

SERFF Tracking Number: MANU-127263457 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49405  
Company Tracking Number: 11TERM  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: 11TERM  
Project Name/Number: 11TERM/11TERM

## Filing at a Glance

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

Product Name: 11TERM

SERFF Tr Num: MANU-127263457 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- State Tr Num: 49405  
Closed

Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Co Tr Num: 11TERM

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Helene Landow, Karren  
Phair, Debbie Tom, Jacqueline Lau,  
Joel Meggs, Virginia Bove

Disposition Date: 08/05/2011

Date Submitted: 07/26/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 11TERM

Status of Filing in Domicile:

Project Number: 11TERM

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: State of Domicile:  
Michigan

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/05/2011

Deemer Date:

State Status Changed: 08/05/2011

Submitted By: Virginia Bove

Created By: Virginia Bove

Filing Description:

Corresponding Filing Tracking Number:

INDIVIDUAL LIFE

Form 11TERM -Term Life Policy, Non-Participating

We are submitting the above referenced 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,

SERFF Tracking Number: MANU-127263457 State: Arkansas  
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paper stock and duplexing, fonts, and positioning. This is a new form and does not replace any currently approved forms. The form will be effective on the date of approval and will be marketed to the general public. No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards.

Form 11TERM, Term Life Policy, Non-Participating is a fully guaranteed term plan, targeting the general market, with an option at issue to select one of three level premium periods: 10 years, 15 years, or 20 years. The policy is renewable annually to age 95, and is convertible to permanent insurance up to the earlier of the tenth policy anniversary or the policy anniversary nearest the life insured's age 75. The issue age range for the policy presently is 18 to 80 and can vary within this range based on product.

A different set of Page 3's (Policy Specifications Section) will be used for each of the three level premium periods available under the plan. The enclosed sample policy is for the 10 Year Level Premium Option (John Hancock Term 10).

There will be three bands of premium rates for each level premium term period:

Band 1: \$250,000 - \$749,999

Band 2: \$750,000 - \$2,999,999

Band 3: \$3,000,000 +

The enclosed sample Policy Specifications pages are for the minimum face amount of \$250,000.

Values are based on the 2001 Commissioners Standard Ordinary Sex and Smoker Distinct ANB Ultimate Mortality Tables. An Actuarial Memorandum for each level premium option is enclosed.

The main application form which will be used with this policy is NB5000USR (06/2010) Application for Life Insurance, which was approved by your state on August 4, 2010 under SERFF Tracking # MANU-126736915 state tracking # 46342.

Other previously and subsequently approved riders may be made available with this policy. Note that the policy in Section 1, Policy Specifications page under the Supplementary Benefits, will include a complete listing of all riders applied for and issued with the policy.

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. Life Illustration: The above form(s) will be marketed without an illustration.

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Enclosures: Actuarial Memoranda  
 Statement of Variability  
 Readability Certification  
 John Doe Application  
 Compliance Certification re Unfair Sex Discrimination  
 Certification re Ark. Code Ann. 23-79-138 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]

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	07/26/2011	50106320

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Fixed/Indeterminate Premium  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/05/2011	08/05/2011

*SERFF Tracking Number:* MANU-127263457 *State:* Arkansas  
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Fixed/Indeterminate Premium  
*Product Name:* 11TERM  
*Project Name/Number:* 11TERM/11TERM

## **Disposition**

Disposition Date: 08/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-127263457 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Compliance Certification re Unfair Sex Discrimination		Yes
Supporting Document	Certification re Ark. Code Ann. 23-79-138 and Regulation 49		Yes
Form	Term Life Policy, Non-Participating		Yes

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## Form Schedule

### Lead Form Number:

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



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

LIFE INSURED [John J. Doe]

POLICY NUMBER [12 345 678]

PLAN NAME [John Hancock Term 10]

**TERM LIFE POLICY**

LEVEL PREMIUMS FOR THE PERIOD SHOWN IN THE POLICY SPECIFICATIONS SECTION 1.  
RENEWABLE ANNUALLY TO AGE 95.  
CONVERTIBLE WITHIN THE CONVERSION PERIOD.  
BENEFIT PAYABLE ON DEATH ON OR BEFORE EXPIRY DATE.  
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, John Hancock Life Insurance Company (U.S.A.) (“the Company”) agrees to pay the Death Benefit to the beneficiary in a lump sum, and to provide the other benefits, rights, and privileges, if any, of the policy. The Death Benefit is described in Section 3. 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:

 SPECIMEN  
President

 SPECIMEN  
Secretary

## **Policy Provisions**

### **Section**

1. Policy Specifications
2. Definitions
3. Death Benefit
4. Interest on Proceeds
5. Premiums
6. Grace Period
7. Face Amount
8. Policy Termination
9. Reinstatement
10. Conversion
11. Owner and Beneficiary
12. Assignment
13. Misstatements
14. Suicide
15. Incontestability
16. The Contract
17. Claims of Creditors
18. Currency and Place of Payment

