



NOTICE REGARDING PRINTING THIS DOCUMENT

- **This document is set up to print optimally in Simplex mode**, and as such, each form in this copy of the policy contract will start on a new page.
- **Please note that if you print in Duplex mode**, the first and last pages of two consecutive forms may share a page, i.e., the first page of a form will print on the back page of the preceding form when the latter is blank.



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

John Hancock Life Insurance Policy for Carlos Blanco Sanchez

Policy Introduction – **ACTION NEEDED BY OCTOBER 12, 2023**

John Hancock is pleased to offer you a life insurance policy. In order for this coverage to take effect, the following needs to happen by October 12, 2023 – otherwise, we'll have to withdraw our offer:

- You must provide your signature on the form(s) that indicate action is required below. Simply follow the DocuSign prompts to electronically sign your document(s) and be sure to click on the "Finish" button once you're done. You should also save or print a copy for your records.
- An initial payment must also be submitted in the following amount: \$2866.00 - Annual. A check can be mailed to the attention of Life New Business, 410 University Ave, Suite #55765, Westwood, MA 02090. For faster processing, be sure to make the check payable to John Hancock Life Insurance Company (U.S.A.) and that it includes Policy # 81264881 and the name of the proposed insured(s).

We will notify you after we process the first payment, which will confirm the date coverage takes effect, subject to the terms outlined in the application for insurance. A coverage summary follows below.

Policy At-A-Glance

POLICY #	81264881	COVERAGE COST	\$2,866.00, annual
AGENT(S)	CARLOS MACHADO, JULIO VINCIGUERRA	BASE FACE AMOUNT	\$6,000,000.00

Policy Package Overview

Here's a list of some of the contents to assist you in your review of this package:

- Welcome Letter including information about the John Hancock Vitality PLUS Program
- Life Insurance Policy Quote/Illustration – **ACTION REQUIRED!**
- Policy Receipt Form – **ACTION REQUIRED!**
- Application Supplement (Amendment) – **ACTION REQUIRED!**
- Backdating Notice & Election Form – **ACTION REQUIRED!** - 08/16/2023
- Application (JH USA JHNY) – **ACTION REQUIRED!** - On delivery, signed and current dated due to licensing
- Beneficiary Change Notice & Form
In the event you've designated a minor child as a beneficiary, you may want to consider an additional provision to direct payment to a third party for the benefit of that minor. Please see the notice for more information.
- Life Insurance Buyer's Guide
- Your Life Insurance Policy
- Copy of the Application Submitted to John Hancock

The logo for John Hancock, featuring the name in a white, elegant cursive script on a dark, textured background.

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

Please take a minute to review the enclosed application copy, including the medical questions. It's important that the information on your application is up-to-date, complete and accurate. If you find that you need to make changes, please contact your insurance representative as soon as possible and do not accept delivery of the policy.

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

New Business Service Center
PO Box 55765
Boston, MA 02205-5765



Welcome to John Hancock Vitality.
Activate your membership today!

August 31, 2023

Carlos Blanco Sanchez
445 Grand Bay Dr
Key Biscayne, FL 33149-1905

Re: Life Insurance Policy for Carlos Blanco Sanchez, Policy No. 81264881

Dear Carlos Blanco Sanchez:

Congratulations on your new John Hancock life insurance policy and taking an important step toward protecting your future.

When you purchased your policy, you signed up for John Hancock Vitality PLUS. That means, in addition to financial protection, your policy offers tools, resources, incentives and rewards to help you live a longer, healthier life. Vitality PLUS includes:

- Up to 25% in premium savings¹
- Complimentary or discounted wearable fitness devices
- Savings and discounts from popular retailers
- And so much more!

Activate your Vitality membership today at JohnHancockVitality.com/activate to explore the benefits of Vitality and start earning rewards.

Once your life insurance coverage takes effect, we encourage you to set up an account at JohnHancock.com. It's the easiest way to access important forms and other information related to your policy.

If you have any questions about your new policy or the Vitality Program, please call us at 888-333-2659 and our customer service associates will be happy to assist you.

The decision to purchase life insurance is a significant one and we thank you for the trust and confidence you and your insurance representative have placed in our company.

Sincerely,

A handwritten signature in cursive script that reads "Brooks Tingle".

Brooks Tingle
President and CEO
John Hancock



Vitality is the provider of the John Hancock Vitality Program in connection with your life insurance policy.

Rewards and discounts are subject to change and are not guaranteed to remain the same for the life of the policy.

¹Premium savings are in comparison to the same John Hancock life insurance policy without Vitality PLUS. The level of premium savings are cumulative over the life of the policy and will vary based upon underwriting status, issue age, policy type, the terms of the policy and the Vitality Status achieved. Premiums savings are only available with Vitality PLUS.



e AT YOUR SERVICE

Flexible

John Hancock is at your service. As a John Hancock Life Insurance customer, you now have access to the most efficient tools and resources to manage your policy online. Introducing... eService by John Hancock.

- Policy information and statements
- Fund performance and reallocations
- Secure electronic payments
- Investment options
- Address changes
- eSubmission forms and inquiries

Easy

Visit JohnHancock.com and register.

Registration will only take a minute of your time and will provide you with access to your policy information.

Convenient

We know your time is valuable — John Hancock designed eService with you in mind. Now, managing your policy has never been easier. Simple, efficient, paperless record-keeping is only a click away.

Visit JohnHancock.com and get started today!

LIFE INSURANCE POST ISSUE PREMIUM PAYMENTS FREQUENTLY ASKED QUESTIONS (FAQ)

Overview – Submitting Renewal Payments/Additional Payments

The details below provide answers to questions typically asked about submitting renewal premium payments, including which forms of payment are permitted, as well as steps John Hancock takes if a renewal premium payment submitted by either automatic bank draft, check, or e-payment is not honored by the bank.

What are the forms of payment to submit premiums?

You may submit renewal premium payments via automatic bank draft, online banking, personal or business/corporate checks, e-Payment or wire transfer.

Automatic Bank Drafts

1. What is an automatic bank draft?

Automatic bank drafts are safe and secure, and provide the assurance of timely payments. You do not receive a billing notice and once authorized John Hancock will automatically debit your bank account.

2. What is required for automatic bank payments?

The request for [Pre-Authorized Payment Plan form \(PS5126US\)](#) is required with a voided check.
Call Center representative: attached is a copy of the Pre-Authorized Payment Plan form.

Online Banking

1. What information do I need for making a payment on my bank's online banking site?

You will need the P.O. Box address and the John Hancock entity name provided on your bill and your full policy number.

2. What John Hancock entity name should I use?

If your policy was issued in New York select or enter John Hancock Life Insurance Company of New York, otherwise select or enter John Hancock Individual Life on your bank's online banking site.

3. I have more than one policy and am making my payments through online banking. Can I include all of my policies on one transaction?

For fastest service, please make one transaction per policy number.

4. How do I make a loan repayment through online banking?

Please make your loan repayment separate from your premium payment. In the account number field, please enter your policy number followed by LOAN REPAY.

Check Payments

1. Where do I mail my check?

For fastest service, please return your check and billing coupon in the return envelope provided by John Hancock, and mail to the P.O. Box printed on the coupon or envelope.

2. I'm making my payment by check, who do I make the check payable to?

Checks must be original and made payable to John Hancock

3. I'm making my payment by check, what information do I need to include on the check?

Please always include your policy number(s) and indicate Loan or Premium Payment on your check. Be sure your check is dated currently, signed and the legal line and written amount match.

4. Do I need to return my billing coupon with my check?

For fastest service, please return your check and billing coupon in the return envelope provided by John Hancock, and mail to the P.O. Box printed on the coupon or envelope.

5. I don't have my billing coupon. Where should I send my check?

By regular mail to:

John Hancock Insurance Services
Life - Post Issue
PO Box 55979
Boston MA 02205-5979

By overnight mail to:

Service Office:
Life New Business
John Hancock
410 University Ave, Suite 55765
Westwood, MA 02090

6. What types of checks are unacceptable forms of payment?

The following types of checks are unacceptable:

- Third-party checks*
- Traveler's checks
- Counter checks**
- Credit card checks
- Checks drawn on a foreign bank (foreign currency)
- Starter checks with no pre-printed account information

*Please note that a third-party check will be accepted on trust-owned policies where the payor is the grantor of the trust.

**Counter checks are checks issued by a bank teller with the banking account information manually filled in.

e-Payment

1. What is e-Payment?

An e-Payment is a secure way to send electronic payments using the johnhancock.com website.

2. Is e-Payment available for all premium payments?

e-Pay is available for all premium payments with the exception of initial payments on newly issued policies.

3. What information do I need in order to make an e-Payment?

Be sure to have your billing notice available before continuing on to the site. You will need the P.O. Box number found on your bill.

4. How do I make an e-Payment?

Review the [ePay FAQ](#) for detailed instructions for submitting electronic payment at our website johnhancock.com/life/epay. *Call Center representative: attached is a copy of the e-Pay FAQ.*

Wire Transfers

1. How do I get information on making a wire transfer?

Call Center representative: please refer to the attached "Wire Transfer Banking information" flyer for current John Hancock bank account information.

2. I am making my payment by wire transfer, what do I need to do?

For fastest service, please provide the following information to the bank at the time of wire:

- First and last name of insured
- John Hancock's policy/contract #
- Breakdown of premiums and policies (if applicable)
- Any additional information that will help identify the wired funds

Does John Hancock accept cash, coins, credit or debit card payments?

No, these are unacceptable forms of payment.

What steps does John Hancock take if notification is received that a premium payment has not been honored?

If a premium payment is returned or protested by the bank, John Hancock will immediately reverse the premium from the policy and send a letter to you indicating the payment was not honored. Unless the premium payment is paid to the company on or before the date when due or within the grace period provided in your policy, the policy will become forfeited and void except as to the right, if any, to cash surrender value, or a paid up policy or extended insurance as provided in the policy.

Life Insurance Buyer's Guide

Prepared by
The National Association of Insurance Commissioners

Reprinted by John Hancock Life Insurance Company
(05/2012)

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This Guide Does Not Endorse Any Company or Policy.

This guide can help you when you shop for life insurance.

It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Important Things To Consider

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need - and for how long – and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period - even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and study it carefully. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Once you have decided which type of policy to buy, you can use a cost comparison index to help you compare similar policies. Life insurance agents or companies can give you information about several different kinds of indexes that each work a little differently. One type helps you compare the costs between two policies if you give up the policy and take out the cash value. Another helps you compare your costs if you don't give up your policy before its coverage ends. Some help you decide what kind of questions to ask the agent about the numbers used in an illustration. Each index is useful in some ways, but they all have shortcomings. Ask your agent which will be most helpful to you. Regardless of which index you use, compare index numbers only for similar policies – those that offer basically the same benefits, with premiums payable for the same length of time.

Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build up. A year by year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are non guaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.



Our privacy commitment to you

John Hancock respects your privacy. Your trust is one of our most valuable assets. One way we hope to keep your trust is by properly protecting your personal information.

What does this notice cover?

This notice is required by law. It describes our privacy policy and how we handle our customers' and former customers' personal information.

- For information on how we use data collected from visitors of John Hancock websites, social media sites, and mobile applications, please refer to the John Hancock Online Privacy Policy.
- If you have a policy that is covered by the Health Insurance Portability and Accountability Act, please refer to our HIPAA Notice of Protected Health Information Privacy Practices.
- If you live in Europe and the United Kingdom, please refer to our privacy notice for European residents for information on your rights under the General Data Protection Regulation.

These notices, and information about the rights of consumers under California law, such as the California Consumer Privacy Act, can be found at www.johnhancock.com/privacy.

Why do we collect your personal information?

Collecting personal information about you helps us provide you with financial products and services. It also helps us to confirm your identity, detect and prevent fraud, manage our business, and fulfill legal and regulatory requirements. The type of information we collect depends on the products or services you applied for or have with us.

We obtain personal information from you when you submit an application or other similar forms, from transactions and other interactions with you, as well as from third parties and other publicly available sources. This information may include:

- personal data, such as name, address, email address, telephone number, date of birth, Social Security number, sex, citizenship status, race/ethnicity, occupation, and employment details;
- financial data, such as income, assets, banking information, credit card information, and investment preferences;
- health data, such as medical, biometric, and health-related information and habits;
- profile data reflecting a person's preferences, interests, hobbies, characteristics, tendencies, behaviors, or attitudes; and
- interaction data collected when you visit or use our websites, mobile applications, and social media sites, or when you call or chat online with our customer service teams.

