

SERFF Tracking Number: MANU-126818668 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 46980  
 Company Tracking Number: 11PROWL  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: 11PROWL  
 Project Name/Number: 11PROWL/11PROWL

## Filing at a Glance

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

Product Name: 11PROWL

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
 Premium - Single Life

Filing Type: Form

SERFF Tr Num: MANU-126818668 State: Arkansas

SERFF Status: Closed-Approved-  
 Closed State Tr Num: 46980

Co Tr Num: 11PROWL

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Nina Kassim, Helene

Disposition Date: 10/07/2010

Landow, Karren Phair, Debbie Tom,

Jacqueline Lau, Joel Meggs

Date Submitted: 10/05/2010

Disposition Status: Approved-  
 Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 11PROWL

Project Number: 11PROWL

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/07/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/07/2010

Created By: Nina Kassim

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Nina Kassim

Filing Description:

Individual Life

Form 11PROWL, Whole Life Insurance Policy, Non-Participating

We are submitting the above form for your approval. The form is filed in accordance with the applicable statutes and regulations of your jurisdiction. The form will be laser printed, subject only to minor variations in color, paper stock,

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duplexing, fonts, and positioning. This is a new form and does not replace any currently approved form. The form will be effective on the date of approval and will be made available to the general public. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards. No assumptions or provisions unfairly discriminate in availability, rates, benefits or any other way for prospective insureds of the same class, equal expectation of life, and degree of risk or hazard.

Form 11PROWL, Whole Life Insurance Policy, is a non-participating single life whole life insurance policy. The policy provides a level death benefit for life. The Total Face Amount is elected at issue and cannot be increased after issue. The issue age range for the policy presently is 0 to 90 and can vary within this range based on smoking status and risk classification. There are eleven combinations of premium payment options (plans) available under this policy, as follows:

- Full Pay option, for which premiums are level and payable to age 121
- Limited Pay option, for which premiums are level and payable to age 65, or for 5 years, whichever is greater
- 10 Pay option, for which premiums are level and payable for the first 10 policy years
- 15 Pay option, for which premiums are level and payable for the first 15 policy years
- 20 Pay option, for which premiums are level and payable for the first 20 policy years
- Single Pay option, for which a one-time single premium is paid at issue and no further premiums are payable
- Single Pay & 10 Pay Combination option, for which level premiums are payable for the first 10 policy years in addition to the initial Single Premium
- Single Pay & 15 Pay Combination option, for which level premiums are payable for the first 15 policy years in addition to the initial Single Premium
- Single Pay & 20 Pay Combination option, for which level premiums are payable for the first 20 policy years in addition to the initial Single Premium
- Single Pay & Limited Pay Combination option, for which premiums are level and payable to age 65, or for 5 years (whichever is greater), in addition to the initial Single Premium
- Single Pay & Full Pay Combination option, for which premiums are level and payable to age 121, in addition to the initial Single Premium

Values are based on the Commissioners 2001 Standard Ordinary Sex and Smoker Distinct ANB Ultimate Mortality Tables. For policies subject to the Norris Decision that are purchased by a qualified pension or profit-sharing plan, we issue the policy on a unisex basis using the Commissioners 2001 Standard Ordinary Smoker Distinct (80) ANB Ultimate Mortality Table. We assume 4.75% interest in calculating the minimum cash values. The Cash Values guaranteed in the policies will equal or exceed these minimums. An Actuarial Description is enclosed describing the benefits of the policy.

Policy loans are available on a variable interest rate basis as specified in the policy.

The main application form which will be used with this policy is NB5000AR (11/2009), Application for

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Life Insurance, which was approved by your state December 1, 2009 under SERFF Tracking # MANU-126399004.

Other previously and subsequently approved riders may be made available with this policy. A complete listing of all applicable riders elected and attached to the policy will be listed on page 3.0 in the "Supplementary Benefits" field.

Marketing materials which have yet to be developed for this product will be submitted to your Department to the extent necessary under insurance laws, unless you indicate otherwise.

We trust the form is 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 416-852-4842 (collect) or via email at joel\_meggs@jhancock.com.

P.S. At present, there is no advertising or sales material available for this product.

Enclosures: Actuarial Description (includes Basis of Reserves)  
Statement of Variability  
Filing Fee (EFT)  
Flesch Score Certificate  
John Doe Application  
Certification of Compliance re Unfair Sex Discrimination  
Certification of Compliance re Ark. Code Ann. 213-79-138 and Regulation 49

## Company and Contact

### Filing Contact Information

Joel Meggs, Sr. Contract Analyst Joel\_Meggs@jhancock.com  
200 Bloor St E 416-852-4842 [Phone]  
Toronto, ON M4W 1E5 416-926-3121 [FAX]

### Filing Company Information

John Hancock Life Insurance Company (U.S.A.) CoCode: 65838 State of Domicile: Michigan  
P. O. Box 600 Group Code: 904 Company Type: insurance/financial  
Contracts and Compliance Group Name: State ID Number:  
Buffalo, NY 14201-0600 FEIN Number: 01-0233346  
(416) 926-3000 ext. [Phone]

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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 policy submission x \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	10/05/2010	40280128

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/07/2010	10/07/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Nina Kassim	10/05/2010	10/05/2010



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Compliance Certification re Ark. Code Ann. 23-79-138 and Regulation 49		Yes
Supporting Document	Compliance Certification re Unfair Sex Discrimination		Yes
Supporting Document	Statement of Variability		Yes
Form	Whole Life Insurance Policy, Non-Participating		Yes

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**Amendment Letter**

Submitted Date: 10/05/2010

**Comments:**

Adding Statement of Variability.

Thank you,

Nina

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability**

Comment:

Statement of Variability 11PROWL - generic.pdf

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	11PROWL	Policy/Cont	Whole Life Insurance Initial ract/Fratern Policy, Non-al Participating Certificate			46.000	11PROWLar.pdf



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

LIFE INSURED     **[John J. Doe]**  
POLICY NUMBER    [12 345 678]  
PLAN NAME        [Protection Whole Life]

**WHOLE LIFE INSURANCE POLICY**

PREMIUM PAYMENTS FOR THIS POLICY ARE SHOWN IN THE POLICY SPECIFICATIONS SECTION 1.  
NON-PARTICIPATING (NOT ELIGIBLE FOR DIVIDENDS).