## 1. POLICY SPECIFICATIONS

<b>Life Insured</b>	[JOHN DOE]	<b>Plan Name</b>	[John Hancock Term 10]
<b>Age at Policy Date</b>	[35]	<b>Policy Number</b>	[12 345 678]
<b>[Sex]</b>	[MALE]	<b>Issue Date</b>	[May 1, 2011]
<b>Risk Classification</b>	[Standard] [Non Smoker]	<b>Policy Date</b>	[May 1, 2011]
		<b>Expiry Date</b>	[May 1, 2071]
<b>Additional Ratings for Base Policy</b>	[not applicable]		
<b>Plan</b>	Term Life, renewable to Age 95, non-participating Level Premium Period shown below		
<b>Conversion Period</b>	Beginning at the Issue Date, and until the earlier of the [10 <sup>th</sup> ] Policy Anniversary or the Policy Anniversary nearest the Life Insured's attainment of age 75		
<b>Level Premium Period</b>	[10 Years, through April 30, 2021]		
<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]		
<b>Face Amount</b>	[\$250,000]		
<b>Minimum Face Amount</b>	[\$250,000]		
<b>Premium Mode</b>	[Annual]		
<b>Face Amount Decrease</b>	Policy Years 1 - 3		Not Allowed
	Policy Years 4 - 6	50% of Face Amount at issue or less*	
	Policy Years 7 and thereafter		Allowed*
	*Policyowner may decrease the Face Amount, provided that the new Face Amount does not fall below the Minimum Face Amount shown above.		
<b>Initial Premium</b>	[\$215.00]		

When premiums are paid at intervals more frequently than annually, the annualized amount will be higher as shown for the level premium period for the policy in the following table.

FREQUENCY	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
INSURANCE PREMIUM	[ \$215.00 ]	[ \$109.98 ]	[ \$ 57.73 ]	[ \$ 21.18 ]
ANNUALIZED PREMIUM	[ \$215.00 ]	[ \$219.96 ]	[ \$230.92 ]	[ \$254.16 ]
POLICY FEE (INCLUDED IN INSURANCE PREMIUM)	[ \$ 50.00 ]	[ \$ 25.00 ]	[ \$ 14.00 ]	[ \$ 6.00 ]

Insurance Premium and Initial Premium, above, include any applicable premium for any Supplementary Benefits elected.

The following premium schedule shows the amount payable for the premium frequency as elected on the application.

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**1. POLICY SPECIFICATIONS** (continued) – Policy [12 345 678]

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**PREMIUM SCHEDULE**

Premiums shown below are the amount payable [Annually] in the applicable Policy Year. Each premium is due on the first day of the premium payment frequency.

Insurance Premium payable is the Term Life Insurance Premium plus any Supplementary Benefits premium.

<b>POLICY YEAR</b>	<b>TERM LIFE INSURANCE PREMIUM*</b>	<b>SUPPLEMENTARY BENEFITS PREMIUM</b>
MAY 1 2011	\$215.00	
MAY 1 2012	\$215.00	
MAY 1 2013	\$215.00	
MAY 1 2014	\$215.00	
MAY 1 2015	\$215.00	
MAY 1 2016	\$215.00	
MAY 1 2017	\$215.00	
MAY 1 2018	\$215.00	
MAY 1 2019	\$215.00	
MAY 1 2020	\$215.00	
MAY 1 2021	\$1,685.00	
MAY 1 2022	\$1,832.50	
MAY 1 2023	\$1,992.50	
MAY 1 2024	\$2,080.00	
MAY 1 2025	\$2,182.50	
MAY 1 2026	\$2,332.50	
MAY 1 2027	\$2,507.50	
MAY 1 2028	\$2,750.00	
MAY 1 2029	\$3,010.00	
MAY 1 2030	\$3,342.50	
MAY 1 2031	\$3,752.50	
MAY 1 2032	\$4,167.50	
MAY 1 2033	\$4,610.00	
MAY 1 2034	\$4,982.50	
MAY 1 2035	\$5,412.50	
MAY 1 2036	\$5,930.00	
MAY 1 2037	\$6,560.00	
MAY 1 2038	\$7,330.00	
MAY 1 2039	\$8,187.50	
MAY 1 2040	\$9,085.00	
MAY 1 2041	\$10,027.50	
MAY 1 2042	\$10,970.00	
MAY 1 2043	\$11,920.00	

\* Includes the applicable Policy Fee shown previously in the Specifications section.

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**1. POLICY SPECIFICATIONS** (continued) - Policy [12 345 678]

---

**PREMIUM SCHEDULE**

Premiums shown below are the amount payable [Annually] in the applicable Policy Year. Each premium is due on the first day of the premium payment frequency.

Insurance Premium payable is the Term Life Insurance Premium plus any Supplementary Benefits premium.

