

SERFF Tracking Number: MANU-126625901 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 45724  
Company Tracking Number: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)  
Project Name/Number: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)/NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)

## Filing at a Glance

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

Product Name: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)  
SERFF Tr Num: MANU-126625901 State: Arkansas

TOI: L09I Individual Life - Flexible Premium  
Adjustable Life

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: L09I.001 Single Life

Co Tr Num: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)  
State Tr Num: 45724  
State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

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

Disposition Date: 05/21/2010

Date Submitted: 05/19/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)  
Status of Filing in Domicile: Authorized

Project Number: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/21/2010

Explanation for Other Group Market Type:

State Status Changed: 05/21/2010

Deemer Date:

Created By: Nina Kassim

Submitted By: Nina Kassim

Corresponding Filing Tracking Number:

SERFF Tracking Number: MANU-126625901 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 45724  
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**Filing Description:**

**INDIVIDUAL LIFE**

**Application Forms:**

Form NB5037US (04/2010) - Term Conversion Application to a Permanent Policy

Form NB5136US (05/2010) - Variable Life - Fund Allocation

Form NB5136US (05/2010) (M) - Variable Life – Fund Allocation

We are submitting the above new application forms for your approval to be used with state approved Individual Life policies. These new forms do not replace any currently approved forms. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards. The forms will be available electronically without change in the pre-formatted content.

Form NB5037US (04/2010), Term Conversion Application to a Permanent Policy, will be used when the policy owner requires a conversion from a Term Life Insurance policy or rider which provides for conversion to a permanent plan of life insurance marketed by the Company. No medical or lifestyle information is required.

The Service Office address, the Flexible Premium and Fixed Premium Products selections under the Coverage Details section and the Fraud Warnings not applicable to your state, are being filed as variable information [shown in brackets] to accommodate future changes. Any new riders will be filed for state approval as required.

Form NB5136US (05/2010), Variable Life – Fund Allocation, will be used to obtain additional variable life policy details, including selection of available investment allocations and options.

Form NB5136US (05/2010) (M), Variable Life – Fund Allocation, will be used to obtain additional variable life policy details, including selection of available investment allocations and options for policies marketed through a specific distribution channel, the M Financial Group.

The Service Office address and Investment Options on forms NB5136US (05/2010) and NB5136US (05/2010) (M) are being filed as variable information [shown in brackets] to accommodate future changes. Readability certification is not provided for these forms as the forms are for variable life products, subject to SEC regulation and therefore are exempt from state readability certification requirements.

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 collect at 416-926-3575 or via email at nina\_kassim@jhancock.com.

Enclosures:

SERFF Tracking Number: MANU-126625901 State: Arkansas  
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Statement of Variability  
 Filing Fee (EFT)  
 Flesch Score Certificate

## Company and Contact

### Filing Contact Information

Nina Kassim, Contract & Compliance Specialist nina\_kassim@jhancock.com  
 P. O. Box 600 416-926-3575 [Phone]  
 Buffalo, NY 14201-0600 416-926-3121 [FAX]

### Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan  
 (U.S.A.)  
 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]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$60.00  
 Retaliatory? No  
 Fee Explanation: 3 forms x \$20.00  
 Per Company: No

| COMPANY   | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| John Hancock Life Insurance Company<br>(U.S.A.) | \$60.00 | 05/19/2010     | 36668551      |
| John Hancock Life Insurance Company<br>(U.S.A.) | \$90.00 | 05/20/2010     | 36684413      |

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## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 05/21/2010 | 05/21/2010     |

### Objection Letters and Response Letters

| Objection Letters         |            |            |                | Response Letters |            |                |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status                    | Created By | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 05/20/2010 | 05/20/2010     | Nina Kassim      | 05/20/2010 | 05/20/2010     |

