value Accumulation (CVAT)

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

Premiums

11. Amount \$ 1,691.25 Frequency: Annual Other _____

Premium Notices and Correspondence

12. a) Send Premium Notices to: (Select one)

Owner Proposed Life Insured

Other: Name _____ Street No. & Name, Apt No., City, State, Zip code _____

b) Send Policy Correspondence to: (Select one)

Owner Proposed Life Insured Same as 12. a) above

Other: Name _____ Street No. & Name, Apt No., City, State, Zip code _____

Existing and Pending Insurance - Proposed Life Insured

13. a) Total insurance in force on the Proposed Life Insured \$ 200,000

b) Including this application, total insurance currently pending with all companies \$ 200,000

c) Of the above pending amount in 13. b), how much do you intend to accept? \$ 200,000

Existing Insurance - Owner Replacements

14. Will this insurance replace existing policies or are you considering using funds from existing policies to pay premiums due on the new policy or contract?

Yes No If **Yes**, please complete the IMPORTANT NOTICE: Replacement of Life Insurance or Annuities.

Actively at Work

15. Are you actively at full time work and performing all the duties of your usual employment at least 30 hours per week, 5 days a week at your regular place of employment? If **No**, give details below. Yes No
16. During the last three months, have you been absent from work due to illness or injury for more than 5 consecutive work days? If **Yes**, give details below. Yes No

Personal Questions

17. In the past 10 years, has the Proposed Life Insured been diagnosed or treated by a licensed physician or other member of the medical profession for any disorder of the heart or blood vessels, tumors or cancer, diabetes, stroke, or any disease of the blood, lungs, kidneys, nervous system, drug or alcohol use, depression, the Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Yes No
If **Yes**, provide details.
18. During the last twelve months, have you smoked any cigarettes? Yes No

Details to "Yes" answer for 17. If more space is required, use the Medical Questions Continuation Sheet.

Question No.	Date	Reason and treatment given	Duration of Condition	Name, Address and Telephone Number of Attending Physician and Hospital
	mmm dd yyyy			

Special Requests

19. a) Special Policy Date
- b) Other

Telephone and/or Internet Transfer/Allocation Change Authorization

20. I understand and agree that:
- a) By checking one of the boxes below, I am authorizing The Company to accept telephone and Internet transfers and allocation changes. Telephone and Internet transfers and allocation changes will also be subject to the terms and conditions of the policy, and the administrative requirements of The Company.
 - b) **The Company will honor telephone and Internet instructions from anyone who provides correct identifying information.** The Company, its agents or representatives of employees who act on its behalf will not be subject to any claim, liability, loss, expense or cost if acted on in good faith upon telephone or Internet instructions it reasonably believes to be genuine in reliance on this signed authorization.
 - c) The Company, at its option alone and without prior or subsequent notice to the Owner(s), or any other person or representative of the Owner(s), may record all or part of any telephone conversation containing telephone transfer and/or allocation change instructions.
 - d) All terms of the Authorization are binding upon the agents, heir and assignees of the Owner(s).
 - e) This Telephone and Internet Transfer/Allocation Change Authorization will be effective until such time as (a) written revocation is received by The Company's Service Office, or (b) The Company discontinues this privilege, whichever occurs first.

Please check (✓) ONLY one box:

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

Declarations

The Proposed Life Insured and Owner declare that the statements and answers in this application and any form that is made part of this application are complete and true to the best of my knowledge and believe they are correctly recorded.

In addition, I understand and agree that:

- 1. The statements and answers in this application, which includes the Application Supplement for Investment Allocation and Investor Suitability form and the Application Supplement - Customized Schedule, if applicable, will become part of the insurance policy issued as a result of this application.
- 2. Insurance under any policy issued as a result of this application will not be effective, and no insurance shall be provided prior to the later of the date the first premium is paid in full and the date the policy has been delivered; provided that at the time of delivery there has been no deterioration in the insurability of any person proposed for life insurance as stated in the application, since the date of the application.
- 3. Acceptance of the policy will, where permitted by law, constitute agreement to its terms and ratification of any changes specified by The Company in the policy, except that any change of amount, classification, plan, benefits or age at issue will be made only with the Owner's written consent.
- 4. Any person who knowingly and with intent to defraud any insurer: (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.