<b>POLICY YEAR</b>	<b>TERM LIFE INSURANCE PREMIUM*</b>	<b>SUPPLEMENTARY BENEFITS PREMIUM</b>
MAY 1 2044	\$12,937.50	
MAY 1 2045	\$13,980.00	
MAY 1 2046	\$15,250.00	
MAY 1 2047	\$16,662.50	
MAY 1 2048	\$18,525.00	
MAY 1 2049	\$20,475.00	
MAY 1 2050	\$22,512.50	
MAY 1 2051	\$24,727.50	
MAY 1 2052	\$27,130.00	
MAY 1 2053	\$29,912.50	
MAY 1 2054	\$33,152.50	
MAY 1 2055	\$36,882.50	
MAY 1 2056	\$40,927.50	
MAY 1 2057	\$45,510.00	
MAY 1 2058	\$50,247.50	
MAY 1 2059	\$55,322.50	
MAY 1 2060	\$60,912.50	
MAY 1 2061	\$67,130.00	
MAY 1 2062	\$73,987.50	
MAY 1 2063	\$81,432.50	
MAY 1 2064	\$89,357.50	
MAY 1 2065	\$97,657.50	
MAY 1 2066	\$106,250.00	
MAY 1 2067	\$114,215.00	
MAY 1 2068	\$122,452.50	
MAY 1 2069	\$131,085.00	
MAY 1, 2070	\$140,140.00	
MAY 1, 2071	THIS POLICY TERMINATES	

\* Includes the applicable Policy Fee shown previously in the Specifications section.

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## 2. DEFINITIONS

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The term “**Additional Rating**” means 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 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 “**Expiry Date**” means the end of the last day of the term period for which this policy provides insurance, as shown in Section 1.

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

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

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

The term “**written request**” means 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 term “**you**” and “**your**” refer only to the Owner of this policy.

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## 3. DEATH BENEFIT

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If the Life Insured dies while this policy is in force, we will pay a Death Benefit upon receipt of due proof of death of the Life Insured, subject to any applicable provisions of the policy.

The Death Benefit payable will be the amount described in (1) or (2) below, at the time we receive due proof of death.

- (1) If all premiums due are paid to date, we will pay:
  - (a) the Face Amount shown in Section 1;
  - plus (b) any amounts payable under any supplementary benefits that are a part of the policy;
  - plus (c) any amount of premium paid that applies to a period beyond the Policy Month in which death occurs.
- (2) If death occurs during a Grace Period, and we have not received the premium due, we will pay:
  - (a) the Face Amount shown in Section 1;
  - plus (b) any amounts payable under any supplementary benefits that are a part of the policy;
  - less (c) the amount of premium required to cover a period of one month only.

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## 4. INTEREST ON PROCEEDS

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We will pay the Death Benefit in one lump 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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## 5. PREMIUMS

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You may elect an annual, semi-annual, quarterly or monthly frequency to pay your premium. You may change the frequency of premium payments by making a written request to us. If you elect either the semi-annual, quarterly, or monthly frequency, an additional charge will apply, resulting in annualized premiums that are higher than if you elected the annual frequency. The Insurance Premium for each frequency is shown in Section 1 of the policy. If you have any questions about frequency of premium payments, please contact our Service Office.

**Premiums Due.** Premiums are due during the Life Insured's lifetime until the Expiry Date of this policy. The first premium is due on or before the delivery of this policy. Subsequent premiums are payable at any time before their due dates at our Service Office. The premium due date is the first day of the premium payment frequency. On request we will give you a receipt signed by one of our officers.

The Expiry Date, premium due dates and premium amounts are shown in the Policy Specifications Section 1 of the policy.

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## 6. GRACE PERIOD

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This policy will go into default, if any premium after the first is not paid within 31 days after the due date. This is called the Grace Period, during which the policy will remain in force. If a premium is not paid by the end of the Grace Period, the policy will terminate.

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## 7. FACE AMOUNT

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The Face Amount is elected at issue and shown in Section 1. All requested changes will be subject to our approval. Increases in the Face Amount are not allowed. You may request a decrease in the Face Amount as shown in Section 1, provided that the Face Amount does not fall below the Minimum Face Amount at issue.

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## 8. POLICY TERMINATION

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The policy terminates at the earliest of the following events:

- (a) the date we receive your written request for termination;
- (b) the Expiry Date;
- (c) the end of the Grace Period for which we have not received the premium due;
- (d) the Conversion Date as described in Section 10.

If the policy terminates on a date other than a premium due date, we will refund any amount of premium received that applies to a period beyond the Policy Month in which the policy terminates.

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## 9. REINSTATEMENT

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If this policy terminates, you can have it reinstated within 3 years.

The requirements for reinstatement are as follows:

- (a) we must receive written request for reinstatement;
- (b) the reinstatement is before the Expiry Date;
- (c) you have not converted the policy to permanent insurance;
- (d) we must receive evidence of insurability satisfactory to us for the Life Insured; and
- (e) we must receive all overdue premiums, with interest at 6%.