Our sources include your insurance agent, broker, registered representative, or financial advisor and their respective firms, your employer or Plan Sponsor, consumer reporting agencies, government agencies, medical providers, data service providers, social media services, business partners, and insurance support agencies (such as the MIB, Inc.).

How do we protect the personal information we have collected about you?

Our employees respect your personal information. They are trained to keep it safe. We have administrative, physical, and technical safeguards in place that are designed to protect your information.

How do we use and share the personal information we have collected about you?

All financial services companies need to use and share customers' personal information in order to provide services to them. We use your personal information mainly to communicate with you, complete transactions that you have requested or authorized, evaluate your application, administer your policy or account, and to make you aware of additional products and services that we offer. As permitted or required by applicable law, your personal information may be shared with:

- employees and associates when their jobs require it to process and service your contracts, benefits, or accounts;
- your financial advisor, broker, representative, or firm in order for them to process and service your application, policy, or account;
- consultants and third parties performing administrative, marketing, and technology services on our behalf. They are contractually bound to use your information only to perform those services. They are required to have safeguards in place to protect it, and are not permitted to sell, use, or disclose your information for their own marketing purposes;
- reinsurance companies;
- auditors and government agencies to conduct routine or required activities such as audits and tax reporting;
- attorneys and other legal professionals in response to subpoenas and court orders, or to comply with legal requests made by law enforcement and regulatory authorities;
- other financial institutions with whom we may jointly market products or services that may be of interest to you, if permitted in your state; and
- other third parties at your request, with your consent or your written authorization.

We do not sell your personal information. We do not share it with any unaffiliated company for the purpose of that company marketing its own products or services to you.

Except as noted below, we may share your information within the John Hancock affiliated companies listed at the end of this notice to provide you with offers for other products or services. You have the right to opt out of that information sharing.

If you have coverage under an employer-sponsored retirement plan, group pension contract, group annuity contract, or group insurance policy, or if you are a client of John Hancock Investment Management LLC, we do not share your personal information, other than as necessary to provide services or administer your coverage.

How can you opt out?

If you do not want us to share your personal information with our affiliated companies for their own marketing purposes, you may opt out of that information sharing at www.johnhancock.com/contactpreferences. You may also opt out by calling or writing to the contact information provided in the “Contacting us” section.

Your request will take effect within 30 days of the date it was received. If you have more than one John Hancock product, you only need to opt out once. Once you opt out, we will honor your choice until you ask us to change it. If you are the joint owner of a product and you tell us not to share information, you may elect to have your choice applied to all owners of that product. If you have already exercised your right to opt out, there is no need to contact us again.

We will continue to send you information about your contracts, benefits, and accounts. We may also include information about other John Hancock products or services. Opting out will not affect the ability of your financial advisor, representative, or firm to recommend products or services to you.

How can you review your personal information?

Generally, you have the right to review the personal information we have collected about you. Requests to obtain a copy of your personal information must be made in writing and signed by you or your legal representative. The request must include your:

- full name;
- address;
- product type (e.g., life insurance, long-term care insurance, annuity, mutual fund, etc.); and
- policy contract or account number.

If you believe that information we have about you is outdated or incorrect, you may write us and request it be amended. If we agree with your request, we will correct your information. If we do not agree, we will let you know. Then, you may write us to dispute our decision. We will keep all of your correspondence in our files.

Contacting us

If you have a question about your account, or if you want to review the information we have on file about you, please contact us at:

✉ John Hancock
Life Post Issue—Customer Service Center
PO Box 55979, Boston MA 02205-5979

📞 800-732-5543
www.johnhancock.com

If you have a question about this privacy notice, please contact the John Hancock Privacy Office.

✉ U.S. Compliance Department
197 Clarendon Street, C-5, Boston, MA 02116

📧 privacy@jhancock.com

You may obtain information about the Securities Investor Protection Corporation (SIPC), including a SIPC brochure, by contacting SIPC at www.sipc.org or 202-371-8300.

The John Hancock affiliated companies

John Hancock is a subsidiary of Manulife Financial Corporation. The following affiliated companies provide this notice and/or may provide you with information about John Hancock's products and services:

John Hancock Distributors, LLC
John Hancock Investment Management Distributors LLC
John Hancock Investment Management LLC
John Hancock Life & Health Insurance Company
John Hancock Life Insurance Company (U.S.A.)
John Hancock Life Insurance Company of New York

John Hancock Personal Financial Services, LLC
John Hancock Retirement Plan Services, LLC
John Hancock Signature Services, Inc.
John Hancock Trust Company LLC
John Hancock Variable Trust Advisers LLC



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

Service Office:
200 Berkeley Street,
Boston, MA 02116-5023
1-800-387-2747

LIFE INSURED CARLOS BLANCO SANCHEZ
POLICY NUMBER 81 264 881
PLAN NAME John Hancock Vitality Term 10

INDIVIDUAL TERM LIFE POLICY WITH HEALTHY ENGAGEMENT BENEFIT

BASE PREMIUMS LEVEL THROUGHOUT THE SELECT PERIOD SHOWN IN SECTION 1.
PREMIUM SCHEDULE DESCRIBED IN SECTIONS 2 AND 7
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, which may include placing the Death Benefit in an interest bearing account in the name of the beneficiary that provides immediate access to all of the account, and to provide the other benefits, rights, and privileges, if any, of the policy. The Death Benefit is described in Section 4. If the Company makes other plans of payment available other than a lump sum, then a beneficiary may request any such other plans in lieu of a lump sum.

If this policy is convertible, the Conversion Period and Products Available for Conversion are described in Section 1.

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 within FOURTEEN days after receiving it by delivering or mailing it to us or to the agent who sold it. We will refund in full the payment made. The policy will be void from the beginning.

Signed for the Company by:

President

Secretary

Policy Provisions

Section

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

H1020(01/2022)

1. POLICY SPECIFICATIONS

Life Insured CARLOS BLANCO SANCHEZ**Plan Name** John Hancock Vitality Term 10**Policy Number** 81 264 881**Plan Version** GOLD (LEVEL 3)**Age at Policy Date** 39**Issue Date** Aug 31, 2023**Sex** Male**Policy Date** Aug 16, 2023**Expiry Date** Aug 16, 2079**Risk Classification** Preferred Non Smoker**Additional Ratings for
Base Policy** not applicable**Plan** Term Life, renewable to Age 95, non-participating
Select Period shown below**Select Period** 10 Years, through Aug 15, 2033**Supplementary Benefits** Accelerated Benefit Rider**Owner, Beneficiary** As designated in the application or subsequently changed**Governing Law** Florida**Face Amount** \$6,000,000**Minimum Face Amount** \$100,000**Conversion Period** During the period ending on the earlier of the last day of Policy Year 10 or the policy anniversary nearest the Life Insured's attainment of Age 70**Products Available for Conversion**

1. During the period beginning on the Issue Date and ending on the last day of Policy Year 4, you may elect to convert this policy to any single life permanent plan of life insurance offered for sale at the time of the conversion by the Company;
2. During the period beginning on the fourth Policy Anniversary and ending on the last day of Policy Year 10, your conversion options are dependent on the Status achieved by the Life Insured, as follows:
 - (a) if the Life Insured has achieved either the Level 3 or Level 4 Status on each of the three Annual Processing Dates prior to the date of the conversion application, you may elect to convert this policy to any single life permanent plan of life insurance offered for sale at the time of the conversion by the Company;
 - (b) if the Life Insured has achieved either the Level 1 or Level 2 Status on any of the three Annual Processing Dates prior to the date of the conversion application, you may elect to convert this policy to a single life permanent plan of life insurance offered for conversion by the Company at the time of election. This may not include all of the plans of life insurance offered for sale by the Company.

In making the determination in (a) and (b), if the Conversion Date occurs on the Annual Processing Date, we will use the Status achieved on that date along with the Statuses achieved on the prior two Annual Processing Dates.

H1020(01/2022)

1. POLICY SPECIFICATIONS (continued) – Policy 81 264 881

3. Thereafter, your conversion option for any Conversion Period remaining will be limited to a single life permanent plan of life insurance offered for conversion by the Company at the time of election. This may not include all of the plans of life insurance offered for sale by the Company.

Conversion to Joint Last-to-Die Survivorship Policy

During the lesser of the first four Policy Years and the Conversion Period shown in Section 1, you may also request to convert this policy to a new joint last-to-die survivorship policy up to the Face Amount of this policy without Evidence of Insurability on the existing Life Insured under this Policy, provided that the following conditions are met and subject to our approval:

- (a) we must receive Evidence of Insurability on the new life confirming the new life is considered an insurable risk that would be acceptable for a single life policy at the time of conversion. The existence of a term policy on the new life is not sufficient Evidence of Insurability to convert this policy to a joint last-to-die survivorship policy. The rate classification for the new life will be determined at the time of conversion; and
- (b) the Face Amount of the new policy must be within our available retention based on our published term conversion retention limits at the time of conversion.

H1020(01/2022)

1. POLICY SPECIFICATIONS (continued) – Policy 81 264 881**PREMIUMS**

Premium Mode	Annual	
Face Amount Decrease	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.

Initial Premium \$2,866.00

ANNUAL MULTIPLIERS

Bronze (Level 1) Status	1.0400
Silver (Level 2) Status	1.0250
Gold (Level 3) Status	1.0000
Platinum (Level 4) Status	0.9940

BASE PREMIUM (FOR THE SELECT PERIOD)

FREQUENCY	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
MODAL PREMIUM	\$2,866.00	\$1,461.90	\$745.40	\$247.86
ANNUALIZED PREMIUM	\$2,866.00	\$2,923.80	\$2,981.60	\$2,974.32
POLICY FEE (INCLUDED IN MODAL PREMIUM)	\$70.00	\$35.70	\$18.20	\$6.06

PREMIUM FOR ADDITIONAL RATINGS AND SUPPLEMENTARY BENEFITS (FOR THE SELECT PERIOD)

FREQUENCY	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
MODAL PREMIUM	\$0.00	\$0.00	\$0.00	\$0.00
ANNUALIZED PREMIUM	\$0.00	\$0.00	\$0.00	\$0.00

When premiums are paid at intervals more frequently than annually, the annualized amounts of the Base Premium and any premiums for Additional Ratings and Supplementary Benefits may be higher. The above tables show the differences by Premium Mode during the Select Period. For the differences by Premium Mode after the Select Period, please contact our Service Office at 1-800-387-2747. The Modal Premium is not the Total Premium. See Section 2 for a description of the Total Premium.

The Base Premium includes a charge of \$24.00 per year for the Healthy Engagement Benefit.

1. POLICY SPECIFICATIONS (CONTINUED) – POLICY 81 264 881

HEALTHY ENGAGEMENT STATUS QUALIFICATION REQUIREMENTS

The “Status Qualification Requirements” is the points-based system for determining the Status Level of the Life Insured. There are four Status Levels, as shown below:

Status Levels	Points Required
Bronze (Level 1) Status	0-3,499 Points
Silver (Level 2) Status	3,500-6,999 Points
Gold (Level 3) Status	7,000-9,999 Points
Platinum (Level 4) Status	Over 9,999 Points

The Status Qualification Requirements include activities that fall into the following categories:

- physical activity and training
- preventative care;
- physical and mental health reviews;
- health screenings;
- healthy food purchases;
- healthy mind activities (such as meditation and healthy sleep habits);
- online healthy living education;
- engagement activities within the administrative platform;
- chronic condition management and support; and
- safety activities (such as driving).

Up-to-date information relating to the Status of the Life Insured as well as the activities and points available for each activity under the Status Qualification Requirements is available by visiting <http://www.JohnHancockVitality.com> or by contacting our Service Office at 1-800-387-2747.

1. POLICY SPECIFICATIONS (CONTINUED) – POLICY 81 264 881

HEALTHY ENGAGEMENT INCENTIVES

The “Incentives” are the following types of offers and discounts designed to encourage the Life Insured to participate in activities to achieve a Status Level and are earned as a result of such participation:

- Fitness Tools and Services
- Preventative Health Services
- Nutritional Education and Discounts
- Educational Resources
- Discounts and Gift Cards
- Memberships/Subscriptions

All Incentives will cease at the end of the Level Premium Period. The complete list of incentives available to the Life Insured can be found by visiting <http://www.JohnHancockVitality.com> or by contacting our Service Office at 1-800-387-2747.