Subject to the conditions and provisions of this policy, if the Life Insured dies while the policy is in force, the John Hancock Life Insurance Company (U.S.A.) (“the Company”) agrees to pay the Insurance Benefit to the beneficiary in a lump sum, and to provide the other benefits, rights, and privileges, if any, of the policy. The Insurance Benefit is described in Section 5. If the Company makes other plans of payment available other than a lump sum, then a Beneficiary may request written election of any such other plans in lieu of a lump sum.

**READ YOUR POLICY CAREFULLY. It is a contract between you and us.**

**RIGHT TO RETURN POLICY.** If for any reason you are not satisfied with your policy, you may return it for cancellation by delivering or mailing it to us or to the agent who sold it. If this policy does not replace another policy, you may return it within TEN days after receiving it, or if it replaces another policy, you may return it within THIRTY days after receiving it. We will refund in full the payment made. The policy will be void from the beginning.

Signed for the Company by:

  
President

  
Secretary

## **Policy Provisions**

### **Section**

1. Policy Specifications
2. Table of Values
3. Definitions
4. Total Face Amount
5. Insurance Benefit
6. Interest on Proceeds
7. Premiums
8. Grace Period
9. Automatic Premium Loan
10. Guaranteed Options
11. Surrenders
12. Coverage At and After Age 121
13. Policy Termination
14. Reinstatement
15. Loans
16. Owner and Beneficiary
17. Assignment
18. Misstatements
19. Suicide
20. Validity/Incontestability
21. The Contract
22. Right to Postpone Payment of Benefits
23. Claims of Creditors
24. How Values are Computed

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**1. POLICY SPECIFICATIONS**


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<b>Life Insured</b>	[JOHN DOE]	<b>Plan Name</b>	[Protection Whole Life]
<b>Age at Policy Date</b>	[35]	<b>Policy Number</b>	[12 345 678]
<b>[Sex]</b>	[MALE]	<b>Issue Date</b>	[Oct 1, 2010]
<b>Risk Classification</b>	[Standard] [Non Smoker]	<b>Policy Date</b>	[Oct 1, 2010]
<b>Additional Ratings for Base Policy</b>	[not applicable]		
<b>Supplementary Benefits</b>	[not elected]		
	Additional Rating: [not applicable]		
<b>Owner, Beneficiary</b>	As designated in the application or subsequently changed		
<b>Governing Law</b>	[Arkansas]		

**Face Amount at Issue**

Face Amount	[\$100,000]
Single Premium Face Amount	\$_[not elected]
Total Face Amount	\$_[100,000]

**PREMIUM SCHEDULE**

<b>Premium Mode</b>	[Annual]
<b>Premium Payment Options</b>	[Full Pay - Level premiums payable to Age 121]

<b>Beginning on Day/Month/Year</b>	<b>Level Premium</b>	<b>Single Premium</b>	<b>Supplementary Benefit Premium</b>	<b>Total Modal Premium</b>
[01 OCT 2010]	[\$987.00]			[\$987.00]
[01 OCT 2096]	[\$0.00]			[\$0.00]

Total Modal Premium includes any applicable supplementary benefits and additional ratings.

**2. TABLE OF VALUES** – Policy [12 345 678]**TABLE OF VALUES-- DOLLAR VALUES ARE PER 1000 OF FACE AMOUNT**

End of Policy Year	<u>Full Pay</u>	
	Cash Value \$	Paid Up Insurance \$
1	0.00	0.00
2	0.00	0.00
3	3.83	22.00
4	12.54	70.00
5	21.59	115.00
6	31.00	158.00
7	40.76	200.00
8	50.85	239.00
9	61.28	277.00
10	72.04	313.00
11	83.12	347.00
12	94.56	380.00
13	106.36	411.00
14	118.63	441.00
15	131.38	470.00
16	144.57	498.00
17	158.22	524.00
18	172.25	549.00
19	186.69	574.00
20	201.46	597.00
21	216.52	618.00
22	231.89	639.00
23	247.56	659.00
24	263.66	677.00
25	280.15	695.00
26	296.98	712.00
27	314.08	729.00
28	331.35	744.00
29	348.74	758.00
30	366.26	772.00
31	383.93	785.00
32	401.78	798.00
33	419.89	809.00

**2. TABLE OF VALUES (continued) – Policy [12 345 678]****TABLE OF VALUES-- DOLLAR VALUES ARE PER 1000 OF FACE AMOUNT**

End of Policy Year	<u>Full Pay</u>	
	Cash Value \$	Paid Up Insurance \$
34	438.26	821.00
35	456.94	832.00
36	475.80	842.00
37	494.84	852.00
38	513.77	861.00
39	532.62	870.00
40	551.45	878.00
41	570.24	886.00
42	588.99	894.00
43	607.58	901.00
44	625.86	908.00
45	643.70	914.00
46	661.07	920.00
47	677.84	925.00
48	694.09	930.00
49	709.85	935.00
50	725.04	940.00
51	739.58	944.00
52	753.34	947.00
53	766.26	951.00
54	778.29	954.00
55	789.41	957.00
56	799.62	959.00
57	809.27	962.00
58	818.38	964.00
59	826.93	966.00
60	834.89	968.00
61	842.17	969.00
62	849.17	971.00
63	855.83	972.00
64	862.10	974.00
65	867.85	975.00
66	872.81	976.00
67	877.68	977.00

**2. TABLE OF VALUES (continued) – Policy [12 345 678]****TABLE OF VALUES-- DOLLAR VALUES ARE PER 1000 OF FACE AMOUNT**

<b>End of Policy Year</b>	<b>Full Pay</b>	
	<b>Cash Value \$</b>	<b>Paid Up Insurance \$</b>
68	882.45	978.00
69	887.10	979.00
70	891.62	980.00
71	896.03	981.00
72	900.33	982.00
73	904.52	983.00
74	908.58	984.00
75	912.53	984.00
76	916.36	985.00
77	920.07	986.00
78	923.66	987.00
79	927.13	987.00
80	930.47	988.00
81	933.70	989.00
82	936.80	989.00
83	939.79	990.00
84	942.65	990.00
85	945.30	991.00
86	1000.00	1000.00

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### 3. DEFINITIONS

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The term “**Additional Rating**” is an increase in the premium that is applied when a Life Insured does not meet, at a minimum, our underwriting requirements for the standard Risk Classification. Any Additional Rating is included in the premium as shown in Section 1.