If we approve your request, the reinstatement date will be the later of:

- (a) the date we receive the required premiums at our Service Office, or
- (b) the date we receive your written request for reinstatement.

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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## 10. CONVERSION

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During the Conversion Period stated on page 3, you may elect to convert this policy to any permanent, fully underwritten plan of life insurance offered for sale at the time of conversion by the Company or one of its affiliated companies. The policy to which you convert must be one we currently offer to individual policy owners.

At the time of conversion, the Life Insured must meet the requirements for age, risk classification, minimum face amount, and minimum premium for the policy you select. The premium for the new policy will be the premium rate we charge for a new policy at the time of conversion, based on your Age on the Conversion Date.

We will not require evidence of insurability at the time of conversion, up to the Face Amount of this policy. If the new policy includes a rider that is not in force on this policy at the time of conversion, evidence of insurability will be required. The risk classification for the permanent insurance will be the same as this policy, or if not available then the most comparable risk classification offered on that policy.

**Suicide and Incontestability.** The Suicide and Incontestability periods of the new policy will be deemed to have been met to the extent coverage was in force under this policy. We can contest an increase in the Face Amount, or any policy change or the addition of a supplementary benefit for two years after the date of an increase or addition.

**Conversion Date.** The new policy will take effect on the Conversion Date. The Conversion Date is the premium due date closest to the date we receive your signed application accompanied by the first premium payment. We must receive your premium payment and the signed application for the permanent insurance during the Conversion Period.

**Conversion to Joint Last-to-Die Survivorship Policy.** If the new policy is a joint last-to-die survivorship policy, we will require evidence of insurability on the new life. The rate classification for the new life will be determined at the time of conversion. We will not require evidence of insurability for the Life Insured under this policy if the following conditions are met:

- (a) the Face Amount of the new policy falls within our available retention limit; and
- (b) the Face Amount of the new policy does not exceed twice the Face Amount of this policy; and
- (c) the new life is considered an insurable risk that would have been acceptable for a single life policy based on the evidence of insurability provided to us.

If the above conditions are not met, the existing Life Insured will also be required to provide evidence of insurability.

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## 10. CONVERSION (continued)

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**Total Disability Waiver at Conversion.** You can purchase the Total Disability Waiver Benefit on the permanent plan of insurance if:

- (a) you have the Total Disability Waiver Benefit in force on this policy;
- (b) it is available on the plan of insurance to which you are converting;
- (c) the Life Insured is not totally disabled on the Conversion Date;
- (d) the Life Insured is not more than age 55 on the Conversion Date; and
- (e) premiums are due under the permanent plan of insurance for at least twenty-five years.

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## 11. OWNER AND BENEFICIARY

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Until the Life Insured's death, with the written consent of any irrevocable 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 as to the extent of the amount 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 interests in the policy. Should no successor owner survive the owner, ownership will pass to the owner's estate. 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 in three classes: primary, secondary, and final. Beneficiaries in the same class will share equally in the Death Benefit payable to them.

**Payment To Beneficiaries.** We will pay the Death 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.

**Death of Beneficiary.** If no beneficiary is alive when the Life Insured dies, the Death 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 date of the Life Insured's death, we will pay the death benefit as if the beneficiary had died before the Life Insured.

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## **12. ASSIGNMENT**

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Your interest in this policy may be assigned with the written consent of any irrevocable beneficiary. Your interest, any interest of the Life Insured and of any revocable beneficiary shall be subject to the terms of the assignment but such assignment shall not affect the interest of any irrevocable beneficiary.

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.

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## **13. 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 Face Amount of insurance and every other benefit. The new amount will be what the premiums paid would have purchased at the Life Insured's correct age and sex. If a date in Section 1 was based on an incorrect age, we will change the date to agree with the correct age.

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## **14. SUICIDE**

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If the Life Insured commits suicide, while sane or insane, within two 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.

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

---

## **15. INCONTESTABILITY**

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

In the case of reinstatement or policy change requiring evidence of insurability, the contestable period shall be two years, during the lifetime of the Life Insured, 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.

---

## **16. 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.

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**16. THE CONTRACT** (continued)

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We reserve the right to make any changes necessary in order to keep this policy in compliance with any changes in federal or state tax laws. 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.

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**17. CLAIMS OF CREDITORS**

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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.

---

**18. CURRENCY AND PLACE OF PAYMENT**

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All payments to or by us will be in U.S. currency. We will make or receive payments at our Service Office or any other office we designate to you in writing to service your policy. We may require proof that the person claiming any payment is entitled to it.

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].

Term Life Policy

Level premiums for the period shown in the Policy Specifications Section 1.

Renewable annually to Age 95.

Convertible within the Conversion Period.

Benefit payable on death on or before expiry date.

Non-participating (not eligible for dividends).

