

**State:** Arkansas **Filing Company:** John Hancock Life Insurance Company (U.S.A.)  
**TOI/Sub-TOI:** L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
**Product Name:** NB5037US (08/2012)  
**Project Name/Number:** NB5037US (08/2012)/NB5037US (08/2012)

## Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)  
Product Name: NB5037US (08/2012)  
State: Arkansas  
TOI: L09I Individual Life - Flexible Premium Adjustable Life  
Sub-TOI: L09I.001 Single Life  
Filing Type: Form  
Date Submitted: 08/14/2012  
SERFF Tr Num: MANU-128636575  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: NB5037US (08/2012)  
Implementation: On Approval  
Date Requested:  
Author(s): Helene Landow, Karren Phair, Adam Goldstein  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 08/20/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** John Hancock Life Insurance Company (U.S.A.)  
**TOI/Sub-TOI:** L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
**Product Name:** NB5037US (08/2012)  
**Project Name/Number:** NB5037US (08/2012)/NB5037US (08/2012)

## General Information

Project Name: NB5037US (08/2012) Status of Filing in Domicile:  
Project Number: NB5037US (08/2012) Date Approved in Domicile:  
Requested Filing Mode: Review & Approval 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: 08/20/2012  
State Status Changed: 08/20/2012  
Deemer Date: Created By: Adam Goldstein  
Submitted By: Adam Goldstein Corresponding Filing Tracking Number:

Filing Description:  
INDIVIDUAL LIFE

Form NB5037US (08/2012) - Term Conversion Application to a Permanent Policy

We are submitting the above application form for your approval to be used with state approved Individual Life policies. No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards. The form will be available electronically for completion and submission either in printed or electronic format, providing the option for wet or electronic signature, without change in the pre-formatted content.

Form NB5037US (08/2012) - Term Conversion Application to a Permanent Policy will be used when the policy owner requests 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 form replaces NB5037US (11/2011) Term Conversion Application to a Permanent Policy, which was approved by your state on December 5th, 2011 under SERFF Tracking # MANU-127852888.

We confirm that the revised form is identical to the form being replaced except for the changes described below:

Page 2: FLEXIBLE PREMIUM PRODUCTS - Question 9d "Riders and Benefits (if applicable): deleted "PPR Quick", "PPR Cash Value Advantage" and "Note: For single life the PPR loan type is fixed except for PPR Cash Value Advantage. For survivorship the PPR loan type is variable." and inserted "Other".

Page 2: PREMIUMS AND FUNDING INFORMATION, questions 13, 14, 15 and 16 have been deleted. Questions and references to questions have been renumbered according to changes made.

The Service Office address, the Flexible Premium and Fixed Premium Products selections under the Coverage Details section and the Fraud Warnings and application 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.

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 collect at 416-926-3232 or via email at karren\_phair@jhancock.com.

## Company and Contact

**State:** Arkansas **Filing Company:** John Hancock Life Insurance Company (U.S.A.)  
**TOI/Sub-TOI:** L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
**Product Name:** NB5037US (08/2012)  
**Project Name/Number:** NB5037US (08/2012)/NB5037US (08/2012)

**Filing Contact Information**

Karren Phair, Manager karren\_phair@jhancock.com  
 P. O. Box 600 416-926-3232 [Phone]  
 Buffalo, NY 14201-0600 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? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form  
 Per Company: No

Company	Amount	Date Processed	Transaction #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	08/14/2012	61673702

State: Arkansas Filing Company: John Hancock Life Insurance Company (U.S.A.)  
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
Product Name: NB5037US (08/2012)  
Project Name/Number: NB5037US (08/2012)/NB5037US (08/2012)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/20/2012	08/20/2012

**SERFF Tracking #:**

MANU-128636575

**State Tracking #:****Company Tracking #:**

NB5037US (08/2012)

**State:**

Arkansas

**Filing Company:**

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

**TOI/Sub-TOI:**

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

**Product Name:**

NB5037US (08/2012)

**Project Name/Number:**

NB5037US (08/2012)/NB5037US (08/2012)

## Disposition

Disposition Date: 08/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Form NB5037US (08/2012) – (marked with changes)		Yes
Form	Term Conversion Application to a Permanent Policy		Yes

State: Arkansas

Filing Company:

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

TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name: NB5037US (08/2012)

Project Name/Number: NB5037US (08/2012)/NB5037US (08/2012)

## Form Schedule

### Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		NB5037US (08/2012)	AEF	Term Conversion Application to a Permanent Policy	Revised: Replaced Form #: NB5037US (11/2011) Previous Filing #: MANU-127852888		NB5037US.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



Service Office:  
Life New Business  
27 Drydock Ave  
Boston MA 02210-2377

**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.

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

7. **Product Name**

JH UNIVERSAL LIFE

8. Are you receiving or have you applied for benefits under the waiver of premium or disability benefit rider?  No  Yes  
If 'Yes', please give details \_\_\_\_\_

9. **FLEXIBLE PREMIUM PRODUCTS**

**Universal Life** - If applying for Indexed UL - complete Premium Allocation Instructions **NB5176**

**Variable Universal Life** - complete **Fund Allocation NB5136**

a) Base Face Amount \$ 250,000

Level Supplemental Face Amount \$ \_\_\_\_\_

b) Death Benefit Option  Option 1 (Total Face Amount)  Option 2 (Total Face Amount plus Policy Value)

c) Life Insurance Qualification Test  Guideline Premium  Cash Value Accumulation

d) Riders and Benefits (if applicable)

Policy Protection Rider (PPR)  PPR Flex  PPR Enhanced

Note: For single life the PPR loan type is fixed. For survivorship the PPR loan type is variable.