The term “**Age**” means, on any policy anniversary, the age of the person in question at his or her birthday nearest that date.

The term “**Cash Value**” is the amount at a specific date to determine certain policy benefits at that date. The Cash Value is shown for the end of all Policy Years, per \$1,000 of face amount in the Table of Values, Section 2.

The term “**Business Day**” means any day that we are open for business.

The term “**date**” means a calendar day ending at midnight local time at our Service Office.

The term “**in force**” means that the policy has not terminated in accordance with Sections 8, 13, or surrendered in accordance with Section 11.

The term “**Issue Date**” is the date shown in the Policy Specifications of this policy from which the Suicide and Validity/Incontestability provisions are applied.

The term “**Loan Value**” is the Cash Value discounted by the loan interest rate for the period from the date the loan value is being calculated to the date immediately prior to the next Policy Anniversary date or the next premium due date, if earlier.

The term “**Net Cash Surrender Value**” equals the Cash Value less the Policy Debt.

The term “**Policy Date**” is the date from which the first premium is due. The Policy Date is shown in Section 1. Policy Years, Policy Months, and Policy Anniversaries are determined from the Policy Date.

The term “**Policy Debt**” as of any date equals (a) plus (b) plus (c), minus (d), where:

- (a) is the total amount of loans borrowed as of such date;
- (b) is the total amount of any unpaid loan interest charges borrowed against the policy on a Policy Anniversary;
- (c) is any interest charges accrued from the last Policy Anniversary to the current date; and
- (d) is the total amount of loan repayments as of such date.

The term “**Service Office**” is the office that we designate to service this policy as shown on the back cover of your policy.

The terms “**we**”, “**us**”, and “**our**” refer only to the Company.

The term “**written request**” is your request to us which must be in a form satisfactory to us, signed and dated by you, and filed at our Service Office or, if permitted by our administrative practices, an electronic mail message (“e-mail”) received by us at the internet address specified by us for receipt of such messages.

The terms “**you**” and “**your**” refer only to the Owner of this policy.

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### 4. TOTAL FACE AMOUNT

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The Total Face Amount is elected at issue and shown in Section 1. You may not increase any Face Amount under this policy after issue.

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## **5. INSURANCE BENEFIT**

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If the Life Insured dies while the policy is in force, we will pay the Insurance Benefit upon receipt of due proof of death of the Life Insured, subject to any applicable provisions of the policy. If the Life Insured dies on or after the date we receive a request from you to surrender the policy, no Insurance Benefit will be paid. We will pay the amount payable under the Surrender provision instead.

### **Insurance Benefit**

The Insurance Benefit payable is:

- (a) the Total Face Amount; plus
- (b) any amounts payable under a Supplementary Benefit rider, if any, as a result of the Life Insured's death that form part of the contract; less
- (c) any outstanding Policy Debt at the date of death.

If the Life Insured dies during a grace period, the Insurance Benefit payable described above will be reduced by the amount of premium required to cover the period from the premium due date to the Life Insured's date of death.

If a premium has been paid for a period beyond the Life Insured's date of death, we will refund the portion of the premium which was paid for the period beyond the Life Insured's date of death, provided the applicable coverage is still in a premium paying status. In no event, will any portion of any single premium be refunded.

The Total Face Amount will be increased if the cash value of this policy is ever greater than the net single premium. The new Total Face Amount will be paid so that the cash value is equal to the net single premium for this higher Total Face Amount.

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## **6. INTEREST ON PROCEEDS**

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We will pay interest on proceeds paid in one sum including interest as stipulated by the state. If the state does not specify the interest rate, we will use the rate for insurance benefits left on deposit with us.

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## **7. PREMIUMS**

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The amount of premiums, their due dates and the period of years for which they are payable are shown in Section 1. The first premium is due on the Policy Date. Premiums are payable at any of our offices. On request we will give a receipt signed by one of our officers.

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## **8. GRACE PERIOD**

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### **Grace Period Duration**

Any premium, other than the first, not paid when due may be paid within 31 days from the premium due date. During this time the policy remains in force. If a premium is not paid by the end of the grace period, your policy will terminate, unless it has a Net Cash Surrender Value. If the policy has Net Cash Surrender Value, you can exercise the Automatic Premium Loan or the Guaranteed Options provisions as specified in Sections 9 and 10.

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## **9. AUTOMATIC PREMIUM LOAN**

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This option can be requested either in the application or by written request while the policy is in force. You may revoke the option at any time by written request.

While effective, each premium due and not paid by the end of the grace period will be paid automatically by loan. We will loan the whole premium if at the end of the premium period the Policy Debt will not exceed the Loan Value.

If the amount available is less than the premium due, the interval of premium payment will be changed to the next shorter interval, if any, for which premiums may be paid and which the amount available is sufficient to pay in full. If the amount available is not sufficient to pay a premium for a shorter interval the policy will terminate.

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## 10. GUARANTEED OPTIONS

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If a premium is not paid and your policy has Net Cash Surrender Value, you can choose a guaranteed option instead of resuming premium payments. The guaranteed options are (a) and (b) below:

**(a) Paid-Up Insurance**

You can continue the policy as paid-up life insurance payable on the Life Insured's date of death. We will use the Net Cash Surrender Value, as a net single premium on the due date to compute the level amount of guaranteed insurance. End of policy year paid-up insurance values are shown in Section 2.

**(b) Surrender of the Policy**

You can surrender the policy for cash as specified in the Surrender provision, Section 11.

If you do not choose a guaranteed option before the end of the grace period (or such other time as may be required by the law of the state in which the policy was delivered), and you did not request the Automatic Premium Loan option, we will apply option (a).

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## 11. SURRENDERS

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You may surrender this policy upon written request for its Net Cash Surrender Value at any date prior to the death of the Life Insured. We will determine the Net Cash Surrender Value as of the end of the Business Day on which we have received at our Service Office your written request for full surrender of the policy. We will process the request and pay the Net Cash Surrender Value only if we have not received due proof that the Life Insured died prior to the surrender date. After we receive your written request to surrender the policy, no insurance will be in force.

If a premium due has not been paid, the cash value within 60 days after the due date is the same as it was on the due date. If we are continuing the policy as paid-up insurance, the cash value is the net single premium for that insurance on the date of surrender. If the date of surrender is within 31 days after a Policy Anniversary, we take the net single premium as not less than on that anniversary.