SERFF Tracking Number: MANU-127263457 State: Arkansas  
 Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49405  
 Company Tracking Number: 11TERM  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: 11TERM  
 Project Name/Number: 11TERM/11TERM

## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
<b>Attachment:</b> NB5000USR (06-2010).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Actuarial Memo		
<b>Comments:</b>		
<b>Attachments:</b> Actuarial Memo 11TERM10 - 07_25_11.pdf Actuarial Memo 11TERM15 - 07_25_11.pdf Actuarial Memo 11TERM20 - 07_25_11.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> AR - SOV 11TERM.pdf		

	<b>Item Status:</b>	<b>Status</b>

SERFF Tracking Number: MANU-127263457 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 49405  
Company Tracking Number: 11TERM  
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: 11TERM  
Project Name/Number: 11TERM/11TERM

**Date:**

**Satisfied - Item:** Compliance Certification re Unfair  
Sex Discrimination

**Comments:**

**Attachment:**

unfair sex discr cert ar.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Certification re Ark. Code Ann. 23-  
79-138 and Regulation 49

**Comments:**

**Attachment:**

reg49 cert ar.pdf

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

**CERTIFICATE OF COMPLIANCE**

**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**

11TERM

**READABILITY SCORE**

46

July 25, 2011  
Date

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



LIFE INSURANCE

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. Use the Additional Information/Special Requests section for additional space or special requests if required.

PROPOSED LIFE INSURED LIFE ONE

1. a) Name JOHN M. DOE b) Sex [X] M [ ] F c) Date of Birth OCT 04 1967 d) Place of Birth ANYTOWN USA e) Social Security Number 123456789 f) Telephone Nos. 905 123-4567 905 234-5678 g) E-mail Address johndoe@hotmail.com h) Driver's License No. 1234567890 State AS i) Citizenship [X] US [ ] Other - give details: j) Primary Residence 1999 MARCH STREET ANYTOWN, ANYSTATE 12345 k) Total years at this address 5 l) Do you have a secondary residence? [X] No [ ] Yes - provide address including zip code and months per year at this address in Additional Information Q 37. m) Occupation COMPANY PRESIDENT [ ] Retired [ ] Homemaker [ ] Student [ ] Unemployed n) Employer ABC COMPANY o) Gross Annual Income Earned \$ 300,000 Unearned \$ 100,000 p) Net Worth \$ 2.6 M [X] Personal [ ] Joint with spouse Financial Supplement for Personal Insurance NB5125 may be required. q) Purpose of Insurance [X] Estate Conservation [ ] Business Insurance - complete Business Insurance section Q 38 [ ] Wealth Transfer [ ] Income Replacement [ ] Other - give details: r) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? [X] No [ ] Yes - give details:

PROPOSED LIFE INSURED LIFE TWO

2. a) Name b) Sex [ ] M [ ] F c) Date of Birth d) Place of Birth e) Social Security Number f) Telephone Nos. g) E-mail Address h) Driver's License No. State i) Citizenship [ ] US [ ] Other - give details: j) Primary Residence (if different from Life One) k) Total years at this address l) Occupation [ ] Retired [ ] Homemaker [ ] Student [ ] Unemployed m) Employer n) Gross Annual Income Earned \$ Unearned \$ o) Net Worth (if different from Life One) \$ [ ] Personal [ ] Joint with spouse p) In the last 5 years, has the Proposed Life Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties? [ ] No [ ] Yes - give details:

**OWNER - List additional Owners and details in Additional Information Q 37**

3. Who is the Owner?  Proposed Life Insured One  Proposed Life Insured Two  Business Partner  
 Trust  Trust to be Established  Employer  
 Other - give relationship to Proposed Life Insured(s) \_\_\_\_\_

4. If the Owner is a Non US Person or a Non Resident Alien, will the IRS Form W-8BEN be submitted?  Yes  No

**Provide details below, if other than Proposed Life Insured(s). If Trust Owner, complete the Trust Certification PS5101. Trust Agreement may be required.**

5. a) Name _____		b) Date of Birth/Trust Date _____ <small>Month Day Year</small>			
c) Address <small>Street Address</small> _____		<small>City</small> _____		<small>State</small> _____	<small>Zip Code</small> _____
d) Social Security/Tax ID Number (if applicable) _____			e) E-mail Address _____		
6. Multiple Owners - Type of Ownership <input type="checkbox"/> Joint with right of Survivorship <input type="checkbox"/> Tenants in common					

**BENEFICIARY INFORMATION - Subject to change by Owner. (List additional beneficiaries in Additional Information Q 37)**

7. a) Name <b>JAMES M. DOE</b>	<input checked="" type="checkbox"/> Primary	Relationship to Proposed Life Insured(s) <b>SON</b>	Percentage <b>100 %</b>
b) Name _____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Relationship to Proposed Life Insured(s) _____	Percentage _____ %