H1020(01/2022)

2. PREMIUM SCHEDULE – Policy 81 264 881**PLAN VERSION PREMIUM SCHEDULE
GOLD (LEVEL 3)**

The following premium schedule shows the amount payable Annually in the applicable Policy Year assuming the Premium Mode is maintained in all years and the Life Insured achieves Gold (Level 3) Status in all Policy Years during the Select Period. Electing a different Premium Mode or achievement of a different Status in any Policy Year during the Select Period will result in a Total Premium that differs from what is shown below. For a schedule of premiums in other Premium Modes and other assumed Status levels, please contact our Service Office at 1-800-387-2747.

Total Premium is the Base Premium plus any Additional Rating Premium calculated using a percentage, multiplied by the Cumulative Multiplier (described in Section 7) plus any Premium for Additional Rating calculated using an amount per thousand of Face Amount, plus any Premium for Supplementary Benefits.

POLICY YEAR	BASE PREMIUM*	ADDITIONAL RATING PREMIUM**	CUMULATIVE MULTIPLIER	PREMIUM FOR SUPPLEMENTARY BENEFITS	TOTAL PREMIUM
Aug 16, 2023	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2024	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2025	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2026	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2027	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2028	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2029	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2030	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2031	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2032	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00

* Includes the applicable Policy Fee shown previously in Section 1.

** Includes premium for 1) any Additional Rating Premium calculated using a percentage, and 2) any Additional Rating Premium calculated using an amount per thousand of Face Amount, as shown in Section 1.

H1020(01/2022)

2. PREMIUM SCHEDULE (continued) –Policy 81 264 881**GUARANTEED PREMIUM SCHEDULE
BRONZE (LEVEL 1)**

The following premium schedule shows the amount payable Annually in the applicable Policy Year assuming that the Premium Mode is maintained in all years.

Total Premium is the Base Premium plus any Additional Rating Premium calculated using a percentage, multiplied by the Cumulative Multiplier (described in Section 7) plus any Premium for Additional Rating calculated using an amount per thousand of Face Amount, plus any Premium for Supplementary Benefits. The below table assumes the achievement of Bronze (Level 1) Status in all Policy Years during Select Period. Achievement of a different Status in any Policy Year during the Select Period will result in a lower Total Premium.

POLICY YEAR	BASE PREMIUM*	ADDITIONAL RATING PREMIUM**	CUMULATIVE MULTIPLIER	PREMIUM FOR SUPPLEMENTARY BENEFITS	TOTAL PREMIUM
Aug 16, 2023	\$2,866.00	\$0.00	1.0000	\$0.00	\$2,866.00
Aug 16, 2024	\$2,866.00	\$0.00	1.0400	\$0.00	\$2,980.64
Aug 16, 2025	\$2,866.00	\$0.00	1.0816	\$0.00	\$3,099.87
Aug 16, 2026	\$2,866.00	\$0.00	1.1249	\$0.00	\$3,223.96
Aug 16, 2027	\$2,866.00	\$0.00	1.1699	\$0.00	\$3,352.93
Aug 16, 2028	\$2,866.00	\$0.00	1.2167	\$0.00	\$3,487.06
Aug 16, 2029	\$2,866.00	\$0.00	1.2654	\$0.00	\$3,626.64
Aug 16, 2030	\$2,866.00	\$0.00	1.3160	\$0.00	\$3,771.66
Aug 16, 2031	\$2,866.00	\$0.00	1.3686	\$0.00	\$3,922.41
Aug 16, 2032	\$2,866.00	\$0.00	1.4233	\$0.00	\$4,079.18

* Includes the applicable Policy Fee shown previously in Section 1.

** Includes premium for 1) any Additional Rating Premium calculated using a percentage, and 2) any Additional Rating Premium calculated using an amount per thousand of Face Amount, as shown in Section 1.

H1020(01/2022)

2. PREMIUM SCHEDULE (continued) – Policy 81 264 881**RENEWAL PREMIUM SCHEDULE**

The following premium schedule shows the amount payable Annually in the applicable Policy Years following the Select Period, assuming that the Premium Mode is maintained in all years.

POLICY YEAR	MAXIMUM RENEWAL PREMIUM*	ADDITIONAL RATING PREMIUM	PREMIUM FOR SUPPLEMENTARY BENEFITS	TOTAL RENEWAL PREMIUM
Aug 16, 2033	\$62,830.00	\$0.00	\$0.00	\$62,830.00
Aug 16, 2034	\$65,770.00	\$0.00	\$0.00	\$65,770.00
Aug 16, 2035	\$70,450.00	\$0.00	\$0.00	\$70,450.00
Aug 16, 2036	\$76,270.00	\$0.00	\$0.00	\$76,270.00
Aug 16, 2037	\$83,110.00	\$0.00	\$0.00	\$83,110.00
Aug 16, 2038	\$90,250.00	\$0.00	\$0.00	\$90,250.00
Aug 16, 2039	\$97,270.00	\$0.00	\$0.00	\$97,270.00
Aug 16, 2040	\$104,590.00	\$0.00	\$0.00	\$104,590.00
Aug 16, 2041	\$111,610.00	\$0.00	\$0.00	\$111,610.00
Aug 16, 2042	\$118,990.00	\$0.00	\$0.00	\$118,990.00
Aug 16, 2043	\$127,630.00	\$0.00	\$0.00	\$127,630.00
Aug 16, 2044	\$138,310.00	\$0.00	\$0.00	\$138,310.00
Aug 16, 2045	\$152,650.00	\$0.00	\$0.00	\$152,650.00
Aug 16, 2046	\$170,290.00	\$0.00	\$0.00	\$170,290.00
Aug 16, 2047	\$190,090.00	\$0.00	\$0.00	\$190,090.00
Aug 16, 2048	\$212,470.00	\$0.00	\$0.00	\$212,470.00
Aug 16, 2049	\$236,770.00	\$0.00	\$0.00	\$236,770.00
Aug 16, 2050	\$257,830.00	\$0.00	\$0.00	\$257,830.00
Aug 16, 2051	\$279,790.00	\$0.00	\$0.00	\$279,790.00
Aug 16, 2052	\$303,730.00	\$0.00	\$0.00	\$303,730.00
Aug 16, 2053	\$330,370.00	\$0.00	\$0.00	\$330,370.00
Aug 16, 2054	\$361,330.00	\$0.00	\$0.00	\$361,330.00
Aug 16, 2055	\$397,750.00	\$0.00	\$0.00	\$397,750.00
Aug 16, 2056	\$440,770.00	\$0.00	\$0.00	\$440,770.00
Aug 16, 2057	\$490,090.00	\$0.00	\$0.00	\$490,090.00
Aug 16, 2058	\$545,110.00	\$0.00	\$0.00	\$545,110.00
Aug 16, 2059	\$605,050.00	\$0.00	\$0.00	\$605,050.00
Aug 16, 2060	\$678,070.00	\$0.00	\$0.00	\$678,070.00
Aug 16, 2061	\$757,930.00	\$0.00	\$0.00	\$757,930.00
Aug 16, 2062	\$845,650.00	\$0.00	\$0.00	\$845,650.00
Aug 16, 2063	\$945,250.00	\$0.00	\$0.00	\$945,250.00
Aug 16, 2064	\$1,059,670.00	\$0.00	\$0.00	\$1,059,670.00
Aug 16, 2065	\$1,192,990.00	\$0.00	\$0.00	\$1,192,990.00
Aug 16, 2066	\$1,341,190.00	\$0.00	\$0.00	\$1,341,190.00
Aug 16, 2067	\$1,512,910.00	\$0.00	\$0.00	\$1,512,910.00
Aug 16, 2068	\$1,710,910.00	\$0.00	\$0.00	\$1,710,910.00
Aug 16, 2069	\$1,939,990.00	\$0.00	\$0.00	\$1,939,990.00
Aug 16, 2070	\$2,180,110.00	\$0.00	\$0.00	\$2,180,110.00
Aug 16, 2071	\$2,451,790.00	\$0.00	\$0.00	\$2,451,790.00
Aug 16, 2072	\$2,752,990.00	\$0.00	\$0.00	\$2,752,990.00
Aug 16, 2073	\$3,071,470.00	\$0.00	\$0.00	\$3,071,470.00
Aug 16, 2074	\$3,401,650.00	\$0.00	\$0.00	\$3,401,650.00
Aug 16, 2075	\$3,900,070.00	\$0.00	\$0.00	\$3,900,070.00
Aug 16, 2076	\$4,260,070.00	\$0.00	\$0.00	\$4,260,070.00
Aug 16, 2077	\$4,560,070.00	\$0.00	\$0.00	\$4,560,070.00
Aug 16, 2078	\$4,860,070.00	\$0.00	\$0.00	\$4,860,070.00

* Includes the applicable Policy Fee shown previously in Section 1.

H1020(01/2022)

2. PREMIUM SCHEDULE (continued) – Policy 81 264 881**RENEWAL PREMIUM SCHEDULE**

The following premium schedule shows the amount payable Annually in the applicable Policy Years following the Select Period, assuming that the Premium Mode is maintained in all years.

POLICY YEAR	MAXIMUM RENEWAL PREMIUM*	ADDITIONAL RATING PREMIUM	PREMIUM FOR SUPPLEMENTARY BENEFITS	TOTAL RENEWAL PREMIUM
Aug 16, 2079	THIS POLICY TERMINATES			

* Includes the applicable Policy Fee shown previously in Section 1.

THIS PAGE INTENTIONALLY LEFT BLANK

3. DEFINITIONS

Listed below are some terms that have specific meanings in your policy. Please refer to these definitions as you read your policy. Other terms may be defined in the body of your policy.

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 Total Premium, as shown in Section 2.

Age means, on any policy anniversary, the age of the person in question at their birthday nearest that date.

Annual Processing Date means the first day of a Policy Year. A Policy Year shall begin on the day in each calendar year that corresponds to the day of the calendar year on which the Policy Date occurred. If the Annual Processing Date falls on a day other than a Business Day, the Annual Processing Date for that Policy Year will be the next Business Day. The Policy Date is not an Annual Processing Date.

Business Day means any pre-scheduled work day that we are open for business. We will deem each Business Day to end at the close of regularly scheduled Company hours (currently 4:00 p.m. Eastern time) on that day.

Evidence of Insurability means evidence satisfactory to us related to the current health, lifestyle, financial and other circumstances that may impact the insurability of the individual.

Expiry Date means the end of the period for which this policy provides insurance, as shown in Section 1.

In Force means that the policy has not terminated in accordance with Sections 8 or 10.

Issue Date means the date shown in Section 1 of this policy from which the Suicide and Incontestability provisions are applied.

Policy Anniversary means the date on each calendar year that corresponds with the date on which the Policy Date occurred.

Policy Date means the date from which the Initial Premium is due. The Policy Date is shown in Section 1. Policy Years, Policy Months, and Policy Anniversaries are determined from the Policy Date.

Policy Month begins on the day in each calendar month that corresponds with the day of the calendar month on which the Policy Date occurred.

Policy Year means (a) or (b) below, whichever is applicable.

- a) The first Policy Year is the period beginning on the Policy Date and ending on the Business Day immediately preceding the first Annual Processing Date.
- b) Each subsequent Policy Year is the period beginning on an Annual Processing Date and ending on the Business Day immediately preceding the next Annual Processing Date.

Select Period means the period during which the Base Premium is adjusted based on the Status achieved by the Life Insured on each Annual Processing Date in accordance with the Healthy Engagement provision of your policy. The Select Period is shown in Section 1.

Service Office means the office that we designate to service this policy as shown on the front and back cover pages of your policy.

We, us, and our means the Company.

Written Request means requests in a form satisfactory to us, that are signed and dated by you, and received at our Service Office or, if permitted by our administrative practices, emails received by us at the internet address specified by us for receipt of such requests.

You and your means the owner of this policy.