### Partial Surrender

Once per Policy Month after the first Policy Year, you may request a partial surrender of the Net Cash Surrender Value if available. The partial surrender is subject to the following conditions:

- (a) without our approval, each partial surrender must be for at least a minimum amount of \$500;
- (b) we will process the partial surrender, thereby reducing the Total Face Amount and Cash Value, as of the end of the Business Day on which we receive your written request;
- (c) partial surrenders will reduce the Single Premium Face Amount first (if elected) and then the Face Amount; and
- (d) we will not allow a partial surrender if the Total Face Amount falls below the lesser of \$50,000 or the Total Face Amount at issue.

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## 12. COVERAGE AT AND AFTER AGE 121

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Coverage under this policy at and after the Life Insured's Age 121 is subject to the stipulations stated below.

**Insurance Benefit.** There is no change in the Insurance Benefit after the Life Insured reaches Age 121.

**Surrender of the Policy.** If you surrender the policy after the Life Insured reaches Age 121, we will pay the Insurance Benefit as specified in Section 5.

**Loans.** There is no change in the basis on which the Net Cash Surrender Value is determined with respect to loans after the Life Insured reaches Age 121.

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### **13. POLICY TERMINATION**

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This policy terminates on the earliest of the following events:

- (a) the end of the grace period, if a premium is not paid and the policy does not have a cash value;
- (b) as of the date the Policy Debt equals or exceeds the Loan Value;
- (c) as of the date you surrender the policy; or
- (d) the death of the Life Insured.

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### **14. REINSTATEMENT**

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If the policy terminates you can have it reinstated within 3 years. The policy cannot be reinstated if it has been surrendered for its Net Cash Surrender Value.

The requirements for reinstatement are as follows:

- (1) we must receive written request for reinstatement;
- (2) we must receive evidence of insurability satisfactory to us for the Life Insured, and for any insureds covered under any Supplementary Benefit rider that you wish to reinstate;
- (3) we must receive all overdue premiums with interest at 6%;
- (4) we must receive an amount equal to the excess of the Policy Debt over the Loan Value; and
- (5) any remaining Policy Debt is paid to us or reinstated, with interest.

Requirements (2), (3) and (4) must be satisfied within 60 days after the date we receive written request for reinstatement.

If we approve your request, the reinstatement date will be the date we receive the required payment at our Service Office.

The Suicide and Incontestability provisions will apply from the effective date of reinstatement. If the policy has been in force for two years during the lifetime of the Life Insured, it will be contestable only as to statements made in the reinstatement application.

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### **15. LOANS**

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At any time while this policy is in force and sufficient loan value is available, you can get a loan by written request. Each loan must be for at least a minimum loan amount of \$500. We may require a loan agreement from you as the policy is the only security for the loan. We may defer loans as provided by law or as provided in Section 22. The amount of the loan cannot exceed the Loan Value reduced by any premium due and any existing Policy Debt.

#### **Loan Interest Charged**

We charge interest on all loans made under the Loan provision and Automatic Premium Loan provision.

The loan interest rate is variable. It will be set each year at your Policy Anniversary and it will not change during the year.

The loan interest rate charged will not exceed the greater of (a) or (b), where:

- (a) is 5.75% per annum; and
- (b) is the Moody's Corporate Bond Yield Average-Monthly Average Corporates for the calendar month ending two months before the beginning of the month in which your Policy Anniversary falls. For example, if your Policy Anniversary is in April; we would use the Average for January.

If the Average is at least one-half of one percent smaller than the rate we have set for the previous Policy Year, we will reduce the rate to a rate no more than that Average. If the Average is at least one-half of one percent greater than the rate we have set for the previous Policy Year, we will increase the rate to a rate no more than that Average.

Moody's Corporate Bond Yield Average-Monthly Average Corporates referred to above is published in the United States by Moody's Investors Service, Inc. In the event it is no longer published, we will use a similar average published by another United States bond rating agency.

---

## **15. LOANS** (continued)

---

Interest will accrue daily on loans. Loan interest will be payable on each Policy Anniversary and on the date the loan is settled. In the event that you do not pay the loan interest charged in any Policy Year, it will be borrowed against the policy and added to the Policy Debt at the Policy Anniversary.

### **Loan Repayment**

You may repay the Policy Debt in whole or in part at any time prior to the death of the Life Insured and while the policy is in force

Subject to any rider, endorsement, or other provisions, while a loan exists, we will treat any amounts you pay as premiums, unless you request in writing that they be treated as loan repayments.

Failure to repay the loan or to pay interest will terminate the policy when the Policy Debt equals or exceeds the Loan Value. At least 31 days before the termination we will mail a notice to you and any assignee of record with us at the address last known to us.

---

## **16. OWNER AND BENEFICIARY**

---

Until the Life Insured's death, without the consent of any revocable beneficiaries, you can receive any amount payable under the policy and exercise all rights and privileges granted by the policy.

### **Change of Owner**

Until the Life Insured's death, the owner can change the ownership of the policy by written request. The change will take effect as of the date you signed the written request. It will not apply to any payments we made or any action we may have taken before we received your written request.

### **Trustee Owner**

Should the owner be a trustee, payment to the trustee(s) of any amount to which the trustee(s) is (are) entitled under the policy, either by death or otherwise, will fully discharge us from all liability under the policy to the extent of the amount so paid.

### **Joint Ownership**

Two or more owners will own the policy as joint tenants with right of survivorship, unless otherwise requested on the application or in any subsequent assignment of the policy. On death of any of the owners, the deceased owner's interest in the policy passes to the surviving owner(s).

### **Successor Owner**

Upon the owner's death during the Life Insured's lifetime, a named successor owner will, if then living, have all the owner's rights and interest in the policy. Until the Life Insured's death, the owner, without the consent of any beneficiary or any successor owner, can cancel or change the designation of successor owner. This may be done from time to time by agreement in writing with us.

The following four provisions will apply unless there is a beneficiary appointment in force that provides otherwise.

### **Beneficiary Classification**

You can appoint beneficiaries for the Insurance Benefit in three classes: primary, secondary, and final. Beneficiaries in the same class will share equally in the Insurance Benefit payable to them.