**COVERAGE DETAILS - Refer to your illustration for riders and benefits selected**

8. **PRODUCT NAME** **JH UNIVERSAL LIFE**

9. **FLEXIBLE PREMIUM PRODUCTS**  
 **Universal Life**  **Variable Universal Life** - complete **Fund Allocation NB5136**

a)  Single Life  Survivorship

b) Base Face Amount \$ **250,000** Supplemental Face Amount \$ \_\_\_\_\_  
 Level  Increasing by: \_\_\_\_\_ % for \_\_\_\_\_ Years  
 Customized Increasing Schedule - complete **Customized Schedule NB5064**

c) Death Benefit Option  Option 1 (Face Amount/TFA)  Option 2 (Face Amount/TFA plus Policy Value)

d) Life Insurance Qualification Test  Guideline Premium  Cash Value Accumulation

e) Riders and Benefits (if applicable)  
 Policy Protection Rider (PPR)  PPR Flex  PPR Quick  PPR Enhanced  PPR Cash Value Advantage  
 Extended No Lapse Guarantee  Long-Term Care Rider (complete **NB5018**)  
 Return of Premium Rider (DB 1 only)  Long-Term Care Continuation Rider  
Percentage of premiums to be returned at death (Whole numbers only. Maximum 100%) \_\_\_\_\_ %  
 Disability Waiver of Monthly Deductions  
 Overloan Protection Rider  Disability Payment of Specified Premium  
Monthly Specified Amount \$ \_\_\_\_\_  
 Cash Value Enhancement  Estate Preservation Rider (Four Year Term)  
 Accelerated Death Benefit (for terminal illness)  Policy Split Option  
 Other \_\_\_\_\_

10. **FIXED PREMIUM PRODUCTS**  
 **Whole Life**  **Term 10**  **Term 15**  **Term 20**  **Survivorship Term**

a) Face Amount \$ \_\_\_\_\_

b) Whole Life Pay Options  Full - Pay  Limited - Pay  10 - Pay  15 - Pay  20 - Pay  Single - Pay

c) Riders and Benefits (if applicable)  
 Total Disability Waiver  Conversion Extension Rider (T15 & T20 only)  
 Accelerated Death Benefit (for terminal illness)  Automatic Premium Loan (if available)  
 Long-Term Care Rider (complete **NB5018**)  Other \_\_\_\_\_  
 Long-Term Care Continuation Rider

11. If an additional or optional policy is being applied for by the Owner in a separate application, state plan and face amount.  
Plan Name \_\_\_\_\_ \$ \_\_\_\_\_

**PREMIUMS AND FUNDING INFORMATION**

12. Frequency  Annual  Semi-Annual  Quarterly  Pre-Authorized Monthly Payment Plan (complete Q 43)  
 Other \_\_\_\_\_

13. Do you understand that you may need to pay additional premiums in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in your illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied)?  Yes  No  N/A

14. Send Premium Notices and Correspondence to: (Select One)  
 Owner  Proposed Life Insured One  Proposed Life Insured Two  
 Other First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Relationship to Proposed Life Insured(s) \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

15. Premium Source  
 Earned Income  Unearned Income  Loan (complete question 16)  
 Liquidating Assets - give details: \_\_\_\_\_  
 An individual and/or entity other than the Proposed Life Insured's employer - give details: \_\_\_\_\_  
 \_\_\_\_\_  
 Settled Contracts - give details: \_\_\_\_\_  
 Other - give details: \_\_\_\_\_

**Complete question 16, if premium source is a loan.**

16. a) Who is the lender? \_\_\_\_\_ b) What amount and type of collateral is required to secure the loan?  
 Amount \_\_\_\_\_ Type of Collateral \_\_\_\_\_  
 \$ \_\_\_\_\_  
 c) In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?  
 No  Yes - give details: \_\_\_\_\_

17. 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 - give details: \_\_\_\_\_

18. Have you been offered any money or other considerations by any person or entity in connection with this application?  
 No  Yes - give details: \_\_\_\_\_

**EXISTING AND PENDING INFORMATION**

**If more space is required attach additional page that has been signed by the Owner and Proposed Life Insured(s).**

19. Does the Owner have any existing life insurance and/or annuity policies?  
 No  Yes - complete state appropriate replacement forms.

20. 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. If 'None', check this box.

Proposed Life Insured	Company	Insurance		Issue Date Year	To Remain in Force?		1035 Exchange?		Settled or Sold		Face Amount Including Riders
		Personal	Business		Yes	No	Yes	No	Yes	Year	
<input type="checkbox"/> One <input type="checkbox"/> Two		<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"/> One <input type="checkbox"/> Two		<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"/>		\$				

**EXISTING AND PENDING INFORMATION continued**

21. a) If you are applying for life insurance with any other company, provide the amount of all formal applications and name of the life insurance company. **Do not include informal inquiries.**