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## Disposition

Disposition Date: 05/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Schedule            | Schedule Item                                     | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification                              |                      | No            |
| Supporting Document | Application                                       |                      | No            |
| Supporting Document | Health - Actuarial Justification                  |                      | No            |
| Supporting Document | Outline of Coverage                               |                      | No            |
| Supporting Document | Statement of Variability                          |                      | No            |
| Form                | Term Conversion Application to a Permanent Policy |                      | No            |
| Form                | Variable Life - Fund Allocation                   |                      | No            |
| Form                | Variable Life - Fund Allocation                   |                      | No            |

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/20/2010  
Submitted Date 05/20/2010  
Respond By Date 06/21/2010

Dear Nina Kassim,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$90.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/20/2010  
Submitted Date 05/20/2010

Dear Linda Bird,

### Comments:

Thank you for your letter of today. Please accept our sincerest apologies for this oversight regarding the additional fees.

### Response 1

Comments: As per your request, we have submitted the additional fee of \$90.00.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$90.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please feel free to contact me should you require anything further. We look forward to your state's review and approval of the submitted forms.

Sincerely,

Debbie Tom, Helene Landow, Jacqueline Lau, Karren Phair, Nina Kassim

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## Form Schedule

### Lead Form Number:

| Schedule Item Status | Form Number            | Form Type                    | Form Name   | Action  | Action Specific Data | Readability | Attachment                 |
|----------------------|------------------------|------------------------------|---|---------|----------------------|-------------|----------------------------|
|                      | NB5037US (04/2010)     | Application/ Enrollment Form | Term Conversion Application to a Permanent Policy | Initial |                      | 40.000      | NB5037US (04-2010) AR.pdf  |
|                      | NB5136US (05/2010)     | Application/ Enrollment Form | Variable Life - Fund Allocation                   | Initial |                      | 0.000       | NB5136US (05-2010).pdf     |
|                      | NB5136US (05/2010) (M) | Application/ Enrollment Form | Variable Life - Fund Allocation                   | Initial |                      | 0.000       | NB5136US (05-2010) (M).pdf |



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

**Term Conversion Application  
to a Permanent Policy**  
**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 Life Insured and/or Owner.  
Agent Report must be completed and submitted with this application.

**LIFE INSURED**

1. a) Name JOHN M. DOE b) Date of Birth MAR 24 1965  
First Middle Last month day year

c) Address 123 MAIN STREET ANYTOWN ANYSTATE 12546  
Street Address City State Zip Code

d) Social Security Number 2 3 3 2 5 5 6 4 8 e) Sex  M  F f) Home Telephone No. 235-586-5846

g) Business Telephone No. 235-685-7894 h) E-mail Address johndoe@hotmail.com

i) Owner of existing term policy, if other than Life Insured (include relationship to Life Insured)  
N/A

**CONVERSION INFORMATION**

2. a) Original Policy No. 82654856

b) Type of conversion  
 Term Policy/Rider  
 Spousal Rider/Supplemental Term Policy upon Insured's death  
 Children's Insurance

c) This is a  
 Full or Partial conversion with no balance retained  
 Partial conversion with unconverted amount to be retained

Amount to be converted \$ \_\_\_\_\_

Other  
 I of I - Insurance of Insurability or SPB - Supplemental Protection Benefit  
 GIB- Guaranteed Insurability Benefit

**BENEFICIARY INFORMATION - List additional beneficiaries in Special Requests on Page 3**

3. a) Will the beneficiary(ies) on the new policy be different than the beneficiary(ies) on the existing term policy?  
 No  Yes - give details below

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

c) Name \_\_\_\_\_  Primary \_\_\_\_\_ %  
 Secondary \_\_\_\_\_ %  
First Middle Last Relationship to Life Insured Percentage

**EXISTING, REPLACEMENT AND 1035 INFORMATION**

4. Other than the policy being converted, does the Owner have any existing life insurance and/or annuity policies?  
 No  Yes

5. Will this insurance replace existing policies, other than the policy being converted, or are you considering using funds from existing policies to pay premiums due on the new policy or contract?  
 No  Yes - complete state appropriate replacement forms.