4. DEATH BENEFIT

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 (a) or (b) below, at the time we receive due proof of death:

- (a) if all premiums due are paid to date, we will pay:
 - (i) the Face Amount shown in Section 1; plus
 - (ii) any amount of premium paid that applies to a period beyond the Policy Month in which death occurs;

- (b) if death occurs during a Grace Period, and we have not received the premium due, we will pay:
 - (i) the Face Amount shown in Section 1; less
 - (ii) the amount of premium required to cover a period of one month only.

5. INTEREST ON PROCEEDS

We will pay interest on the Death Benefit proceeds as stipulated by the state. If the state does not specify the interest rate, we will use the rate for insurance proceeds left on deposit with us.

6. HEALTHY ENGAGEMENT BENEFIT

The Healthy Engagement Benefit determines your Total Premium during the Select Period based upon the Status of the Life Insured. Your Total Premium may vary from year to year.

Status

There are four levels of Status. Each Status has an associated Annual Multiplier, as shown in Section 1. The Status of the Life Insured on each Annual Processing Date determines the Annual Multiplier for the Policy Year that begins on that date. The Annual Multiplier is used in the determination of the Total Premium as described in Section 7.

Status Qualification Requirements

The achievement of a Status in any given year beyond Status Level 1 is dependent upon the Life Insured earning points by participating in a range of healthy activities in each year (the "Status Qualification Requirements"). The Status Qualification Requirements are the criteria used as the basis for determining the Status of the Life Insured and are described in Section 1.

We reserve the right to amend the Status Qualification Requirements from time to time, as described in the Administration of Healthy Engagement Benefit provision. The Life Insured can get up-to-date information relating to their Status and/or updates to the Status Qualification Requirements by visiting <http://www.JohnHancockVitality.com> or by contacting our Service Office at 1-800-387-2747.

Administration of Healthy Engagement Benefit

The Status Qualification Requirements will be administered directly by us or through a company designated by us.

We may amend the Status Qualification Requirements from time to time based on our expectations of the impact such requirements may have upon future mortality, expenses, capital and reserve requirements, and taxes under the Policy. Such amendments may include changes to the activities within the Status Qualification categories as well as the addition of new categories. Any change to the Status Qualification Requirements will be determined prospectively on a basis that does not discriminate unfairly within any class of life insureds. Updates to the Status Qualification Requirements are available by visiting <http://www.JohnHancockVitality.com> or by contacting our Service Office at 1-800-387-2747.

6. HEALTHY ENGAGEMENT BENEFIT (continued)

In addition, we or a company designated by us will offer incentives to the Life Insured, as described in Section 1, designed to encourage the Life Insured to participate in activities to help meet the Status Qualification Requirements. All such incentives will cease at the end of the Level Premium Period.

There may be costs associated with fulfilling a Status Qualification Requirement that may not be reimbursed by the Company. Examples of such costs include health coverage co-pays, health club fees, athletic event registration fees, healthy equipment, health monitoring devices, athletic attire, and online access fees.

In no event will the Company use the Status or any medical or other information about the Life Insured provided after the Issue Date in order to meet Status Qualification Requirements:

- (a) to change the Life Insured's Risk Classification shown in Section 1; or
- (b) as the sole basis to deny a request to reinstate coverage.

7. PREMIUMS

Base Premium

The Base Premium is the premium that is level throughout the Select Period. After the Select Period, the premiums will increase, but will never exceed the Maximum Renewal Premiums shown in Section 2. The Base Premium does not include any applicable premium for Additional Ratings and/or Supplementary Benefits. The schedule of Base Premiums for the Select Period is shown in Section 2.

Total Premium

The schedules of Total Premiums and Total Guaranteed Premiums are shown in Section 2. Your Total Premium throughout the Select Period will be calculated on each Policy Anniversary beginning on the first Policy Anniversary. After the Select Period, the premiums will increase, but will never exceed the Maximum Renewal Premiums shown in Section 2. We will calculate your Total Premium throughout the Select Period as follows:

Calculation of Total Premium

The Total Premium will be equal to (a) plus (b) plus (c) plus (d), where:

- (a) is the Base Premium multiplied by the Cumulative Multiplier described below;
- (b) is any Additional Rating Premium calculated using a percentage, multiplied by the Cumulative Multiplier described below;
- (c) is any Additional Rating Premium calculated using an amount per \$1,000 of Face Amount; and
- (d) is any Supplementary Benefits Premium.

Cumulative Multiplier

The Cumulative Multiplier is determined annually and does not change during a Policy Year.

On the Policy Date, the Cumulative Multiplier is set equal to 1. Beginning in Policy Year 2, and ending on the Policy Anniversary prior to the end of the Select Period, the Cumulative Multiplier is set on each Policy Anniversary and is equal to (a) multiplied by (b), where:

- (a) is the current Policy Year's Annual Multiplier; and
- (b) is the prior Policy Year's Cumulative Multiplier.

The Annual Multiplier for each Status level is shown in Section 1.

7. PREMIUMS (continued)

Premiums Due

The Initial Premium is shown in Section 1, and is due on or before the delivery of this policy. No insurance will take effect under this policy until our underwriters approve issuance of this policy and the conditions specified in the application form have been satisfied, including receipt of at least the Initial Premium at our Service Office. Premiums are due during the Life Insured's lifetime until the Expiry Date of this policy. Premiums after the first Policy Year and during the Select Period will be equal to the Total Premium based on the Status achieved by the Life Insured on each Annual Processing Date. Calculation of the Total Premium is shown in this Section 7.

Subsequent premiums can be paid at our Service Office on any Business Day before the due date shown in your premium due notice. On request we will give you a receipt signed by one of our officers.

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. When premiums are paid at intervals more frequently than annually, the annualized amounts of the Base Premium and any premium for Additional Ratings and Supplementary Benefits may be higher. The Cumulative Multiplier does not vary by the frequency of premiums. The Modal Premium for each frequency during the Select Period is shown in Section 1. If you have any questions about frequency of premium payments, please contact our Service Office.

The Expiry Date is shown in Section 1.

Premium Change

The Base Premiums are level throughout the Select Period shown in Section 1.

After the Select Period, the premiums will increase, but will never exceed the Maximum Renewal Premiums shown in Section 2.

Periodically, we may change the current renewal premiums payable based on our expectations of future mortality, persistency, investment earnings, expense experience, capital and reserve requirements, and tax assumptions. Any such change in the current renewal premiums will be made prospectively on a basis that does not discriminate unfairly within any class of life insureds. Under no circumstances will the current renewal premium for any Policy Year exceed the corresponding Maximum Renewal Premiums shown in Section 2.

Returned or Protested Payments

Any purported payment(s) submitted to the Company by check or any other instrument including a wire transfer, whether or not credited to the policy by the Company, which is returned or protested does not constitute payment. The Company does not accept checks or other instruments unconditionally. The Company undertakes no duty to notify any person of a returned or protested payment, except as may be required by applicable law. Any information about the policy, including verifications of coverage provided in any form by the Company on account of such submission(s) is not valid and shall not constitute a waiver or estoppel with respect to any of the terms or conditions of the policy. Such submissions will not prevent or delay a default or termination and do not extend the time for payment or any Grace Period as provided for under the policy.

8. GRACE PERIOD

This policy and any supplementary benefit riders 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 without value.

9. FACE AMOUNT

The Face Amount is elected at issue and shown in Section 1. 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 as shown in Section 1. All requested changes will be subject to our approval.

10. POLICY TERMINATION

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 (if applicable) as described in Section 12; or
- (e) the death of the Life Insured.

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.

11. REINSTATEMENT

If this policy terminates at the end of the Grace Period, you may apply for reinstatement within three years from the date of default. Reinstatement is subject to our approval. 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 this policy to permanent insurance;
- (d) we must receive Evidence of Insurability for the Life Insured; and
- (e) we must receive all overdue premiums.

Overdue premiums are calculated using the Annual Multiplier for the Level 1 Status.

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.

If the reinstatement occurs during the Select Period, the premium is calculated using the Annual Multiplier for the Level 1 Status until the next Annual Processing Date.

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.

12. CONVERSION

If this policy is convertible, the Conversion Period and Products Available for Conversion are described in Section 1.

The product to which you convert must be life insurance that you would otherwise be able to apply for as a new policy at the time of conversion and cannot be a product that is primarily sold as part of a corporate-owned or corporate-sponsored program or benefit plan or sold in connection with a private placement.

12. CONVERSION (continued)

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

We will not require Evidence of Insurability on the Life Insured at the time of conversion, up to the Face Amount of this policy. The risk classification for the new policy will be the same as this policy, or if not available then the risk classification that is most comparable to the risk classification on this policy. If the conversion request includes an increase in the Face Amount or the addition of a supplementary benefit rider that is not In Force on this policy at the time of conversion, Evidence of Insurability on the Life Insured will be required and such increase or the inclusion of such supplementary benefit rider on the new policy will be subject to our approval.

Total Disability Waiver Rider at Conversion

You can purchase the Total Disability Waiver Rider on the permanent plan of insurance without Evidence of Insurability on the Life Insured if all of the following conditions are met:

- (a) you have the Total Disability Waiver Rider 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.

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, any policy change, or the addition of a new life or supplementary benefit rider for two years after the date of such increase, change, or addition.

Conversion Date

The new policy will take effect on the Conversion Date. If no Evidence of Insurability is required in connection with the conversion request, the Conversion Date is the Policy Month following 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.

13. OWNER AND BENEFICIARY

Until the Life Insured's death, 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, you 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 at our Service Office.

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).

13. OWNER AND BENEFICIARY (continued)

Successor Owner

If an owner dies prior to the death of the Life Insured, a named successor owner will, if then living, have all the owner's rights and interest in the policy. The owner can designate, cancel, or change the designation of successor owner prior to the death of the Life Insured by written agreement provided to us.

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

Beneficiary Classification

You can appoint beneficiaries for the Death Benefit 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 death of the Life Insured, we will pay the Death Benefit as if the beneficiary had died before the Life Insured.

14. ASSIGNMENT

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 and a duplicate of the original assignment has been filed at our Service Office. We are not a party to any assignment; we do not assume responsibility for the validity or sufficiency of any assignment.

15. MISSTATEMENTS

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.

16. SUICIDE

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.

17. INCONTESTABILITY

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 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.

18. 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.

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. No agent may change the Policy or waive any of the provisions. 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.

19. CLAIMS OF CREDITORS

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

20. CURRENCY AND PLACE OF PAYMENT

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.



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

SUPPLEMENTARY BENEFIT
Accelerated Death Benefit for Terminal Illness Rider

In this rider, "Accelerated Death Benefit" refers to an acceleration of a portion of your life insurance benefits as described herein.

If the Accelerated Death Benefit is paid, values under the policy will be reduced such as the Death Benefit, Policy Value, Cash Surrender Value, Cost of Insurance Charge, and/or premium (as applicable).

Receipt of the Accelerated Death Benefit is intended to qualify for favorable tax treatment under section 101(g) of the Internal Revenue Code of 1986, as amended, and is not intended to provide long-term care insurance coverage. Accelerated Death Benefits may affect your eligibility for public assistance programs such as Medicaid, aid to families with dependent children, and supplemental security income.

You should seek additional information from your personal tax advisor before taking an accelerated benefit. You must voluntarily claim the Accelerated Death Benefit. We will not pay an Accelerated Death Benefit if the claim is made on behalf of a creditor or for government benefits.

This rider attaches to and forms part of your policy. Unless this rider states otherwise, the provisions set out in your policy will apply to this rider. Terms that are not defined herein have the same meaning as set forth in the policy. Should any provisions in the policy conflict with this rider, the provisions of this rider will prevail.

1. EFFECTIVE DATE

This rider is effective on the date we attach it to your policy.

2. DEFINITIONS

Accelerated Death Benefit means the amount of the policy's Eligible Death Benefit that is accelerated, as further described in the Accelerated Death Benefit provision of this rider.

Conditions of Payment means the requirements that must be fulfilled before we will pay the Accelerated Death Benefit. These requirements are set forth in the Conditions of Payment provision of this rider.

Due Proof means written documentation satisfactory to us describing and confirming that the Life Insured is Terminally Ill. In order to establish Due Proof, we must receive written notice of a diagnosis by a Physician that the Life Insured is Terminally Ill. We may require clinical, radiological, histological, and laboratory evidence of the diagnosis (as applicable). We may also require, at our expense, an examination or tests by a Physician of our choice. If a difference of opinion occurs between the Life Insured's Physician and our Physician, a third opinion will be obtained, at our expense, from a Physician agreed upon by both you and us. This third opinion will be final.