Authorizations and Owner/Taxpayer Certification

AUTHORIZATION TO OBTAIN INFORMATION

I, the Proposed Life Insured(s), authorize:

- 1. John Hancock Life Insurance Company (U.S.A.) (The Company) to obtain an investigative consumer report on me.
- 2. Any medical professional, medical care provider, hospital, clinic, laboratory, insurance company, the Medical Information Bureau (MIB Inc.), or any other similar person or organization to give The Company and its reinsurers information about me.

The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition.

In turn, The Company is free to disclose such information and any information developed during its evaluation of my application to:

- (a) its reinsurers; (b) the MIB Inc.; (c) other insurance companies as designated by me; (d) me; (e) any medical professional designated by me; or (f) any person or entity entitled to receive such information by law or as I may further consent.

I acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB Inc.

This authorization will be valid for two years from the date shown. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am entitled, or my authorized representative is entitled, to a copy of this authorization.

OWNER/TAXPAYER CERTIFICATION - MUST BE COMPLETED

Under the penalties of perjury, I the Owner, certify that:

- 1. The number shown on Page 1 of the application is my correct taxpayer identification number (if number has not been issued, write "Applied for" in the box on Page 1), **AND**

2. Check the applicable box:

- I am not subject to Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Tax Withholding, **AND**

- The Internal Revenue Service (IRS) has notified me that I am subject to Backup Tax Withholding, **AND**

- 3. I am a U.S. resident (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid Backup Tax Withholding.

Signatures (Please read all of the above Declarations, Authorizations and Certification before signing this form.)

Signed at City, State	This	Day of	Year
Signature of Agent/Registered Representative (as Witness) X		Signature of Proposed Life Insured X	
		Signature of Owner, if other than a Proposed Life Insured X	

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: flesch ar.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: CP4000US (09/2008), Master COLI Application for Life Insurance which was approved by your state on August 27, 2008 under SERFF Tracking # MANU-125742058, State Tracking # 40055 Attachment: CP4000US.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability US.pdf		

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

**FLESCH SCORE CERTIFICATE
FOR THE STATE OF ARKANSAS**

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test, and that this form meets the requirements of your readability legislation.

FORM NUMBER	READABILITY SCORE
CP4024US (07/2009)	40*

*Joint score for application and policy combined.

June 23, 2009
Date


Helene Landow, FLMI, ACP
Director, Contracts and Compliance



Master COLI Application for Life Insurance

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

(hereinafter referred to as The Company)

Service Office:

COLI Unit
197 Clarendon Street
Boston MA 02116-5010

• Print and use black ink. Any changes must be initialed by the Owner's Authorized Officer.

Owner

1. a) Name(s) of Owner(s)
- b) Address Street No. & Name, City, State, Zip code
- c) Tax ID Number

Beneficiary Information

2. Owner Other

Policy Details - For Variable Insurance Policies, complete required Application Supplement for Investment Allocation and Investor Suitability form.

3. Plan Name Corporate VUL Other
4. Supplementary Benefits
- Overloan Protection Rider
 - Return of Premium Death Benefit (with DB Option 1 only)
 - Increase Rate Yes _____ % No
 - Percentage of Premiums to be returned at death (Whole numbers only. Maximum 100%) _____ %
 - Supplemental Face Amount (SFA) (Check only one option below.)
 - Level Supplemental Face Amount (SFA)
 - Custom or increasing SFA schedule. Please complete Application Supplement - Customized Schedule form.
 - Other

5. Insurance amounts to be applied for in accordance with Insurance Schedule or Census and Consent to Life Insurance forms.
6. Death Benefit Option Option 1 (Face Amount) Option 2 (Face Amount plus Policy Value)
7. Loan Interest Rate Fixed Other %
8. Life Insurance Qualification Test Guideline Premium (GPT) Cash Value Accumulation (CVAT)
- Note: Elected test cannot be changed after the policy is issued. You may request an Illustration on both tests before making your election.**

Premiums

9. Amount \$ Frequency Annual Other

Premium Notices and Correspondence

10. a) Send Premium Notices to: (Select one)
- Owner Proposed Life Insured
 - Other:
- b) Send Policy Correspondence to: (Select one)
- Owner Proposed Life Insured Same as 10. a) above
 - Other:

Existing Insurance - Owner Replacements

11. Will this insurance replace existing policies or are you considering using funds from existing policies to pay premiums due on the new policy or contract?
- Yes No If Yes, please complete the IMPORTANT NOTICE: Replacement of Life Insurance or Annuities.