### **Payment to Beneficiaries**

We will pay the Insurance Benefit:

- (a) to any primary beneficiaries who are alive when the Life Insured dies; or
- (b) if no primary beneficiary is then alive, to any secondary beneficiaries who are then alive; or
- (c) if no primary or secondary beneficiary is then alive, to any final beneficiaries who are then alive.

### **Change of Beneficiary**

Until the Life Insured's death, you can change the beneficiary by written request unless you make an irrevocable designation. We are not responsible if the change does not achieve your purpose. The change will take effect as of the date you signed such request. It will not apply to any payments we made or any action we may have taken before we received your written request.

---

**16. OWNER AND BENEFICIARY** (continued)

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**Death of Beneficiary**

If no beneficiary is alive when the Life Insured dies, the Insurance Benefit will be payable to you; or if you are the Life Insured, to your estate. Unless otherwise provided, if a beneficiary dies before the seventh day after the death of the Life Insured, we will pay the Insurance Benefit as if the beneficiary had died before the Life Insured.

---

**17. ASSIGNMENT**

---

Your interest in this policy may be assigned without the consent of any revocable Beneficiary. Your interest, any interest of the Life Insured and of any revocable Beneficiary shall be subject to the terms of the assignment.

We will not be on notice of any assignment unless it is in writing, nor will we be on notice until a duplicate of the original assignment has been filed at our Service Office. We assume no responsibility for the validity or sufficiency of any assignment.

---

**18. MISSTATEMENTS**

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If the age or sex of the Life Insured was misstated in the application, we will, if necessary, change the Total Face Amount, and every other benefit to that which the premium paid would have purchased at the correct age or sex.

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**19. SUICIDE**

---

If the Life Insured commits suicide, while sane or insane, within 2 years from the Issue Date, the policy will terminate on the date of such suicide and we will pay (in place of all other benefits, if any) an amount equal to the premiums paid less the amount of any Policy Debt on the date of death.

The Suicide and Incontestability provisions will apply from the effective date of reinstatement. If the policy has been in force for two years during the lifetime of the Life Insured, it will be contestable only as to statements made in the reinstatement application.

We reserve the right under this provision to obtain evidence of the manner and cause of death of the Life Insured.

---

**20. VALIDITY/INCONTESTABILITY**

---

This policy shall be incontestable after it has been in force during the lifetime of the Life Insured for two Policy Years from the Issue Date, except for fraud or policy termination, or any provision for reinstatement or any policy change requiring evidence of insurability.

In the case of reinstatement or any policy change requiring evidence of insurability, the contestable period shall be two years from the effective date of such reinstatement or policy change.

We reserve the right under this provision to obtain evidence of the manner and cause of death of the Life Insured.

---

**21. THE CONTRACT**

---

The written application for the policy is attached at issue. The entire contract between the applicant and us consists of the policy, such application, and any riders and endorsements. However, additional written requests or applications for policy changes may be submitted to us after issue and such additional requests may become part of the policy. All statements made in any application shall, in the absence of fraud, be deemed representations and not warranties. We will use no statement made by or on behalf of the Life Insured to defend a claim under the policy unless it is in a written application.

An exchange of this policy for a new policy on a different plan may be made by agreement between you and us in accordance with our published rules in effect at that time.

Other changes in this policy may be made by agreement between you and us. Only the President, Vice President, the Secretary, or an Assistant Secretary of the Company has authority to waive or agree to change in any respect any of the conditions or provisions of the policy, or to extend credit or to make an agreement for us.

---

**22. RIGHT TO POSTPONE PAYMENT OF BENEFITS**

---

We reserve the right to postpone the payment of the Net Cash Surrender Value and policy loans, for up to six months after we receive such written request, except when required to make a premium payment.

---

**23. CLAIMS OF CREDITORS**

---

The proceeds and any income payments under the policy will be exempt from the claims of creditors to the extent permitted by law. These proceeds and payments may not be assigned or withdrawn before becoming payable without our agreement.

---

**24. HOW VALUES ARE COMPUTED**

---

We provide values that are at least equal to those required by law. Values and net single premiums referred to in this policy are based on the Commissioners 2001 Standard Ordinary Sex and Smoker Distinct ANB Ultimate Mortality Tables. However, if this policy is issued on a unisex basis, we base minimum Net Cash Surrender Values on the Commissioners 2001 Standard Ordinary Smoker Distinct (80) ANB Ultimate Mortality Table. Reserves will be at least as great as the minimum required by law. We assume interest at 4.75% per year in calculating Cash Values and paid-up values.

A detailed statement of the method of computing the values of this policy has been filed with the insurance department of the state shown in Section 1.

Communications about this policy may be sent to the Company's Service Office, which is currently at [197 Clarendon Street, Boston, Massachusetts, 02116-5010. Our toll-free number is 1-800-387-2747].

Whole Life Insurance Policy  
Insurance Benefit payable at death of Life Insured  
Not eligible for dividends  
Benefits, Premiums, and the Risk Classification are shown in Section 1

SERFF Tracking Number: MANU-126818668 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 46980  
 Company Tracking Number: 11PROWL  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: 11PROWL  
 Project Name/Number: 11PROWL/11PROWL

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> readability cert ar.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
<b>Attachment:</b> NB5000AR (11-2009).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Compliance Certification re Ark. Code Ann. 23-79-138 and Regulation 49		
<b>Comments:</b>		
<b>Attachment:</b> AR - compcert 23-79-138 reg 49 ar.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Compliance Certification re Unfair Sex Discrimination		
<b>Comments:</b>		
<b>Attachment:</b> AR - cert re Reg19 unfair sex dis. ar.pdf		

SERFF Tracking Number: MANU-126818668 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 46980  
Company Tracking Number: 11PROWL  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: 11PROWL  
Project Name/Number: 11PROWL/11PROWL

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

Statement of Variability 11PROWL - generic.pdf

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

**READABILITY 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**

11PROWL

**READABILITY SCORE**

46

October 5, 2010  
Date

  

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Helene Landow, FLMI, ACP  
Director, Contracts and Compliance



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

**Application for Life Insurance**  
**John Hancock Life Insurance Company (U.S.A.)**  
(hereinafter referred to as The Company)

Print and use black ink. Any changes must be initialed by the Proposed Life Insured(s) and Owner.