Eligible Death Benefit means the amount of the policy's Death Benefit that may be accelerated, as further described in the Eligible Death Benefit provision of this rider.

Face Amount means either the Face Amount or the Total Face Amount under your policy (as applicable).

Flexible Premium Life Insurance Policy means the individual Flexible Premium Universal Life Insurance, Flexible Premium Indexed Universal Life Insurance, or Flexible Premium Variable Universal Life Insurance policy issued by the Company to which this rider is attached (if applicable).

Physician means any person licensed in the United States of America as a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) practicing within the scope of his or her license issued by the jurisdiction in which the services are rendered.

2. DEFINITIONS (continued)

Term Life Insurance Policy means the Individual Term Life Insurance policy issued by the Company to which this rider is attached (if applicable).

Terminal Illness means a diagnosis by a Physician of a medical condition that is expected to result in death of the Life Insured within one year.

Terminally Ill means the Life Insured has received a Terminal Illness diagnosis.

3. ACCELERATED DEATH BENEFIT

If you meet the Conditions of Payment, we will pay you an Accelerated Death Benefit of an amount requested by you up to 50% of the Eligible Death Benefit, subject to a maximum of \$1,000,000, less any amounts previously accelerated under any other riders attached to the policy.

The Accelerated Death Benefit will be paid to you, your estate or an alternative payee designated by you or your legal representative. If more than one policyowner makes a claim, we will pay the Accelerated Death Benefit in the same proportion each has in the policy.

The Accelerated Death Benefit is payable upon our approval of all documentation necessary to satisfy the Conditions of Payment. The Accelerated Death Benefit will be paid as a single lump sum payment. We will not pay the Accelerated Death Benefit if it would be less than \$10,000.

After we have paid the Accelerated Death Benefit, the rider will terminate and you will not be able to make any further claims under an accelerated benefit rider for terminal illness on this policy, even if the Accelerated Death Benefit paid is less than the Eligible Death Benefit.

If we receive due proof of the Life Insured's death after you invoke this benefit, but before we pay the Accelerated Death Benefit, we will cancel the Accelerated Death Benefit and pay the Death Benefit proceeds as described in the policy.

4. ELIGIBILITY FOR ACCELERATED DEATH BENEFIT

You are eligible to accelerate the Death Benefit under your policy if the Life Insured is Terminally Ill.

If this rider is attached to a Term Life Insurance policy, the policy must have at least one year remaining prior to the Expiry Date to be eligible to accelerate the Death Benefit.

5. CONDITIONS OF PAYMENT

You must meet the following conditions before we will pay an Accelerated Death Benefit:

- (a) We must receive Due Proof that the Life Insured is Terminally Ill.
 - (b) Any irrevocable beneficiary or assignee under the policy must consent in writing in a manner that is satisfactory to us that we can pay the Accelerated Death Benefit.
 - (c) We must receive a completed claim form. We will send you a claim form within 15 days from the date we receive your request for an Accelerated Death Benefit payment. We will pay the Accelerated Death Benefit upon our receipt of Due Proof.
-

6. ELIGIBLE DEATH BENEFIT

The Eligible Death Benefit for the policy is equal to the greater of (a) or (b), where

- (a) is the Minimum Death Benefit (if any) minus any Policy Debt (if applicable); and
- (b) is an amount equal to (i) plus (ii) minus (iii), where:
 - (i) is the Death Benefit;
 - (ii) any death benefit payable under any supplementary benefit rider that has a cost of insurance charge; and
 - (iii) is the Policy Debt (if any).

The supplementary benefit riders in (b)(ii) above do not include any accidental death coverage.

7. RIDER CHARGE

There is no premium due or Monthly Deduction for this rider.

8. DEATH BENEFIT REDUCTION

Upon acceleration, we will reduce the Eligible Death Benefit by (a) plus (b), where:

- (a) is the Accelerated Death Benefit; and
- (b) is one year of interest charged on the Accelerated Death Benefit.

The interest rate charged for this benefit will not exceed the greater of (a) or (b), each as of the calendar month ending two months before the beginning of the month in which the date of your request for payment of the Accelerated Death Benefit under this rider falls, where:

- (a) the rate used to compute the cash surrender values under the policy during the applicable period plus one percent per annum.
- (b) is the Moody's Corporate Bond Yield Average-Monthly Average Corporates.

For example, when calculating the interest rate charged for this benefit for requests made in April, we will use January rates for the rates referenced in (a) and (b) above.

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

For Term Life Insurance policies that do not have a cash surrender value, (a) above is not applicable.

For Flexible Premium Life Insurance Policies, the rate used to compute cash surrender values under the policy is the current rate of interest credited to the Guaranteed Interest Account (or Fixed Account, if variable life).

9. EFFECT OF ACCELERATED DEATH BENEFIT ON TERM LIFE INSURANCE POLICIES

The following provisions describe the effect of an acceleration of the Death Benefit on Individual Term Life Insurance policies. Upon your request for payment of the Accelerated Death Benefit under this rider, we will furnish you and any irrevocable beneficiary with a statement showing the effect of the Accelerated Death Benefit on the policy's Death Benefit, premium, and any applicable Net Cash Surrender Value, Endowment Benefit and/or Policy Debt. We will provide this statement again upon payment of the Accelerated Death Benefit.

Effect on Face Amount

Payment of the Accelerated Death Benefit will reduce the Face Amount of your policy.

The reduced Face Amount will be equal to the Face Amount immediately before the payment of the Accelerated Death Benefit multiplied by (a) divided by (b), where:

- (a) is the reduced Eligible Death Benefit immediately after the payment of the Accelerated Death Benefit;
- (b) is the Eligible Death Benefit immediately before the payment of the Accelerated Death Benefit.

If the policy contains restrictions on the amount, timing, and number of Face Amount decreases, we will waive those restrictions in this instance.

Face Amount reductions resulting solely from the payment of Accelerated Death Benefits will not be subject to any charges normally imposed by the policy for a reduction in Face Amount.

Effect on Cash Surrender Value

Any Net Cash Surrender Value and/or Endowment Benefit will be reduced by the same percentage as the Face Amount.

Effect on Premiums

Any premiums payable following payment of the Accelerated Death Benefit will be adjusted to reflect the premium that would apply had the policy been issued at the reduced Face Amount.

10. EFFECT OF ACCELERATED DEATH BENEFIT ON FLEXIBLE PREMIUM LIFE INSURANCE POLICIES

The following provisions describe the effect of an acceleration of the Death Benefit on Flexible Premium Life Insurance Policies. Upon your request for payment of the Accelerated Death Benefit under this rider, we will furnish you with a statement showing the effect on the policy's Death Benefit, Cost of Insurance Charges, Policy Value, Net Cash Surrender Value, and any Policy Debt. We will provide this statement again upon payment of the Accelerated Death Benefit.

Effect on Face Amount

Payment of the Accelerated Death Benefit will reduce the Face Amount of your policy. For purposes of this provision, "Face Amount" includes any applicable "Base Face Amount" and "Supplemental Face Amount" under the policy. The payment of Accelerated Benefits will reduce any Base Face Amount, Supplemental Face Amount, and the death benefit provided by a supplementary benefit rider that has a cost of insurance charge by the same percentage.

The reduced Face Amount will be equal to the Face Amount immediately before the payment of the Accelerated Death Benefit multiplied by (a) divided by (b), where:

- (a) is the reduced Eligible Death Benefit for the policy immediately after the payment of the Accelerated Death Benefit;
- (b) is the Eligible Death Benefit for the policy immediately before the payment of the Accelerated Death Benefit.

We will waive any policy restrictions on the amount, timing, and number of decreases in the Face Amount.

Face Amount reductions resulting solely from the payment of Accelerated Death Benefits will not be subject to any charges normally imposed by the policy for a reduction in Face Amount.

Effect on Cash Surrender Value and Policy Value

The Cash Surrender Value will be reduced by the same percentage as the Face Amount.

The Policy Value will be reduced by the same percentage as the Face Amount. We will allocate the reduction of Policy Value from the same accounts and in the same manner as withdrawals, as described in the policy.

Effect on Other Policy Features

If the policy contains a Death Benefit Protection provision, Persistency Credit provision, or Cumulative Guarantee provision, we will reduce the Death Benefit Protection Value, Persistency Measure, and the Cumulative Guarantee Policy Value by the same percentage as the Face Amount.

If the policy contains a No-Lapse Guarantee provision, the values associated with the No-Lapse Guarantee Cumulative Premium Test will be reduced by the same percentage as the Face Amount.

Any future scheduled increases in Supplemental Face Amount will be cancelled.

Any future increases in the death benefit payable under a supplementary benefit rider will be cancelled.

Effect on Cost of Insurance Charges and other Monthly Deductions

The Cost of Insurance Charge following payment of the Accelerated Death Benefit will be adjusted to the Cost of Insurance Charge that would apply to the remaining Death Benefit and Net Amount at Risk.

The effect, if any, of the reduction in Face Amount on other Monthly Deductions will be as described in the policy.

11. EFFECT ON POLICY DEBT

If there is a policy loan, then upon payment of the Accelerated Death Benefit we will reduce the Policy Debt by the same percentage as the Face Amount.

12. EFFECT ON ACCIDENTAL DEATH BENEFIT COVERAGE

If your policy includes an accidental death benefit provision, the payment of the Accelerated Death Benefit will not affect any accidental death benefit.

13. GENERAL PROVISIONS

Termination of this Rider

This rider will terminate on the earliest of the following dates:

- (a) the date we receive your Written Request to discontinue this rider;
- (b) the date the policy terminates;
- (c) one year before the Expiry Date of the policy; or
- (d) the date we pay the Accelerated Death Benefit under this rider.

Reinstatement of this Rider

This rider may be reinstated according to the reinstatement provisions of the policy to which it is attached, so long as this rider is In Force at the time the policy terminates.

Signed for the Company by:



President

Communications about this rider may be sent to the Company's Service Office, which is currently at 200 Berkeley Street, Boston, Massachusetts 02116 or to any agency office of the Company. To present inquiries or obtain information about coverage, and for assistance in resolving complaints, you may call the Company. Our toll-free number is 1-800-387-2747.



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

APPLICATION SUPPLEMENT (AMENDMENT)

Agent Instructions (if applicable): There are two copies of this form included in this policy package. Please have the proposed insured indicated below and owner(s) (if different than the proposed insured) sign both copies when delivering this policy. Return one copy to:

John Hancock Life Insurance Company (U.S.A.)
Service Office: 410 University Ave, Suite 55765
Westwood, MA 02090

Policy Number: 81264881
Proposed Insured: Carlos Blanco Sanchez

As requested, John Hancock made the following additions, corrections and amendments to the application form(s) submitted in connection with and attached to the above referenced policy. It is agreed that these changes are to be of the same effect as if contained in the application.

- The name of the Proposed Insured should read: Carlos Blanco Sanchez
- The answer to question 43 of the Application should read: Yes.
- The answer to the following questions of the Health Questionnaire should read: 13h. None of these apply to me
13i. None of these apply to me
- The answer to question 23-23d of the Application should read: Not Applicable
- The policy is issued as John Hancock Vitality Term 10 2020
- The Face Amount excluding riders is \$6,000,000.00.
- The secondary beneficiary of this policy should read: Sebastian Blanco , Child , 50 %
- The secondary beneficiary of this policy should read: Carlos Blanco, Jr. , Child , 50 %

Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at

CITY	STATE	DATE

Signature of Proposed Life Insured - Carlos Blanco Sanchez

Signature of Policy Owner(s) (Provide Title or Corporate Seal, if Signing Officer) – if different than Carlos Blanco Sanchez



Service Office:
Life New Business
John Hancock
410 University Ave, Suite 55765
Westwood, MA 02090

Application For Individual Life Insurance

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
(hereinafter referred to as The Company or John Hancock)

If applying for Survivorship Coverage, please also complete *Survivorship Supplement for Second Life NB5211*.
Print and use black ink. Any changes must be initialed by the Proposed Insured and the Policy Owner.

IMPORTANT NOTICE: Your application is a critical source of information for consideration of your request for insurance coverage. Therefore:

- We strongly urge you to be complete and accurate in your responses so that we may provide you with the best coverage we can.
- If we determine that your answers on this application are incorrect, incomplete, or untrue, it will delay your application, and The Company may have the right to deny benefits or terminate coverage.