6. Are 1035 funds being transferred to the new policy from any of the Owner's existing life insurance and/or annuity policies?  
 No  Yes - complete appropriate 1035 forms.



**PRE-AUTHORIZED PAYMENT PLAN - To be completed by Owner**

If term policy premiums are currently paid through a Pre-Authorized Payment Plan, you will need to complete this section, as your current payment plan will be discontinued.

18. Request for new Pre-Authorized Payment Plan  Yes

**Attach voided sample check.**

By selecting 'Yes', 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 this policy or any policies subsequently designated.

Checking Account No. \_\_\_\_\_ Routing No. \_\_\_\_\_

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.**

**SPECIAL REQUESTS**

19.

**SIGNATURES**

IT IS AGREED THAT:

- 1. By signing below, the Owner and Life Insured declare that the statements and answers in this application are complete and true.
- 2. **If converting to a variable policy:** By signing below, the Owner acknowledges receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under the policy. The Owner has reviewed the prospectuses and supplements and believes that the variable life policy is consistent with the Owner's insurance needs, investment objectives and investment risk tolerance.
- 3. The new policy will take effect on the Conversion Date, which is the premium due date closer to the date we receive this signed application accompanied by the first premium payment, provided that it is received during the conversion period set forth in the term policy. The term policy terminates when the new policy takes effect as defined in the term policy.
- 4. The beneficiary of the new policy is the same as the beneficiary of the term policy unless, otherwise stated in this application or subsequently changed.
- 5. On the date that the policy takes effect, its Suicide and Incontestability periods will be deemed to have been met to the same extent that they were met under the term policy.

**X**

Signature of Owner (Provide title or corporate seal, if Signing Officer)

Owner - Signed at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

**X**

Signature of Life Insured if other than Owner

The undersigned Collateral Assignee hereby releases any assignment of the terminating term policy effective on the date of its termination.

**X**

Signature of Collateral Assignee

As of the effective date of a new permanent policy issued pursuant to this term conversion application, the undersigned Owner and Assignor hereby assigns the new policy to the same Assignee and to the same extent as the terminating policy has been assigned.

**X**

Signature of Owner/Assignor

**AGENT SIGNATURE**

I certify that all information supplied by the Life Insured and Owner has truly and accurately been recorded on this application.

**X**

Signature of Agent/Registered Representative

Signed this \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

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## **FRAUD WARNING - Read the Fraud Warning for your state.**

**Arkansas:** Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

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

**Kentucky:** Any person who knowingly and with intent to defraud any insurer or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act, which is a crime.

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

**Maine, Tennessee, Virginia and Washington: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.**

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

**New Jersey:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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

**Ohio:** Any person who knowingly and with the intent to defraud any insurer, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, is committing a fraudulent insurance act.

**Oklahoma:** FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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

**Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For all other states:** Any person who knowingly and with intent to defraud any insurer, files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.



LIFE INSURANCE

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

Variable Life - Fund Allocation
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

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

PROPOSED LIFE INSURED LIFE ONE LIFE TWO
1. Name JOHN M DOE 2. Name
First Middle Last First Middle Last

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

3. Name of Owner(s)

Investment Allocation of Net Premiums - Must complete for all products. Allocation must be in whole numbers. Total must be 100%.