**PROPOSED LIFE INSURED(S) LIFE ONE**

1. a) Name JOHN M. DOE  
First Middle Last

b) Date of Birth OCT 04 1967 c) Sex  M  F  
month day year

d) Place of Birth ANYTOWN USA  
State Country

e) Citizenship  U.S.  Other

f) Social Security Number (SSN), if applicable 1 2 3 4 5 6 7 8 9

g) Driver's License No. 1234567890 State AS

h) Primary Residence 1999 MARCH STREET  
Address - Street No. & Name Apt. No.  
ANYTOWN, ANystate 12345  
City State Zip Code

i) Years at this Address 5

j) Tel. Nos. 905 123-4567 905 123-4567  
Home Business

k) If you live at your primary residence less than 6 months per year, provide the address for your secondary residence.  
 Secondary Residence 1999 APRIL STREET  
Address - Street No. & Name Apt. No.  
ANYTOWN, ANystate 23456  
City State Zip Code

l) Years at this Address 5

m) Occupation COMPANY PRESIDENT  
ABC COMPANY  
Name of Employer

**LIFE TWO (Survivorship)**

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

b) Date of Birth \_\_\_\_\_ c) Sex  M  F  
month day year

d) Place of Birth \_\_\_\_\_  
State Country

e) Citizenship  U.S.  Other

f) Social Security Number (SSN), if applicable \_\_\_\_\_

g) Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

h) Primary Residence \_\_\_\_\_  
Address - Street No. & Name Apt. No.  
 \_\_\_\_\_  
City State Zip Code

i) Years at this Address \_\_\_\_\_

j) Tel. Nos. \_\_\_\_\_  
Home Business

k) If you live at your primary residence less than 6 months per year, provide the address for your secondary residence.  
 Secondary Residence \_\_\_\_\_  
Address - Street No. & Name Apt. No.  
 \_\_\_\_\_  
City State Zip Code

l) Years at this Address \_\_\_\_\_

m) Occupation \_\_\_\_\_  
Name of Employer

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

**If Trust Owner, complete questions 3. a), d) and e) and Trust Certification PS5101.**

3. a) Name \_\_\_\_\_

b) Date of Birth \_\_\_\_\_ c) Relationship to Proposed Life Insured(s) \_\_\_\_\_ d) Social Security/Tax ID Number, if applicable \_\_\_\_\_  
month day year

e) Address \_\_\_\_\_  
Street No. & Name Apt. No. City State Zip Code

4. Multiple Owners  
 Type of ownership  Joint with right of survivorship  Tenants in common

**Trust Agreement may be required.**

**Provide all details as above for other Owner in Special Requests on Page 4.**

**BENEFICIARY INFORMATION** – Subject to change by Owner

List additional beneficiaries in Special Requests on Page 4.

5. a) Name JAMES M. DOE  Primary SON 100 %  
First Middle Last Relationship to Proposed Life Insured(s) Percentage

b) Name \_\_\_\_\_  Primary \_\_\_\_\_ %  
First Middle Last Relationship to Proposed Life Insured(s) Percentage

Secondary \_\_\_\_\_ %  
Relationship to Proposed Life Insured(s) Percentage

## EXISTING AND PENDING INSURANCE

If more space is required attach additional page that has been signed and dated by Owner if necessary.

6. a) Provide information for each policy in force on the Proposed Life Insured(s) with all companies, including any policy that has been sold, assigned, or settled to or with a settlement or viatical company or any other person or entity. **NOT APPLICABLE**

Proposed Life Insured	Company	Insurance		Issue Date			To Remain in Force?		Amount Including Riders
		Personal	Business	month	day	year	Yes	No	
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	\$

- b) Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount?

Life One  No  Yes – give details \_\_\_\_\_

Life Two  No  Yes – give details \_\_\_\_\_

- c) Including this application, total insurance currently applied for with all companies (**not including informal inquiries**). Provide name of Life Insurance Company and amount applied for.

Life One		Life Two	
Company	Amount Including Riders	Company	Amount Including Riders
<b>JOHN HANCOCK</b>	\$ <b>100,000</b>		\$
	\$		\$
	\$		\$

- d) Of the total amount applied for in c) above including this application, what is the maximum that you will accept?

Life One	Life Two
\$ <b>100,000</b>	\$

## JUVENILE INSURANCE

Complete e) & f) if juvenile insurance is applied for.

- e) Are all siblings equally insured?  Yes  No

- f) Amount of life insurance currently in force or pending on parent(s)/guardian(s)? \$ \_\_\_\_\_

If none, provide reason. \_\_\_\_\_

## REPLACEMENTS – OWNER

7. Are there any existing life insurance and/or annuity policies owned by the Owner (including existing policies in the process of being lapsed or surrendered)?
- Yes  No If 'Yes', please complete the **IMPORTANT NOTICE: Replacement of Life Insurance or Annuities (Model Regulation), NB5011**.

## FINANCIAL QUESTIONS

Copies of financial statements, estate analyses, contractual agreements may be required.

8. Is there, or are you considering entering into, an understanding or agreement providing for any person or entity, other than the Owner and beneficiaries specified in this application, to have any right, title or other legal or beneficial interest in any policy issued on the life of the Proposed Life Insured(s) as a result of this application?

No  Yes - If 'Yes', provide details \_\_\_\_\_

9. Have you been offered any money or other considerations by any person or entity in connection with this application?

No  Yes - If 'Yes', provide details \_\_\_\_\_

- 10.a) What is the source of the premiums for the policy(ies) currently applied for? **SELF FUNDED**

- b) Will the Owner be receiving funding for the premiums from an individual and/or entity other than the Proposed Life Insured(s) or the Proposed Life Insured's employer?

Yes - If 'Yes', answer question 11 below.

No - If 'No', proceed to question 12.

- 11.a) Will the premiums be financed through a loan?

No - If 'No' describe the funding arrangement \_\_\_\_\_

Yes - If 'Yes' provide the loan details in question 11 b), c), d), e) and f) below.

- b) What is the annual interest rate? \_\_\_\_\_ %

- c) In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?

No  Yes - If 'Yes', provide details \_\_\_\_\_

## FINANCIAL QUESTIONS continued

Copies of financial statements, estate analyses, contractual agreements may be required.