Proposed Life Insured	Company	Face Amount Including Riders	Proposed Life Insured	Company	Face Amount Including Riders
<input type="checkbox"/> One <input type="checkbox"/> Two		\$	<input type="checkbox"/> One <input type="checkbox"/> Two		\$
<input type="checkbox"/> One <input type="checkbox"/> Two		\$	<input type="checkbox"/> One <input type="checkbox"/> Two		\$

b) Total formal coverage pending (including this application) you plan to accept.  
 Life One \$ **250,000** Life Two \$

22. If applying for single life coverage, is there any inforce and applied for coverage on your spouse?  
 Yes - Total Coverage Amount \$  No  No spouse

23. 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: \_\_\_\_\_

**GENERAL RISK AND LIFESTYLE QUESTIONS - Provide details in Q 32 for 'Yes' answers.**

	Life One	Life Two
24. Do you engage in any regular exercise? (ie walking, treadmill, swimming, aerobics, strength training, cycling, yoga) If <b>'Yes'</b> , give details of type, frequency and length of time in Q 32.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
25. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)? If <b>'Yes'</b> , give details of type of nicotine product, amount and frequency and date last used in Q 32.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
26. Do you expect to travel outside of the U.S. or Canada, or change your country of residence in the next 2 years? If <b>'Yes'</b> give details of location (city/country), purpose, frequency and duration in Q 32.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
27. 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 <b>'Yes'</b> , complete <b>Aviation Questionnaire NB5009.</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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 <b>'Yes'</b> , complete appropriate <b>Avocation Questionnaire.</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
28. a) Have you been cited for one or more moving violations within the last 2 years?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b) Have you been cited for driving while intoxicated or while otherwise impaired?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
29. Have you ever been arrested, convicted, or imprisoned for a felony and/or currently awaiting trial for any crime and/or felony? If <b>'Yes'</b> give details of type, date, city/state of felony and/or crime and if currently on probation or parole in Q 32.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
30. Have any of your immediate family members (parents, brothers or sisters) died from coronary artery disease or cancer, prior to age 60?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
31. Are you a member of the armed forces, including the reserves? If <b>'Yes'</b> , complete <b>Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109.</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

32. Details for **'Yes'** answers for questions 24 - 31.

Question No.	Life One	Question No.	Life Two

**INFORMATION REGARDING LAST MEDICAL CONSULTATION**

**LIFE ONE**

**LIFE TWO**

33. a) Date of last visit to ANY doctor/physician	Month <b>JAN</b>	Day <b>15</b>	Year <b>2009</b>	34. a) Date of last visit to ANY doctor/physician	Month	Day	Year
b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed) <b>ANNUAL CHECK-UP - NONE</b>				b) Reason for and outcome of visit (Diagnosis / Treatment / Medication Prescribed)			
c) Physician Name, Address and Telephone Number <b>ARTHER H. SMITH 123 MAIN STREET ANY TOWN, ANYSTATE 12347</b>				c) Physician Name, Address and Telephone Number			
d) Provide Primary Physician name and contact information, if different from 33 c).				d) Provide Primary Physician name and contact information, if different from 34 c).			

**MEDICAL CERTIFICATION**

35. Have you completed a para/medical examination? If 'Yes', complete chart below.				Life One <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Life Two <input type="checkbox"/> No <input type="checkbox"/> Yes
Proposed Life Insured	John Hancock Exam	OR	Other Company's Exam	Name of Other Insurance Company	Date of Examination month year
<input checked="" type="checkbox"/> One <input type="checkbox"/> Two	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<b>MAY 2010</b>
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/>		<input type="checkbox"/>		
36. Have you had any illness, injury, operation or treatment, or has there been any change in your health since the date of the examination? If 'Yes', give details in Additional Information/Special Requests Q 37.				Life One <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Life Two <input type="checkbox"/> No <input type="checkbox"/> Yes

**ADDITIONAL INFORMATION/SPECIAL REQUESTS - Attach additional signed page if more space is required.**

37.

**COMPLETE THE FOLLOWING SECTIONS ONLY IF APPLICABLE TO YOUR APPLICATION**

**BUSINESS INSURANCE - Complete if face amount is under \$1,000,000. For face amounts \$1,000,000 and over complete the Financial Supplement for Business Insurance NB5124.**

38. a) Business Insurance Purpose <input type="checkbox"/> Key Person <input type="checkbox"/> Buy Sell <input type="checkbox"/> Business Loan <input type="checkbox"/> Other _____					
	Assets	Liabilities	Gross Sales	Net Income	Fair Market Value of the Business
Current Year	\$	\$	\$	\$	\$
Previous Year	\$	\$	\$	\$	\$
b) How was the amount applied for determined?					
c) What percentage of the business is owned by the Proposed Life Insured(s)?					%
d) Are other partners/owners/executives insured or applying for life insurance with any company? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details:					

**JUVENILE INSURANCE - Complete if Proposed Life Insured is under age 18.**

39. a) Are all siblings equally insured? <input type="checkbox"/> No <input type="checkbox"/> Yes If 'No', give details:		b) Amount of life insurance currently in force or pending for	
	Amount	If none, provide reason	
Mother	\$		
Father	\$		
Guardian	\$		

**Complete this section only if applying for Temporary Life Insurance and the criteria is met.**

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

1. questions 40 to 42 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).