Extended No Lapse Guarantee  Select One - To transfer TDW Rider from Term policy to new policy

Overloan Protection Rider  Disability Waiver of Monthly Deductions

Cash Value Enhancement  Disability Payment of Specified Premium

Accelerated Death Benefit (for terminal illness) Monthly Specified Amount \$ \_\_\_\_\_

Other \_\_\_\_\_

10. **FIXED PREMIUM PRODUCTS**

**Term 10** (Applicable only for Spouse Rider Supplemental Term Policy upon Primary Insured's death)

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

b) Riders and Benefits

Total Disability Waiver (to transfer TDW rider from Term policy to new policy)

Accelerated Death Benefit (for terminal illness)

**PREMIUMS AND FUNDING INFORMATION**

11. Frequency  Annual  Semi-Annual  Quarterly  Monthly (Pre-Authorized Payment Plan only)  
 Direct  Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan **NB5087**

12. Send Premium Notices and Correspondence to: (Select One)

Owner  Life Insured

Other

First	Middle	Last	Relationship to Life Insured	
Street Address		City	State	Zip Code

**SPECIAL REQUESTS**

13.

**SIGNATURES**

IT IS AGREED THAT BY SIGNING BELOW:

1. 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:** 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. **If converting to a flexible premium policy:** The Owner understands that additional premiums may be required in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied.)
4. 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.
5. 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.
6. 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
-------------	--------	------

## **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 or willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly or 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.

SERFF Tracking #:

MANU-128636575

State Tracking #:

Company Tracking #:

NB5037US (08/2012)

State: Arkansas

Filing Company:

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

TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name: NB5037US (08/2012)

Project Name/Number: NB5037US (08/2012)/NB5037US (08/2012)

## Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability Generic.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Form NB5037US (08/2012) (marked with changes)		
Comments:			
Attachment(s):			
NB5037US_HILITED_082012.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 the form meets the requirements of your readability legislation.

<b>FORM NUMBER</b>	<b>READABILITY SCORE</b>
NB5037US (08/2012)	40

August 13<sup>th</sup>, 2012  
Date

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

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

STATEMENT OF VARIABILITY  
August 10, 2012

TERM CONVERSION APPLICATION TO A PERMANENT POLICY

Policy Form NB5037US (08/2012)

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.
Coverage Details/ #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/ #10, Fixed Premium Products	Page 2	The Fixed Premium Products selections are bracketed to accommodate future changes. Product/Plan selection, Face Amount, 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.



Service Office:  
Life New Business  
27 Drydock Ave  
Boston MA 02210-2377

# 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.

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

7. **Product Name**

JH UNIVERSAL LIFE

8. Are you receiving or have you applied for benefits under the waiver of premium or disability benefit rider?  No  Yes  
If 'Yes', please give details \_\_\_\_\_

9. **FLEXIBLE PREMIUM PRODUCTS**

**Universal Life** - If applying for Indexed UL - complete Premium Allocation Instructions **NB5176**

**Variable Universal Life** - complete **Fund Allocation NB5136**

a) Base Face Amount \$ 250,000

Level Supplemental Face Amount \$ \_\_\_\_\_

b) Death Benefit Option  Option 1 (Total Face Amount)  Option 2 (Total Face Amount plus Policy Value)

c) Life Insurance Qualification Test  Guideline Premium  Cash Value Accumulation

d) Riders and Benefits (if applicable)

Policy Protection Rider (PPR)  PPR Flex  PPR Enhanced

Note: For single life the PPR loan type is fixed. For survivorship the PPR loan type is variable.

Extended No Lapse Guarantee  Select One - To transfer TDW Rider from Term policy to new policy

Overloan Protection Rider  Disability Waiver of Monthly Deductions

Cash Value Enhancement  Disability Payment of Specified Premium

Accelerated Death Benefit (for terminal illness) Monthly Specified Amount \$ \_\_\_\_\_

Other \_\_\_\_\_

10. **FIXED PREMIUM PRODUCTS**

**Term 10** (Applicable only for Spouse Rider Supplemental Term Policy upon Primary Insured's death)

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

b) Riders and Benefits

Total Disability Waiver (to transfer TDW rider from Term policy to new policy)

Accelerated Death Benefit (for terminal illness)

**PREMIUMS AND FUNDING INFORMATION**

11. Frequency  Annual  Semi-Annual  Quarterly  Monthly (Pre-Authorized Payment Plan only)  
 Direct  Pre-Authorized Payment Plan - complete Request for Pre-Authorized Payment Plan **NB5087**

12. Send Premium Notices and Correspondence to: (Select One)

Owner  Life Insured

Other

\_\_\_\_\_  
First Middle Last Relationship to Life Insured

\_\_\_\_\_  
Street Address City State Zip Code

## SPECIAL REQUESTS

13.

### SIGNATURES

IT IS AGREED THAT BY SIGNING BELOW:

1. 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:** 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. **If converting to a flexible premium policy:** The Owner understands that additional premiums may be required in addition to the Planned Premium if the current policy charges or actual interest credited/investment performance are different from the assumptions used in the illustration (assuming the requirements of any applicable guaranteed death benefit feature have not been satisfied.)
4. 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.
5. 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.
6. 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

## **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 or willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly or 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.