11. d) What is the duration of the loan? \_\_\_\_\_  
 e) Who is the lender? \_\_\_\_\_  
 f) What amount and type of collateral is required to secure the loan? \$ \_\_\_\_\_  
 Amount Type of Collateral
12. a) What is the purpose of this insurance? \_\_\_\_\_  
 (e.g. estate conservation, buy-sell, keyperson)
- |   | Life One | Life Two |
|---|----------|----------|
| b) Gross annual earned income (salary, commissions, bonuses, etc.)                    | \$ _____ | \$ _____ |
| c) Gross annual unearned income (dividends, interest, gross real estate income, etc.) | \$ _____ | \$ _____ |
- d) Household net worth (combined) \$ \_\_\_\_\_  
 e) In the last 5 years, has the Proposed Life Insured(s) or any business of which he/she is a partner/owner/executive had any major financial problems (bankruptcy, etc.)? Life One  No  Yes - give details \_\_\_\_\_  
 Life Two  No  Yes - give details \_\_\_\_\_

## BUSINESS FINANCIAL QUESTIONS

- |   | Current Year                         | Previous Year |  |
|---|--------------------------------------|---------------|--|
| <b>Complete for ALL Business Insurance.</b>     |                                      |               | f) How was the amount applied for determined? _____  |
| Copies of financial statements may be required. | 13. a) Assets                        | \$ _____      | \$ _____   |
|   | b) Liabilities                       | \$ _____      | \$ _____   |
|   | c) Gross Sales                       | \$ _____      | \$ _____   |
|   | d) Net Income                        | \$ _____      | \$ _____   |
|   | e) Fair Market Value of the business | \$ _____      | \$ _____   |
|   |                                      |               | g) What percentage of the business is owned by the Proposed Life Insured(s)? _____ %   |
|   |                                      |               | h) Are other partners/owners/executives insured or applying for life insurance with any company? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details _____ |

## LIFESTYLE QUESTIONS

Please provide details in No. 18 for 'Yes' answers to Lifestyle Questions.

14. Do you expect to travel outside the U.S. or Canada, or change your country of residence in the next 2 years?
15. a) Have you flown as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes, in the last 2 years?  
 If 'Yes', please complete **Aviation Questionnaire NB5009**.
- b) Have you engaged in any form of motor vehicle or power boat racing, sky diving/parachuting, skin or scuba diving, hang-gliding, mountain climbing, or any other hazardous activities in the last 2 years?  
 If 'Yes', please complete **Avocation Questionnaire NB5010**.
16. a) Have you been cited for 2 or more moving violations within the last 2 years?  
 b) Have you been cited for driving while intoxicated or while otherwise impaired?
17. In the last 10 years, have you been convicted of a felony offense?

Life One	Life Two
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

18.	Question No.	Life One	Question No.	Life Two

## PRIMARY PHYSICIAN – PROPOSED LIFE INSURED(S)

### LIFE ONE

19. Provide name and address of primary physician.

Name ARTHUR H SMITH  
 First Middle Last

Address 123 MAIN STREET  
 Street No. & Name Suite No.

ANYTOWN, ANYSTATE 12347  
 City State Zip Code

### LIFE TWO

20. Provide name and address of primary physician.

Name \_\_\_\_\_  
 First Middle Last

Address \_\_\_\_\_  
 Street No. & Name Suite No.

\_\_\_\_\_  
 City State Zip Code

# INFORMATION REGARDING LAST MEDICAL CONSULTATION

## LIFE ONE

- 21.a) Date of last visit to ANY doctor/physician   JAN     15     2007    
month day year
- b) Reason for visit   ANNUAL CHECK-UP
- c) Diagnosis or outcome of visit \_\_\_\_\_
- d) Treatment/medication prescribed   NONE
- e) Name of doctor/physician for above (check one)  
 Primary doctor/physician  
 Other doctor/physician (provide name and address)

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street No. & Name Suite No.

\_\_\_\_\_  
City State Zip Code

## LIFE TWO

- 22.a) Date of last visit to ANY doctor/physician \_\_\_\_\_  
month day year
- b) Reason for visit \_\_\_\_\_
- c) Diagnosis or outcome of visit \_\_\_\_\_
- d) Treatment/medication prescribed \_\_\_\_\_
- e) Name of doctor/physician for above (check one)  
 Primary doctor/physician  
 Other doctor/physician (provide name and address)

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street No. & Name Suite No.

\_\_\_\_\_  
City State Zip Code

23. Has a **John Hancock Medical Exam NB5033** been completed or will it be completed?  
 If 'No', complete question 24 and Medical Certification below.
24. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)?  
 If 'Yes', give details below.

Life One	Life Two
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Life One:				Date Last Used		
Product	Frequency	Current	Past	month	day	year
Cigarettes	_____ pack(s)/day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Cigars	_____ x /day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other: _____	_____ x /day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

  

Life Two:				Date Last Used		
Product	Frequency	Current	Past	month	day	year
Cigarettes	_____ pack(s)/day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Cigars	_____ x /day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other: _____	_____ x /day	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

## MEDICAL CERTIFICATION

Complete this section when submitting a medical examination form of another company in lieu of John Hancock Medical Exam NB5033.

25. 

	Name of Proposed Life Insured	Name of Insurance Company	Date of Examination		
			month	day	year
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

- a) To the best of your knowledge and belief, is the information in the examination true and complete as of the date this application is signed?

Life One	Life Two
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## COVERAGE APPLIED FOR

26. Complete the applicable **Coverage Details Form NB5007** (Universal Life), **NB5008** (Variable Life) or **NB5013** (Term & Traditional Life) for details of the policy being applied for, including Supplementary Benefits and other benefit options.

## SPECIAL REQUESTS – Attach additional page if more space is required.

## TEMPORARY LIFE INSURANCE AGREEMENT APPLICATION

Money may NOT be collected and the **Temporary Life Insurance Receipt and Agreement NB5004** may NOT be issued if:

1. questions 28 and 29 are answered Yes or left blank; or
2. the Proposed Life Insured(s) is under age 20 or over age 70; or
3. the amount applied for is more than \$10,000,000 (single life) or \$15,000,000 (survivorship).

27. Is coverage being applied for under the Temporary Life Insurance Agreement?  Yes  No

If 'Yes', answer questions 28 and 29.

28. Within the last 24 months, has the Proposed Life Insured(s) under this application:

- a) consulted a medical professional, been diagnosed with or been treated for or had treatment recommended by a member of the medical profession for any heart problem, stroke or cancer?
- b) consulted with or scheduled a consultation with a medical professional for any symptoms or medical concerns?
- c) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed?
- d) been declined for life insurance?