SECTION A: Proposed Insured

1. Name			2. Sex	
FIRST	MIDDLE	LAST		
Carlos Blanco Sanchez			<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of Birth		4. Place of Birth	5. Social Security Number	
MONTH	DAY	STATE/COUNTRY		
02/17/1984		Spain	269-45-6004	
6. Driver's License Number/State		7. Citizenship		
B452100840570		<input type="checkbox"/> US <input checked="" type="checkbox"/> Non US - Country of Citizenship Spain		
FL		Type of Green Card/MSA E-2		
8. Primary Residence				
STREET ADDRESS		CITY	STATE	ZIP CODE
445 Grand Bay Dr, Key Biscayne, FL 33149-1905				
9. Telephone Number			10. Email Address	
<input type="checkbox"/> Cell <input checked="" type="checkbox"/> Home (954)895-3835			ⓘ Your email is required so we may communicate with you about your policy online	
<input type="checkbox"/> Work			charlybls@gmail.com	
11. Occupation				
<input checked="" type="checkbox"/> Job/Duties Founder CEO - Chairman			Employed by ESP Apartments	
<input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other				
12. Are you currently a member of the armed forces, including the reserves?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ⓘ If Yes, complete Military Personnel Financial Services Disclosure Regarding Insurance Products NB5109				
13. Gross Annual Household Income			14. Household Net Worth	
Salary \$4,000,000			Other \$25,000,000	
15. In the last 5 years, has the Proposed Insured or any business of which he/she is a partner/owner/executive been bankrupt, had any liens, judgements or other similar financial difficulties?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, provide details including discharge date				

SECTION B: Policy Owner

- Complete if Policy Owner is someone other than the Proposed Insured

- List additional Policy Owners and details in **SECTION K: ADDITIONAL INFORMATION**

16. a. Policy Owner Type

- Individual Business Existing Trust Trust to be Established
 If Trust Owner, complete the Trust Certification PS5101
 If Partnership Owner, complete the Partnership Statement PS7800US
 Other _____

b. Policy Owner Relationship

- Spouse Child Trust
 Business Partner Employer
 Other _____

c. Name or Entity/Trust Name

FIRST

MIDDLE

LAST

d. Date of Birth or Trust Date (if applicable)

- DOB MONTH DAY YEAR
 Trust Date MONTH DAY YEAR

e. Social Security OR Tax ID

- SSN
 Tax ID

f. Address

STREET ADDRESS

CITY

STATE

ZIP CODE

445 Grand Bay Dr, Key Biscayne, FL 33149-1905

g. Telephone Number

- Cell _____ Home _____
 Work _____

h. Email Address Your email is required so we may communicate with you about your policy online

17. Multiple Policy Owners - Type of Ownership

- Joint with right of survivorship Tenants in common

18. Is the Policy Owner a Non US Person or a Non Resident Alien?

- Yes No If Yes, Complete IRS Form W-8BEN for individuals

19. Tax Classification for Owners that are not Individuals: If the owner of the contract is not an individual, please check the appropriate box below to indicate how the owner is taxed for federal income tax purposes. We use this information to determine our obligations under the tax laws for withholding and information reporting. If you do not check a box, we will apply the federal default presumption rules.

- Trust Estate Partnership C Corporation S Corporation
 LLC taxed as Partnership LLC taxed as C Corporation LLC taxed as S Corporation
 Other (please specify, for example, Charity, Qualified Retirement Plan, Non-Profit) _____

For a single-member limited liability company (LLC) treated as a disregarded entity, please provide below the name, taxpayer identification number and tax classification of the owner of the LLC.

a. Name

b. Tax ID

c. Tax Classification

SECTION C: Beneficiary Information

- This section is to be completed by Policy Owner
- Beneficiary listed in question 20 is always assigned as Primary
- List additional beneficiaries in **SECTION K: ADDITIONAL INFORMATION**

20. a. Name or Entity/Trust Name			FIRST	MIDDLE	LAST	b. Percentage
Regina Alvarez Bringas						100 %
c. Relationship to Proposed Insured			d. Date of Birth or Trust Date (if applicable)			
<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Business Partner <input type="checkbox"/> Employer <input type="checkbox"/> Other _____			<input checked="" type="checkbox"/> DOB 08/28/1991 MONTH DAY YEAR <input type="checkbox"/> Trust Date MONTH DAY YEAR			
e. Social Security OR Tax ID			f. Telephone Number			
<input checked="" type="checkbox"/> SSN 867-66-6344 <input type="checkbox"/> Tax ID						
g. Email Address						
h. Address			STREET ADDRESS	CITY	STATE	ZIP CODE
445 Grand Bay Dr Key Biscayne, FL 33149-1905, U.S.						

21. a. Name or Entity/Trust Name			FIRST	MIDDLE	LAST	b. Percentage
Any Lawful Children Of the Insured						100 %
c.		d. Relationship to Proposed Insured		e. Date of Birth or Trust Date (if applicable)		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary		<input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Business Partner <input type="checkbox"/> Employer <input type="checkbox"/> Other _____		<input type="checkbox"/> DOB MONTH DAY YEAR <input type="checkbox"/> Trust Date MONTH DAY YEAR		
f. Social Security OR Tax ID			g. Telephone Number			
<input type="checkbox"/> SSN <input type="checkbox"/> Tax ID						
h. Email Address						
i. Address			STREET ADDRESS	CITY	STATE	ZIP CODE
445 Grand Bay Dr Key Biscayne, FL 33149-1905, U.S.						

SECTION D: Coverage Details

- This section is to be completed by Policy Owner
- Refer to your illustration for riders and benefits selected

22. Product Name (see Policy Illustration Summary Page) Accumulation Indexed UL

23. Flexible Premium Products

- Universal Life ① *If applying for Indexed UL, complete Premium Allocation Instructions NB5176*
 Variable Universal Life ① *Complete Fund Allocation NB5136*

a. Single Life

- Survivorship ① *Complete Survivorship Supplement for Second Life NB5211*

b. Base Face Amount **\$4,000,000**

- Supplemental Face Amount _____ (not available with all products)

Level Increasing by _____ % for _____ Years

- Customized Increasing Schedule ① *Complete Customized Schedule NB5064*

c. Death Benefit Option Option 1 (Death Benefit = Face Amount) Option 2 (Death Benefit = Face Amount + Policy Value)

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

e. Riders and Benefits (Refer to instruction page for riders and benefits available per product)

- Accelerated Death Benefit (for terminal illness) ① *Complete Summary and Disclosure Statement for Accelerated Benefit NB1237*
 Accelerated Death Benefit (for chronic illness) ① *Complete Summary and Disclosure Statement for Accelerated Benefit NB5293*
 Long-Term Care Rider ① *Complete Application Supplement (Long-Term Care Rider) NB5018*
 Critical Illness Benefit Rider ① *Complete Application Supplement: Individual Insurance Critical Illness Benefit Rider NB5230*
 Cash Value Enhancement Rider Policy Split Option Rider
 Healthy Engagement (Vitality PLUS) Rider Return of Premium Rider (Death Benefit Option 1 only)
 Disability Payment of Specified Premium Rider Percentage of premiums to be returned at death
 Monthly Specified Amount _____ (Whole numbers only. Maximum 100%) _____ %
 Estate Preservation Rider Preliminary Funding Account
 Overloan Protection Rider Other _____
 John Hancock Aspire – a solution for people living with diabetes

24. Term Products (choose at least one product and duration)

- Protection Term: 10 Years 15 Years 20 Years 30 Years Other _____

OR

- Vitality Term: 10 Years 15 Years 20 Years 30 Years Other _____

- ① *This product automatically includes the Vitality PLUS Program, which provides premium savings and rewards for the everyday things you do to stay healthy. Your premiums may decrease, stay level, or increase based on insured's participation in the program. The Vitality PLUS Program cannot be dropped at a later date, as it is a built-in feature of this product.*

a. Face Amount _____

b. Riders and Benefits (if applicable)

- Total Disability Waiver
 Accelerated Death Benefit (for terminal illness)
 ① *Complete Summary and Disclosure Statement for Accelerated Benefit NB1237*
 Unemployment Protection Rider
 Healthy Engagement (Vitality PLUS) Rider (Protection Term only)
 ① *When you select this rider, the Vitality PLUS Program will be included with your Protection Term Life insurance policy. Your premiums may stay level or decrease (but never increase) based on insured's participation in the program. The Healthy Engagement Rider can be dropped at any time. The rider is not available on the Vitality Term product.*
 Other _____
 John Hancock Aspire – a solution for people living with diabetes

25. If an additional or optional John Hancock policy is being applied for by the Policy Owner in a separate application, state plan and face amount.

Plan Name _____

Face Amount _____

SECTION E: Purpose and Funding Information

- This section is to be completed by Policy Owner
- List additional information in **SECTION K: ADDITIONAL INFORMATION**
- All Premium Notices and Correspondence are sent to the Policy Owner at the address provided in Section B

26. a. Billing Method

- Pre-Authorized Payment Plan **!** Complete Request for Pre-Authorized Payment Plan NB5087
- Direct Bill (not available for monthly billing)

b. Please select billing frequency

- Annual Semi-Annual Quarterly Monthly (Pre-Authorized Payment Plan only)

27. Existing Life Insurance**a. Does the Policy Owner have any existing life insurance and/or annuities with this or any other company?**

- Yes **!** If Yes, refer to the Instructions for Application for Individual Life Insurance regarding additional required Replacement forms
- No

b. Will this insurance replace or change any existing life insurance policies and/or annuities, or are you, the Policy Owner, considering using funds from existing policies or annuities to pay premiums on the new policy?

- Yes **!** If Yes, refer to the Instructions for Application for Individual Life Insurance regarding additional required Replacement forms
- No

28. Purpose of Insurance

- Income Replacement Estate Planning
- Business Insurance **!** Complete Financial Supplement for Business Insurance NB5124
- Other - give details Family Protection

29. Lapse Notification Handling

Secondary Addressee: In addition to the Policy Owner, The Company will mail lapse notices for overdue premiums to any Secondary Addressee you designate. If you want this option, provide the following information for the Secondary Addressee:

- | | | | | | |
|----------------|--------|------|------------------|-----|------|
| a. Name | | | b. Date of Birth | | |
| FIRST | MIDDLE | LAST | MONTH | DAY | YEAR |
| c. Address | | | ZIP CODE | | |
| STREET ADDRESS | | CITY | STATE | | |

30. a. Other than the Policy Owner, Proposed Insured(s) and beneficiaries specified herein, does or will any person or entity have any right, title or interest in any policy issued as a result of this application?

- Yes No - If Yes, give details _____

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

- Yes No - If Yes, give details _____

31. Premium (Payment) Source

- Income
- Liquidated Assets - give details _____
- Premium Financing - give details _____
- Proceeds from Sold or Vlicated policy - give details _____
- Loan **!** If you checked Loan, complete Question 32 a, b, and c on next page
- Other - give details _____

SECTION E: Purpose And Funding Information *continues on next page*

SECTION E: Purpose And Funding Information (continued)

Only complete question 32, a, b and c if 'Loan' was selected in question 31

32. a. Name all lenders involved _____

b. What amount and type of collateral is required to secure the loan and/or loans?
 Amount _____ Type of collateral _____

c. In addition to repayment of principal and interest, are there other fees, charges or other consideration to be paid?
 Yes No - If Yes, give details _____

SECTION F: Existing, Replacement, And Pending Insurance Information

- This section is to be completed by Proposed Insured
- List additional policies in **SECTION K: ADDITIONAL INFORMATION**

33. a. Is the Proposed Insured under this application also an insured on any other existing life insurance policy, including any policy that has been sold, assigned, transferred or settled?
 Yes No **!** If you checked Yes, complete Question 33b

b. If Yes, provide details for each existing Life Insurance policy on the Proposed Insured with all companies

INSURANCE COMPANY	INSURANCE PURPOSE		YEAR ISSUED	SURVIVORSHIP		TO BE REPLACED		1035 EXCHANGE		SOLD, ASSIGNED TRANSFERRED OR SETTLED		FACE AMOUNT INCLUDING RIDERS
	PERSONAL	BUSINESS		YES	NO	YES	NO	YES	NO	YES	YEAR	
John Hancock/Manulife US	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08/2020	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$21,400,000
MassMutual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$2,718,000

34. a. If life insurance coverage is being applied for on the Proposed Insured with any other company, provide the face amount of all applications and name of the life insurance company. Do not include informal inquiries. If "None" check this box

INSURANCE COMPANY	FACE AMOUNT INCLUDING RIDERS

b. What is the total amount of **new** life insurance coverage that will be placed in force with all companies including this application? (Do not include **existing** inforce policies) **\$4,000,000**

SECTION G: Personal Information

• This section is to be completed by Proposed Insured as it pertains to his or her own personal history

35. The information you provide in this application is critical to our consideration of your request for insurance coverage. You are strongly urged to answer all questions completely and accurately so that we may provide you with the best coverage we can. We will seek information from other sources to assist us with evaluating your application, potentially including your health care provider. If your answers are incorrect, incomplete or untrue, it will delay your application, and The Company may have the right to deny benefits or terminate coverage. Please know that your personal information, including health information, is protected by The Company and only used by The Company to do business with you, and as permitted or required by law.