4. Investment Options for All Products (not available with ENLG Rider on Protection VUL or Protection SVUL)

Aggressive Growth Portfolios Growth Portfolios Growth & Income Portfolios
% Emerging Markets Value % Large Cap % JHT Franklin Templeton Founding Allocation
% Real Estate Securities % Alpha Opportunities % American Global Diversification
% Natural Resources % Small Cap Value % Core Allocation Plus
% International Opportunities % Mid Cap Stock % Fundamental Value
% International Small Company % JHT International Value % Equity-Income
25 % American New World % Small Company Value % Disciplined Diversification
% Small Cap Opportunities % Value % American Fundamental Holdings
% Smaller Company Growth % Mid Cap Index % American Blue Chip Income & Growth
% Science & Technology % American Growth 25 % Core Diversified Growth & Income
% International Equity Index A % Optimized All Cap % 500 Index B
% International Equity Index B % Mid Value % American Growth-Income
% Financial Services % All Cap Core % Core Strategy
% Small Cap Index % JHT Global % PIMCO VIT All Asset
% Small Cap Growth % Blue Chip Growth % Balanced
% American International 25 % Utilities % American Asset Allocation
% International Core % Large Cap Value Income Portfolios
% Health Sciences % Optimized Value % High Yield
Other Portfolio % Total Stock Market Index % U.S. High Yield Bond
% % Capital Appreciation % Global Bond
Conservative Portfolio % Capital Appreciation Value % Real Return Bond
% Money Market B % All Cap Value 25 % Strategic Bond
% Fixed Account 1. % Strategic Income Opportunities
% Active Bond
Lifestyle Portfolios % Investment Quality Bond
% Lifestyle Aggressive % Total Return
% Lifestyle Growth % Core Bond
% Lifestyle Balanced % Total Bond Market B
% Lifestyle Moderate % Short Term Government Income
% Lifestyle Conservative

1. Transfers out of the fixed account may be subject to limitations. Refer to the policy prospectus for further details.

5. Investment options available with the ENLG Rider on Protection VUL and Protection SVUL

Conservative Portfolio Lifestyle Portfolios Growth & Income Portfolios
% Money Market B % Lifestyle Aggressive % Capital Appreciation Value
% Fixed Account 1. % Lifestyle Growth % JHT Franklin Templeton Founding Allocation
% Lifestyle Balanced % American Global Diversification
1. Transfers out of the fixed account may be subject to limitations. Refer to the policy prospectus for further details. % Lifestyle Moderate % Core Allocation Plus
% Lifestyle Conservative % Disciplined Diversification
% American Fundamental Holdings
% Core Diversified Growth & Income
% Core Strategy
% American Asset Allocation

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**ALLOCATION OF MONTHLY CHARGES**

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

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

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

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

Please check (X) only one box.

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

---

**ASSET ACCOUNT BALANCER** Optional (Not available for Corporate VUL)

8. This service will automatically move amounts among your specified Investment Accounts as frequently as you indicate below in number 9 to maintain your chosen percentages in each account. The Asset Allocation Balancer Service will only move amounts among the Investment Accounts selected; it will not move amounts to or from the Fixed Account. To elect this service, check box A or B and provide details as required.

We reserve the right to cease to offer this program as of 90 days after written notice is sent to you.

- A  Rebalance based on the percentages selected in the Investment Allocation of Net Premiums section of this form without regards to any amounts allocated to the Fixed Accounts  
B  Rebalance based on the listed percentages below:

| Investment Account | Percentage | Investment Account | Percentage | Investment Account | Percentage |
|--------------------|------------|--------------------|------------|--------------------|------------|
|                    | %          |                    | %          |                    | %          |
|                    | %          |                    | %          |                    | %          |
|                    | %          |                    | %          |                    | %          |

9. Frequency of Rebalancing:  
 Annually  Semi-annually  Quarterly  Monthly

---

**OWNER(S) ACKNOWLEDGEMENT**

10. I understand that under the applied for policy:

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

---

**OWNER(S) SIGNATURES**

**X**

Signature of Witness or Registered Representative (as Witness)

Signed at

City

State

This

Day of

Year

**X**

Signature of Owner

(Provide title or corporate seal, if Signing officer)

**X**

Print name of owner

**X**

Signature of Owner

(Provide title or corporate seal, if Signing officer)

**X**

Print name of owner

---

**REGISTERED REPRESENTATIVE SIGNATURE**

I certify that the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under this policy have been given to the Proposed Life Insured(s) or the Owner if other than the Proposed Life Insured(s).