	Life One	Life Two
40. Within the last 24 months, has the Proposed Life Insured(s) under this application:		
a) consulted a medical professional for, 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b) received a recommendation from a medical professional for any consultation, testing, investigation or surgery that has not yet been completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
c) been declined for life insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
41. Other than planned routine check-ups, are there medical concerns or symptoms for which a medical professional has not yet been consulted?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
42. Does the Proposed Life Insured(s) reside outside the United States more than 6 months per year?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**PRE-AUTHORIZED PAYMENT PLAN - To be completed by Owner**  **Not Applicable**

43. Request for Pre-Authorized Payment Plan  Yes

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.**

**Attach voided sample check.**

**Attach Voided Check here**

**READ THE FOLLOWING CAREFULLY AND SIGN BELOW.**

**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 understand and agree that:

1. **Policy Application:** The statements and answers in this application, which include 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. **Policy Effective Date:**
  - 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 to the Owner, provided that: (i) there has been no change in health or change in the lifestyle of the Proposed Life Insured(s), (ii) there has been no change in the financial circumstances of the Owner or the Proposed Life Insured(s), and (iii) nothing else has occurred that would require a change in any statement or answer in any part of the application, including any supplemental forms, in order to make the statement or answer true and complete as of the date this policy becomes effective. If there has been a change in health: (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 under the TIA and according to its terms.
3. **Employer Owned Policies:** The Proposed Life Insured(s) confirms that they have received, prior to issue, written notice that indicates: a) the employer's intent to insure the Proposed Life Insured(s), (b) the maximum amount of the insurance to be issued on the life of the Proposed Life Insured(s) and c) that the employer will be the beneficiary of the new policy. The Proposed Life Insured(s) also confirms that they have provided written consent to being insured and that such coverage may continue after employment terminates.
4. **Fraud Warning:** 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.
5. **Variable Policies:** I/We acknowledge receipt of the current prospectuses and supplements that describe the variable life insurance policy applied for and the sub-accounts of the the separate account that are available under this policy. I/We have reviewed the prospectuses and supplements and believe that the variable life policy is consistent with my/our insurance needs, investment objectives and investment risk tolerance.
6. **Temporary Insurance Coverage:** If coverage under a TIA is applied for, I have received, read and understand the terms and conditions of the **Temporary Life Insurance Receipt and Agreement NB5004.**

**AUTHORIZATION TO OBTAIN INFORMATION**

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

1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me/us.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, insurance company, the 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 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.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to give The Company and its reinsurers financial/net worth information about me/us.

I/We authorize The Company to disclose such information and any information developed during its evaluation of my/our 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 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 - If Proposed Life Insured(s) is under age 15, Parent or Guardian must sign and include relationship.**

**X**

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

Owner - Signed at      City      State      This      Day of      Year

**X**

Signature of Proposed Life Insured One if other than Owner (Parent or Guardian if under age 15)

**X**

Signature of Proposed Life Insured Two if other than Owner

**AGENT SIGNATURE**

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

**X**

Signature of Agent/Registered Representative      Date

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

**STATEMENT OF VARIABILITY**

**TERM LIFE POLICY, NON-PARTICIPATING POLICY**

**FORM 11TERM**

<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>• The Plan name field is bracketed as Level Premium Period of either 10, 15, or 20 years can be elected at issue and 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, Issue Date, Policy Date, Expiry Date, Risk Classification, and Additional Ratings all vary based on issue specifications.</li><li>• Conversion period varies based on whether the Conversion Extension Rider is elected.</li><li>• Level Premium Period of either 10, 15, or 20 years can be elected at issue.</li><li>• Supplementary Benefits and Additional Rating vary based on issue specifications.</li><li>• The Governing Law field will show the state of issue.</li><li>• Face Amount varies based on issue specifications.</li><li>• Premium Mode will be annual, semi-annual, quarterly, monthly, or electronic draft.</li><li>• All premiums rates vary based on issue specifications.</li><li>• Policy Fee varies for the different bands and premium mode elected.</li></ul>
1. Policy Specifications	3.1	<ul style="list-style-type: none"><li>• All premiums rates vary based on issue 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>

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

**COMPLIANCE CERTIFICATION**

**STATE OF ARKANSAS**

<b>FORM #</b>	<b>DESCRIPTION</b>
11TERM	Term Life Policy

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.

July 25, 2011  
Date

  
Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

**STATE OF ARKANSAS**

**CERTIFICATE OF COMPLIANCE**

<b>FORM #</b>	<b>DESCRIPTION</b>
11TERM	Term Life Insurance Policy

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.

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

July 25, 2011

Date



Helene Landow, FLMI, ACP  
Director, Contracts and Compliance