CB Initial here to acknowledge that you have carefully reviewed and fully understand the above statement.

36. a. Primary Physician Name FIRST _____ LAST _____ Check if Proposed Insured does not have a physician

b. Name of Medical Group/Clinic (if applicable) _____

c. Address STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ d. Telephone Number _____

e. Date of last visit <small>MONTH</small> <small>DAY</small> <small>YEAR</small>	f. Reason for last visit, outcome and treatment prescribed
--	--

37. Provide name, address, and phone number of any other specialists or members of the medical profession consulted in the past 24 months. Please include details for specialty type, date last seen, and reason for last visit.

• If you need more space, continue listing in SECTION K: ADDITIONAL INFORMATION.

38. Describe your complete tobacco/nicotine products usage history, this includes: cigarettes, e-cigarettes, cigars, pipe, chewing tobacco, snuff, hookah, nicotine patch, nicotine gum.
NOTE: Tobacco use does not automatically nor necessarily result in denial of coverage.

• If products used exceed the allotted space below, list the remainder in SECTION K: ADDITIONAL INFORMATION

TYPE OF PRODUCT	QUANTITY AND UNIT (Ex. Packs, cigarettes, patches, etc.)	FREQUENCY	DATE LAST USED (MONTH/YEAR)
	# _____ Unit Type _____	<input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	
	# _____ Unit Type _____	<input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	

I have never used nicotine/tobacco products

SECTION G: Personal Information *continues on next page*

SECTION G: Personal Information (continued)

39. Describe your marijuana use in the past 5 years.

NOTE: Marijuana use does not automatically nor necessarily result in denial of coverage

PURPOSE <input type="checkbox"/> Recreational/Social <input type="checkbox"/> Medicinal – Provide Prescription Card ID _____		Date Last Used
FREQUENCY _____ times per <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year	DELIVERY METHOD <input type="checkbox"/> Ingested <input type="checkbox"/> Vaporized <input type="checkbox"/> Inhaled	

 I have not used marijuana in the past 5 years**SECTION H: Lifestyle Information**

• This section is to be completed by Proposed Insured as it pertains to his or her own lifestyle history

40. Describe your exercise routine, such as walking, running, treadmill, swimming, aerobics, strength training, cycling, sports or yoga.

• If exercises exceed the allotted space below, list the remainder in SECTION K: ADDITIONAL INFORMATION

TYPE OF EXERCISE	FREQUENCY	TIME SPENT PER SESSION
Sports	<input type="checkbox"/> Daily <input type="checkbox"/> 1-3 x/week <input checked="" type="checkbox"/> 4-6 x/week	1 hours 60 minutes
	<input type="checkbox"/> Daily <input type="checkbox"/> 1-3 x/week <input type="checkbox"/> 4-6 x/week	_____ hours _____ minutes

 I do not participate in an exercise routine

41. Have you ever had an application for life insurance declined, postponed, rated substandard, modified, requiring extra premium, or offered less than applied for by any insurance company?

 Yes No

If Yes, give details of decision type, reason, date and name of company _____

42. In the past 12 months, have you missed more than 10 consecutive days of work, school, or your daily/regular activities because of illness, injury, or medical treatment?

 Yes No

If Yes, provide details _____

SECTION H: Lifestyle Information continues on next page

SECTION H: Lifestyle Information (continued)

43. Do you expect to travel outside the U.S. or Canada, or change your country of residence in the next 2 years?

Yes No

If Yes, give details of location (city/country), purpose, frequency and duration _____

44. a. Have you ever flown or do you intend to fly in the next 2 years as a student pilot, licensed pilot, or crew member in any aircraft, including ultralight planes?

Yes No **!** If Yes, complete Aviation Questionnaire NB5009

b. Have you ever or do you intend to participate in the next 2 years in a suborbital, orbital or lunar spacecraft flight for professional, recreational or any other purposes?

Yes No

45. Please indicate any of the following activities you participate in or have participated in, within the last 2 years:

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Motorcycle racing | <input type="checkbox"/> Scuba diving | <input type="checkbox"/> Power boat racing | <input type="checkbox"/> Skydiving/Parachuting |
| <input type="checkbox"/> Mountain climbing | <input type="checkbox"/> Ballooning | <input type="checkbox"/> Hang-gliding | <input type="checkbox"/> Backcountry skiing/snowmobiling |
| <input type="checkbox"/> Bungee/base jumping | <input type="checkbox"/> Heli skiing | <input type="checkbox"/> Motor vehicle racing | <input checked="" type="checkbox"/> I do not participate in any of these activities |

! If any activities selected, complete Avocation Questionnaire NB5010

46. Please indicate which of the following apply to your driving history:

- | | |
|--|--|
| <input type="checkbox"/> Cited for 1 or more moving violations in the past 2 years | <input type="checkbox"/> Cited for driving while intoxicated or otherwise impaired |
| <input type="checkbox"/> License is currently revoked or suspended | <input checked="" type="checkbox"/> None of these apply to me |

Give details (please include type of violation and date) _____

47. Have you ever been convicted of, plead guilty for, or are you currently awaiting trial for any misdemeanor or felony?

Yes No

If Yes, give details of type, date, city/state of felony and/or crime and if currently on probation or parole _____

48. Have you had a life insurance medical exam completed in the last 12 months with any company?

Yes No **!** If Yes, complete Part II Medical Supplement NB5033

If yes, provide company name and date of exam 03/07/2023 John Hancock Paramed

SECTION I: Juvenile Insurance

• Complete only if Proposed Insured is under age 18

49. a. Are all siblings equally insured?

Yes No

If No, give details _____

b. Amount of life insurance currently in force or pending for:

Mother _____ If none, provide reason: _____

Father _____ If none, provide reason: _____

Guardian _____ If none, provide reason: _____

SECTION J: Temporary Life Insurance Agreement Application

• You may be eligible for Temporary Life Insurance Coverage. Please speak with your Agent/Representative for details on the amount and benefit period. This section is to be completed only if you are applying for Temporary Life Insurance.

Instructions for Agent/Representative

- Money may only be collected with this application and the Temporary Life Insurance Receipt and Agreement NB5004 may only be issued if:
 1. questions 50, 51 and 52 are answered "No"
 2. the Proposed Insured is age 20 to 70
 3. the amount applied for under this application is not greater than \$10,000,000 (single life) or \$15,000,000 (survivorship)

Note: Temporary Life Insurance questions must be answered by both insureds if Survivorship coverage is being applied for. See *Survivorship Supplement for Second Life NB5211*.

50. Within the last 24 months, has the Proposed Insured under this application:	PROPOSED INSURED
a. consulted a licensed member of the medical profession for, been diagnosed with or been treated for any heart problem, stroke or cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. received a recommendation (excluding HIV) from a licensed member of the medical profession for any consultation, testing, investigation or surgery that has not yet been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. been declined for life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. Other than planned routine check-ups, are there pending medical tests or follow-up for medical concerns or symptoms (excluding HIV) for which a licensed medical professional should be consulted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. Does the Proposed Insured reside outside the United States more than 6 months per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION K: Additional Information

• This is an additional section if more space is required for any of the previous sections, e.g. listing additional beneficiaries from SECTION C, listing additional policies from SECTION F, listing additional tobacco products from SECTION G, etc.

SECTION	QUESTION NUMBER	DETAILS

SECTION L: Special Instructions

Read the following carefully and sign next page

DECLARATIONS

The Proposed Insured (or Parent or Guardian) and Policy Owner declare that the statements and answers in this application and any form that is made part of this application are complete and true to the best of their knowledge and belief. All such statements and answers are representations, not warranties.

In addition, I/we understand and agree that:

- 1. Policy Application:** The statements and answers in this application, which include any signed supplemental form relating to health, aviation practices, financial information or lifestyle of the Proposed Insured, will become part of and be attached to the insurance policy issued as a result of this application. No information about me will be considered to have been given to The Company unless it is stated in the application or any form that is made part hereof.
- 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 Policy Owner, provided that the Proposed Insured is still living and nothing 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 such an occurrence: (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.
 - c)** Only an officer of The Company may make, modify, or discharge any insurance contract on its behalf. No agent has the authority to: (i) accept risks; (ii) determine insurability; (iii) make or modify any contractual provision; or (iv) waive any of The Company's rights or requirements.
- 3. Employer Owned Policies:** The Proposed Insured confirms that they have received, prior to issue, written notice that indicates: (i) the employer's intent to insure the Proposed Insured, (ii) the maximum amount of the insurance to be issued on the life of the Proposed Insured and (iii) that the employer will be the beneficiary of the new policy. The Proposed Insured 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 INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**
- 5. Variable Policies: I/We acknowledge that the policy values that are based on the separate account assets are not guaranteed and will decrease or increase with investment experience.** 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 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. Flexible Premium Policies:** I/We understand that I/we may need to pay additional premiums in addition to the Planned Premium if the current policy charges or actual interest rate 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).
- 7. 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.
- 8. Healthy Engagement Benefit:** If a policy is issued with the Healthy Engagement rider or benefit (the Benefit), the Proposed Insured will receive a membership in a healthy engagement program offered by a third party program provider. By applying for the Benefit, the Proposed Insured authorizes The Company to share his/her personal information, including certain health information, with the provider in connection with the registration for the program and administration of the Benefit. The Proposed Insured understands and agrees that (i) his/her program membership will be subject to the provider's privacy policy and terms and conditions of membership, which the Proposed Insured should read prior to joining the program, and (ii) he/she will be asked to authorize the provider to share his/her health, lifestyle, medical or other personal information with The Company. The Proposed Insured will not be eligible to participate in the program if the terms and conditions of membership are not accepted. Upon termination of the policy or rider, as applicable, the program membership will terminate. The Company is not responsible or liable for any damage, loss or injury arising out of the Proposed Insured's participation in any third party healthy engagement programs or receipt of any products or services provided through such programs.

Read carefully and sign below

I, THE PROPOSED INSURED, AUTHORIZE:

1. The Company to obtain consumer reports including motor vehicle records and investigative consumer reports on me.
2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, electronic health record provider, insurance company, the MIB, LLC ("MIB") or any other similar person or organization to disclose health information about me or any minor child who is to be insured. Health information includes: (i) my entire medical record and medical history, prescription history, and other health information (ii) confidential information related to communicable diseases and mental illness (excluding psychotherapy notes) and (iii) genetic information and genetic test results, to the extent permitted by law. This authorization excludes the release of any information relating to the performance or results of HIV or HIV-related tests that received negative results. Nothing in this caveat will prohibit the release of records that reveal that a Proposed Insured has tested positive for exposure to the HIV infection or has been diagnosed with ARC, AIDS or other sickness or condition derived from the HIV infection.
3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to disclose financial/net worth information about me.

Such disclosure of my information may be made to The Company, its affiliated companies, agents, service providers, reinsurers, MIB or any person or entity entitled to receive such information by law or as I may further consent.

Notwithstanding the foregoing, The Company may not disclose information regarding HIV or HIV-related test results outside of

The Company or its employees, affiliated companies, agents or reinsurers, except as I may authorize in writing. In addition, any new HIV or HIV-related test information may be disclosed to MIB as a non-specific test code.

Information collected under this authorization will be used to evaluate my application for insurance, identify any misrepresentation in the information provided by me in this application, administer coverage, evaluate a claim for benefits, for reinsurance or other insurance purposes, or to conduct other legally permissible activities. I authorize The Company, or its reinsurers, to make a brief report of my health information to MIB.