**X**

Signature of Registered Representative

Signed this

Day of

Year



LIFE INSURANCE

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

Variable Life - Fund Allocation
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

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

PROPOSED LIFE INSURED LIFE ONE LIFE TWO
1. Name JOHN M DOE 2. Name
First Middle Last First Middle Last

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

3. Name of Owner(s)

Investment Allocation of Net Premiums - Must complete for all products. Allocation must be in whole numbers. Total must be 100%.

4. Investment Options for All Products

Aggressive Growth Portfolios

- % Emerging Markets Value
% Real Estate Securities
% Natural Resources
% International Opportunities
% International Small Company
% American New World
% Small Cap Opportunities
25 % Smaller Company Growth
% Science & Technology
% International Equity Index A
% International Equity Index B
% Financial Services
% Small Cap Index
% Small Cap Growth
% American International
% International Core
% Health Sciences
% FIXED ACCOUNT\*
% ENHANCED FIXED YIELD ACCOUNT

Growth Portfolios

- % Large Cap
% Alpha Opportunities
% Small Cap Value
% Mid Cap Stock
% JHT International Value
% Small Company Value
% Value
% Mid Cap Index
% American Growth
% Optimized All Cap
% Mid Value
% All Cap Core
% JHT Global
25 % Blue Chip Growth
% Utilities
% Large Cap Value
% Optimized Value
% Total Stock Market Index
% Capital Appreciation
% Capital Appreciation Value
% All Cap Value

M Funds

- % M International Equity
% M Large Cap Growth
% M Capital Appreciation
% M Business Opportunity Value

Other Portfolio

- %

Growth & Income Portfolios

- % JHT Franklin Templeton Founding Allocation\*
% American Global Diversification\*
% Core Allocation Plus\*
% Fundamental Value
% Equity-Income
% Disciplined Diversification\*
% American Fundamental Holdings\*
% American Blue Chip Income & Growth
% Core Diversified Growth & Income\*
25 % 500 Index B
% American Growth-Income
% Core Strategy\*
% PIMCO VIT All Asset
% Balanced
% American Asset Allocation\*

Income Portfolios

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

Conservative Portfolio

- % Money Market B\*

Lifestyle Portfolios

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

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

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

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**ALLOCATION OF MONTHLY CHARGES**

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

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

---

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

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

Please check (X) only one box.

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

---

**ASSET ACCOUNT BALANCER** Optional (Not available for Corporate VUL)

7. This service will automatically move amounts among your specified Investment Accounts as frequently as you indicate below in number 8 to maintain your chosen percentages in each account. The Asset Allocation Balancer Service will only move amounts among the Investment Accounts selected; it will not move amounts to or from the Fixed Account. To elect this service, check box A or B and provide details as required.

We reserve the right to cease to offer this program as of 90 days after written notice is sent to you.

- A  Rebalance based on the percentages selected in the Investment Allocation of Net Premiums section of this form without regards to any amounts allocated to the Fixed Accounts  
B  Rebalance based on the listed percentages below:

| Investment Account | Percentage | Investment Account | Percentage | Investment Account | Percentage |
|--------------------|------------|--------------------|------------|--------------------|------------|
|                    | %          |                    | %          |                    | %          |
|                    | %          |                    | %          |                    | %          |
|                    | %          |                    | %          |                    | %          |

8. Frequency of Rebalancing:

Annually  Semi-annually  Quarterly  Monthly

---

**OWNER(S) ACKNOWLEDGEMENT**

9. I understand that under the applied for policy:

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

---

**OWNER(S) SIGNATURES**

**X**

Signature of Witness or Registered Representative (as Witness)

Signed at

City

State

This

Day of

Year

**X**

Signature of Owner

(Provide title or corporate seal, if Signing officer)

**X**

Print name of owner

**X**

Signature of Owner

(Provide title or corporate seal, if Signing officer)

**X**

Print name of owner

---

**REGISTERED REPRESENTATIVE SIGNATURE**

I certify that the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the separate account that are available under this policy have been given to the Proposed Life Insured(s) or the Owner if other than the Proposed Life Insured(s).