Special Requests

12. a) Special Policy Date b) Other

Telephone and/or Internet Transfer/Allocation Change Authorization

13. I understand and agree that:

- a) By checking one of the boxes below, I am authorizing The Company to accept telephone and Internet transfers and allocation changes. Telephone and Internet transfers and allocation changes will also be subject to the terms and conditions of the policy, and the administrative requirements of The Company.
- b) **The Company will honor telephone and Internet instructions from anyone who provides correct identifying information.** The Company, its agents or representatives of employees who act on its behalf will not be subject to any claim, liability, loss, expense or cost if acted on in good faith upon telephone or Internet instructions it reasonably believes to be genuine in reliance on this signed authorization.
- c) The Company, at its option alone and without prior or subsequent notice to the Owner(s), or any other person or representative of the Owner(s), may record all or part of any telephone conversation containing telephone transfer and/or allocation change instructions.

- d) All terms of the Authorization are binding upon the agents, heir and assignees of the Owner(s).
- e) This Telephone and Internet Transfer/Allocation Change Authorization will be effective until such time as (a) written revocation is received by The Company's Service Office, or (b) The Company discontinues this privilege, whichever occurs first.

Please check (✓) ONLY one box:

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

Declarations and Owner/Taxpayer Certification

DECLARATIONS

I declare that the statements and answers in this application, and any form that is made part of this application, are complete and true to the best of my knowledge. I believe they are correctly recorded. I believe that all of the lives under the attached schedule are actively at work full time and physically performing all of the duties of their usual employment. Full time employment is defined as at least 30 hours per week at their regular place of employment. Furthermore, each participant has consented to the beneficiary details, the insurance coverage amount as per this master application; and the attached insurance schedule. They have each attested that they have not been absent from work in the past 90 days because of illness or injury; or have provided details that were deemed satisfactory for the purposes of the Company's underwriting guidelines. In addition, I understand and agree that:

- 1. The Insurance Schedule, the Consent to Life Insurance forms, and any Application Supplement shall form part of the application for life insurance.
- 2. Insurance under any policy issued as a result of this application will not be effective, and no insurance shall be provided prior to the later of the date the first premium is paid in full and the date the policy has been delivered; provided that at the time of delivery there has been no deterioration in the insurability of any person proposed for life insurance as stated in the application, since the date of the application.
- 3. Acceptance of the policy will, where permitted by law, constitute agreement to its terms and ratification of any changes specified by The Company in the policy, except that any change of amount, classification, plan, benefits or age at issue will be made only with the Owner's written consent.
- 4. Any person who knowingly and with intent to defraud any insurer: (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.

OWNER/TAXPAYER CERTIFICATION - MUST BE COMPLETED

Under the penalties of perjury, I the Owner, certify that:

- 1. The number shown on Page 1 of the application is my correct taxpayer identification number (if number has not been issued, write "Applied for" in the box on Page 1), **AND**
- 2. Check the applicable box:
 - I am not subject to Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Tax Withholding, **AND**
 - The Internal Revenue Service (IRS) has notified me that I am subject to Backup Tax Withholding, **AND**
- 3. I am a U.S. resident (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid Backup Tax Withholding.

Signatures (Please read all of the above Declarations and Owner/Taxpayer Certification before signing this form.)

THIS APPLICATION FOR LIFE INSURANCE INCLUDES THE INSURANCE SCHEDULE OR CENSUS, CONSENT TO LIFE INSURANCE FORMS, APPLICATION SUPPLEMENT FOR INVESTMENT ALLOCATION AND INVESTOR SUITABILITY AND APPLICATION SUPPLEMENT - CUSTOMIZED SCHEDULE, IF APPLICABLE.

Signed at City, State	This	Day of	Year
X		Owner's Name	
Agent/Registered Representative, if other than Witness		Signature and Title of Authorized Officer	
X		X	

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

STATEMENT OF VARIABILITY

June 23, 2009

EXPRESS UNDERWRITING APPLICATION FOR LIFE INSURANCE

FORM CP4024US (07/2009)

Section #	Page Number	Description
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.
Policy Details #5 to 7	Page 2	The Policy Details section is [bracketed] to accommodate future changes. Plan/Product name, Supplementary Benefits, Supplementary Face Amount and Other, all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.