Life One	Life Two
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Does the Proposed Life Insured(s) reside outside the United States more than 6 months per year?

## PRE-AUTHORIZED PAYMENT PLAN

Attach voided  
sample check.

30. Request for Pre-Authorized Payment Plan

Policy Number(s)	Name(s) of Person(s) Insured	First Bank Withdrawal Effective			Type of Payment and Amount	
		month	day	year	Premium	Loan

By completing this section, I hereby authorize and request The Company to draw checks (which may include withdrawals made electronically) monthly on my account to pay premiums, and/or repay loans on the policies listed above or any policies subsequently designated.

I understand and agree that:

- a) Such checks (which may include withdrawals made electronically) shall be drawn monthly to pay premiums falling due on the designated policies.
- b) While the Pre-Authorized Payment Plan is in effect, The Company will not give notices of premiums falling due on such policies.
- c) The Pre-Authorized Payment Plan may be terminated by the bank depositor or by written notice to The Company by the Owner. If the Pre-Authorized Payment Plan is terminated, premiums falling due thereafter shall be payable directly to The Company as provided in the policy.
- d) The first premium paid must be submitted by check.

## DECLARATIONS

The Proposed Life Insured(s) and Owner (or Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true.

In addition, I/we understand and agree that:

1. The statements and the answers in this application, which include coverage details and any supplemental form relating to health, aviation practices or lifestyle of the Proposed Life Insured(s), will become part of the insurance policy issued as a result of this application.
2. a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered, provided that since the date of the application there has been no deterioration in the insurability of the Proposed Life Insured(s), no changes in the lifestyle of the Proposed Life Insured(s), no change in the financial circumstances of the Owner, and nothing has occurred that would require a change to any statement or answer in any part of this application in order to make the statement or answer true and complete as of the date the policy becomes effective. If there has been a deterioration in insurability: i) if there is no Temporary Life Insurance Agreement (TIA) coverage, the policy will not be put into effect, and ii) if there is TIA coverage and the TIA has not ended, the policy will be put into effect but only to the limit of the TIA coverage amount.
  - b) If premiums are paid prior to delivery of the policy and the terms and conditions of the TIA are satisfied, insurance prior to the effective date shall be provided only under the TIA and according to its terms.
3. 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.
4. If coverage under a TIA is applied for, I/we have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004**.

## OWNER/TAXPAYER CERTIFICATION QUESTIONS

### U.S. Person(s) (including U.S. Resident/Alien(s))

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

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.

### Non U.S. Person(s) and Non Resident Alien(s)

I am providing IRS Form W-8BEN.  Yes  No

## AUTHORIZATION TO OBTAIN INFORMATION

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

1. The Company to obtain an investigative consumer report on me/us.
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/us or any minor child/children who is/are to be insured.

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

I/We further authorize The Company to disclose such information and any information developed during its evaluation of this application to:

(a) its reinsurers; (b) the MIB Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) my/our insurance agent, when that agent is seeking insurance coverage through The Company on my/our behalf; (f) any medical professional designated by me/us; or (g) any person or entity entitled to receive such information by law or as I/we may further consent.

I/We 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 of the application shown below. 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/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

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

## SIGNATURES

Please read all of the above Declarations and Authorizations before signing this form.

If Proposed Life Insured(s) is under age 15 Parent or Guardian must sign and include relationship.

Signed at	City	State	This	Day of	Year
Signature of Owner (Signing Officer please provide title or corporate seal)			Signature of Proposed Life Insured One if other than Owner (Parent or Guardian if under age 15)		
<b>X</b>			<b>X</b>		
			Signature of Proposed Life Insured Two if other than Owner		
			<b>X</b>		
Agent signature	Signature of Agent/Registered Representative			Signed this	Day of Year
<b>X</b>					

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

**CERTIFICATE OF COMPLIANCE**

**STATE OF ARKANSAS**

<b>Form</b>	<b>Description</b>
11PROWL	Whole Life Insurance Policy, N.P.

I certify to the best of my knowledge and belief as to the accuracy and compliance of this filing; further, I certify that this filing is in compliance with Ark. Code Ann. 23-79-138 which requires that certain information accompany every policy and Regulation 49 which requires that a Life and Health guaranty notice be given to each policyowner.

October 5, 2010  
Date



Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

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

**COMPLIANCE CERTIFICATION**

**STATE OF ARKANSAS**

<b>Form</b>	<b>Description</b>
11PROWL	Whole Life Insurance Policy, N.P.

John Hancock Life Insurance Company (U.S.A.) hereby certifies to its understanding of the filing requirements of Arkansas Regulation 19 §10B re unfair sex discrimination in the sale of insurance and that this filing meets the provisions of this rule, as well as all applicable requirements of the Arkansas Insurance Department.

October 5, 2010  
Date

  
\_\_\_\_\_  
Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

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

**STATEMENT OF VARIABILITY**

**October 5, 2010**

**WHOLE LIFE INSURANCE POLICY**

**FORM 11PROWL**

<b>Section / Section #</b>	<b>Page Number</b>	<b>Description</b>
Front Cover Page	Cover	<ul style="list-style-type: none"><li>• Life Insured's name and policy number vary based on issue specifications.</li><li>• Plan name field is bracketed in case the Company wishes to market this form under a different product name.</li><li>• Company Officer signatures bracketed as they may change.</li></ul>
1. Policy Specifications	3.0	<ul style="list-style-type: none"><li>• Life Insured, Plan Name, Age at Policy Date, Policy Number, Sex, (reference to sex is suppressed if the basis of values uses unisex mortality tables), Issue Date, Policy Date, Risk Classification, Additional Ratings for Base Policy and Supplementary Benefits all vary based on issue specifications.</li><li>• The Governing Law field will show the state of issue.</li><li>• Face Amount, Single Premium Face Amount, and Total Face Amount will all vary based on issue specifications.</li><li>• Premium Mode will be annual, semi-annual, quarterly, monthly, or electronic draft.</li><li>• Premium Payment Options will vary based on issue specifications.</li><li>• All premiums shown vary based on issue specifications.</li></ul>
1. Policy Specifications	3.1	<ul style="list-style-type: none"><li>• Table of Values will vary based on issued specifications.</li></ul>
Back Cover Page	Back Cover	<ul style="list-style-type: none"><li>• The address of the Company's Servicing Office and toll free number is bracketed as it may be changed in the future.</li></ul>