**X**

Signature of Registered Representative

Signed this

Day of

Year

SERFF Tracking Number: MANU-126625901 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 45724  
 Company Tracking Number: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)  
 Project Name/Number: NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)/NB5037US (04/2010), NB5136US (05/2010), NB5136US (05/2010) (M)

## Supporting Document Schedules

|   | Item Status: | Status Date: |
|---|--------------|--------------|
| <b>Satisfied - Item:</b> Flesch Certification<br><b>Comments:</b><br><b>Attachment:</b><br>flesch ar.pdf    |              |              |
| <b>Bypassed - Item:</b> Application<br><b>Bypass Reason:</b> N/A<br><b>Comments:</b>                        |              |              |
| <b>Bypassed - Item:</b> Outline of Coverage<br><b>Bypass Reason:</b> not applicable<br><b>Comments:</b>     |              |              |
| <b>Satisfied - Item:</b> Statement of Variability<br><b>Comments:</b><br><b>Attachment:</b><br>SOV - 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.

| <b>FORM NUMBER</b> | <b>READABILITY SCORE</b> |
|--------------------|--------------------------|
| NB5037US (04/2010) | 40*                      |

\*Joint score for application and policy combined.

May 19, 2010  
Date

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

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

**STATEMENT OF VARIABILITY**

**May 14, 2010**

**FORM NB5037US (04/2010) - Term Conversion Application to a Permanent Policy**  
**FORM NB5136US (05/2010) - Variable Life – Fund Allocation**  
**FORM NB5136US (05/2010) (M) - Variable Life – Fund Allocation**

**Term Conversion Application to a Permanent Policy  
Form NB5037US (04/2010)**

| <b>Section/Section #</b>                           | <b>Page Number</b> | <b>Description</b>  |
|--|--------------------|---|
| 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.   |
| Coverage Details/<br>#9, Flexible Premium Products | Page 2             | The Flexible Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Base Face Amount, Level Supplemental Face Amount, Death Benefit Option, Life Insurance Qualification Test, Riders and Benefits (if applicable) all vary based on issue specifications/availability at time of application. Current selections will always appear on the form. |
| Coverage Details/<br>#10, Fixed Premium Products   | Page 2             | The Fixed Premium Products selections are bracketed to accommodate future changes. Product/Pan selection, Face Amount, Whole Life Pay Options, Riders and Benefits all vary based on issue specifications/availability at time of application. Current selections will always appear on the form.   |
| Fraud Warning                                      | Page 4             | The state specific Fraud Warnings not applicable to your state are bracketed to accommodate changes to those states Fraud Warnings based on any state regulation changes.   |

**Variable Life – Fund Allocation  
Form NB5136US (05/2010)**

| <b>Section/Section #</b>                           | <b>Page Number</b> | <b>Description</b>  |
|--|--------------------|---|
| 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.   |
| Investment Allocation of Net Premiums/<br>#4 and 5 | Page 1             | The Investment Allocation of Net Premiums section is bracketed as changes, including additions and deletions, will be made from time to time to the names of the risk categories (portfolios) and investment funds to coincide with current information included in our Plan of Operations. Current portfolios and investment funds will always appear on the form. |

STATEMENT OF VARIABILITY - Continued

Variable Life – Fund Allocation  
Form NB5136US (05/2010) (M)

| Section/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.   |
| Investment Allocation of Net Premiums/<br>#4 | Page 1      | The Investment Allocation of Net Premiums section is bracketed as changes, including additions and deletions, will be made from time to time to the names of the risk categories (portfolios) and investment funds to coincide with current information included in our Plan of Operations. Current portfolios and investment funds will always appear on the form. |