This authorization is valid for 24 months from the date shown below or for the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery, whichever period is shorter. A photocopy of this authorization will be as valid as the original. I am entitled, or my authorized representative is entitled, to a copy of this authorization.

I understand that I can revoke this permission to collect information at any time by providing written notification to John Hancock Life Insurance Company (U.S.A.) at the Service Office address (page 1) Attention: Chief Underwriter, but any revocation will not affect such information that has already been collected and relied on by The Company.

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

SECTION M: Tax Certification

Certification required of U.S. persons only (including U.S. citizens, U.S. resident aliens, or other U.S. persons).

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, including a U.S. resident alien (as defined in the IRS Form W-9 instructions).

Certification Instructions: You must check the box below if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

I am subject to backup withholding as a result of a failure to report all interest and dividends.

Please note that, by signing this form, you declare that you make the tax certifications, contained in the box above, under penalties of perjury. Under penalties of perjury, I certify the above tax statements.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to prevent backup withholding.

X _____
SIGNATURE OF POLICY OWNER

DATE

SECTION C: Medical Conditions (continued)

MEDICAL CONDITIONS

COMPLETE DETAILS FOR ANY SELECTED MEDICAL CONDITIONS

- b. Diabetes
 - High Blood Sugar/Glucose Intolerance/Pre-Diabetes
 - Disorders of the Thyroid or Other Glands
 - None of these apply to me

QUESTION NUMBER: _____

CONDITION NAME/DIAGNOSIS	DATE OF ONSET
	MONTH YEAR
TREATMENT GIVEN	DURATION OF CONDITION

- c. Cancer
 - Leukemia/Lymphoma
 - Benign Tumor/Polyp
 - Malignant Tumor/Polyp
 - Malignant Melanoma
 - None of these apply to me

PHYSICIAN NAME	ADDRESS	PHONE NUMBER
HOSPITAL NAME	ADDRESS	PHONE NUMBER

- d. Anemia/Blood Disorder
 - Autoimmune Disorder
 - None of these apply to me

QUESTION NUMBER: _____

CONDITION NAME/DIAGNOSIS	DATE OF ONSET
	MONTH YEAR
TREATMENT GIVEN	DURATION OF CONDITION

- e. Asthma
 - Emphysema/COPD/Chronic Bronchitis
 - Sleep Apnea
 - Other Respiratory/Lung Disorders
 - None of these apply to me

PHYSICIAN NAME	ADDRESS	PHONE NUMBER
HOSPITAL NAME	ADDRESS	PHONE NUMBER

- f. Seizures/Epilepsy
 - Tremors
 - Paralysis
 - Parkinson's disease
 - Multiple Sclerosis
 - Cognitive Impairment/Memory Loss
 - Alzheimer's Disease/Dementia
 - Other Nervous System or Neurological Disorders
 - None of these apply to me

QUESTION NUMBER: _____

CONDITION NAME/DIAGNOSIS	DATE OF ONSET
	MONTH YEAR
TREATMENT GIVEN	DURATION OF CONDITION

PHYSICIAN NAME	ADDRESS	PHONE NUMBER
HOSPITAL NAME	ADDRESS	PHONE NUMBER

QUESTION 11 *continues on next page*

SECTION C: Medical Conditions (continued)

MEDICAL CONDITIONS

- g. Depression
 - Anxiety
 - Bipolar Disorder
 - Other Psychological or Mental Health Disorders
 - None of these apply to me

- h. Ulcers
 - Hepatitis
 - Cirrhosis
 - Crohn's/Ulcerative Colitis
 - Barrett's Esophagus
 - Other Disorders of the Liver, Gallbladder, Esophagus, Pancreas, Stomach, or Intestines
 - None of these apply to me

- i. Rheumatoid/Psoriatic Arthritis
 - Fibromyalgia
 - Osteoarthritis
 - Osteoporosis
 - Fractures
 - Amputation
 - Other Bone, Joint, Muscle, or Connective Tissue Disorders
 - None of these apply to me

- j. Kidney Disease
 - Disorders of the Bladder or Urinary Tract
 - Disorders of the Prostate
 - Disorders of the Breast
 - Disorders of the Reproductive Organs
 - None of these apply to me

COMPLETE DETAILS FOR ANY SELECTED MEDICAL CONDITIONS

QUESTION NUMBER: _____

CONDITION NAME/DIAGNOSIS _____

DATE OF ONSET _____

MONTH YEAR

TREATMENT GIVEN _____

DURATION OF CONDITION _____

PHYSICIAN NAME _____

ADDRESS _____

PHONE NUMBER _____

HOSPITAL NAME _____

ADDRESS _____

PHONE NUMBER _____

QUESTION NUMBER: _____

CONDITION NAME/DIAGNOSIS _____

DATE OF ONSET _____

MONTH YEAR

TREATMENT GIVEN _____

DURATION OF CONDITION _____

PHYSICIAN NAME _____

ADDRESS _____

PHONE NUMBER _____

HOSPITAL NAME _____

ADDRESS _____

PHONE NUMBER _____

QUESTION NUMBER: _____

CONDITION NAME/DIAGNOSIS _____

DATE OF ONSET _____

MONTH YEAR

TREATMENT GIVEN _____

DURATION OF CONDITION _____

PHYSICIAN NAME _____

ADDRESS _____

PHONE NUMBER _____

HOSPITAL NAME _____

ADDRESS _____

PHONE NUMBER _____

08-23-23
cc

08-23-23
cc

SECTION D: Medical Conditions and Diagnostic Tests

- For questions 12, 13, and 14, you do not need to tell us about: muscle strains, sprains, limb fractures that you have fully recovered from, normal childbirth, colds, flu, appendicitis, seasonal asthma, vasectomy, tonsillitis, conjunctivitis, or hay fever
- Provide complete details to any 'yes' responses
- If you need more space for information, please continue to *SECTION G: ADDITIONAL INFORMATION*

12. Completed Diagnostic Testing: Within the past 2 years have you undergone any diagnostic tests (e.g. Blood, urine, EKGs, X-rays, screening tests for family history) excluding HIV, whether conducted on an inpatient or out-patient basis?

Yes No

If Yes, give details _____

13. Pending Tests or Procedures: In the past 2 years have you been advised by a licensed member of the medical profession to have any surgery, procedure, treatment or diagnostic testing (including any screening tests for family history, but excluding those for HIV), other than for routine screening purposes that have not yet been completed or results which have not yet been received?

Yes No

If Yes, give details _____

14. Other than what has already been asked, within the last 5 years have you been treated, consulted, or given medical advice by a licensed member of the medical profession in any hospital, emergency room, urgent care or medical facility for any disease, disorder, symptoms, or injury not previously mentioned?

Yes No

If Yes, give details _____

15. Have you tested positive for exposure to the HIV infection, or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?

Yes No

If Yes, give details _____

Read previous pages carefully and sign below

I, THE PROPOSED INSURED, AUTHORIZE:

- 1. The Company to obtain consumer reports including but not limited to motor vehicle records and investigative consumer reports on me.
- 2. Any medical professional, medical care provider, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, electronic health record provider, insurance company, the MIB, Inc. ("MIB") or any other similar person or organization to disclose health information about me or any minor child who is to be insured. Health information includes (i) my entire medical record and medical history, prescription history, and other health information (ii) confidential information related to communicable diseases and mental illness (excluding psychotherapy notes) and (iii) genetic information and genetic test results, to the extent permitted by law. This authorization excludes the release of any information relating to the performance or results of HIV or HIV-related tests that received negative results. Nothing in this caveat will prohibit the release of records that reveal that a Proposed Insured has tested positive for exposure to the HIV infection or has been diagnosed with ARC, AIDS or other sickness or condition derived from the HIV infection.
- 3. Any financial professional, CPA, attorney, personal banker or any other similar person or organization to disclose financial/net worth information about me.

Notwithstanding the foregoing, The Company may not disclose information regarding HIV or HIV-related test results outside of The Company or its employees, affiliated companies, agents or reinsurers, except as I may authorize in writing. In addition, any new HIV or HIV-related test information may be disclosed to MIB as a non-specific test code.

Information collected under this authorization will be used to evaluate my application for insurance, identify any misrepresentation in the information provided by me in this application, administer coverage, evaluate a claim for benefits, for reinsurance or other insurance purposes, or to conduct other legally permissible activities. I authorize The Company, or its reinsurers, to make a brief report of my health information to MIB.

This authorization is valid for 24 months from the date shown below or for the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery, whichever period is shorter. A photocopy of this authorization will be as valid as the original. I am entitled, or my authorized representative is entitled, to a copy of this authorization.

I understand that I can revoke this permission to collect information at any time by providing written notification to John Hancock Life Insurance Company (U.S.A.) at the Service Office address (page 1) Attention: Chief Underwriter, but any revocation will not affect such information that has already been collected and relied on by The Company.

Such disclosure of my information may be made to The Company, its affiliated companies, agents, service providers, reinsurers, MIB or any person or entity entitled to receive such information by law or as I may further consent.

SIGNATURES

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF A CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I have read the statements and answers on this Part II Medical Supplement, and they are complete and true to the best of my knowledge and belief. I hereby agree that they shall form part of the application for which this information was required by The Company.

SIGNED AT Key Biscayne CITY FL STATE 06 THIS March DAY OF 2023 YEAR

SIGNATURE OF PROPOSED INSURED (PARENT OR GUARDIAN IF UNDER AGE 15)

SIGNATURE OF EXAMINER (IF APPLICABLE)



Service Office:
Life New Business
John Hancock
410 University Ave, Suite 55765
Westwood, MA 02090

Health Questionnaire
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
(hereinafter referred to as The Company)

This form is part of the Application for Individual Life Insurance. Print and use black ink. Any changes must be initialed by the Proposed Insured. If more space is required, use the *MEDICAL QUESTIONS CONTINUATION SHEET NB5034*.

The information you provide in this application is critical to our consideration of your request for insurance coverage. You are strongly urged to answer all questions completely and accurately so that we may provide you with the best coverage we can. We will seek information from other sources to assist us with evaluating your application, potentially including your health care provider. If your answers are incorrect, incomplete or untrue, it will delay your application, and The Company may have the right to deny benefits or terminate coverage.

SECTION A: General Information

LIFE ONE				LIFE TWO				
1. Name FIRST MIDDLE LAST Carlos Blanco Sanchez				2. Name FIRST MIDDLE LAST				
3. Date of Birth MONTH DAY YEAR 0 2 1 7 1 9 8 4			4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		5. Date of Birth MONTH DAY YEAR 			6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
7. a. Provide your height: 5 feet 07 inches b. Provide your weight: 161 pounds				8. a. Provide your height: feet inches b. Provide your weight: pounds				
9. Have you had any weight loss or gain of 10 lbs. or more in the past 12 months for reasons other than intentional diet or exercise? <input type="checkbox"/> Yes – specify lbs.: Lost Gained <input checked="" type="checkbox"/> No				10. Have you had any weight loss or gain of 10 lbs. or more in the past 12 months for reasons other than intentional diet or exercise? <input type="checkbox"/> Yes – specify lbs.: Lost Gained <input type="checkbox"/> No				

11. Family History: *Please provide the following details concerning your biological family history to the best of your knowledge.*

LIFE ONE				
FAMILY MEMBER	<ul style="list-style-type: none"> • Indicate any diagnosis and age of onset (i.e. diagnosis age) if, to the best of your knowledge, any of your immediate family members have ever been diagnosed by a licensed member of the medical profession with Cancer, Coronary Artery Disease, Stroke, Diabetes, Huntington's, Alzheimer's, or Polycystic Kidney Disease. • Provide health status/medical condition if living. 	AGE IF LIVING	AGE AT DEATH	CAUSE OF DEATH
FATHER			59	Stroke
MOTHER	Healthy	66		
BROTHERS/SISTERS <input type="checkbox"/> No siblings	1 Sister - Healthy	41		
LIFE TWO				
FATHER				
MOTHER				
BROTHERS/SISTERS <input type="checkbox"/> No siblings				

SECTION B: Medications

12. List all medications you have taken or been prescribed in the last 12 months and the conditions for which they are being taken.

LIFE ONE		LIFE TWO	
PRESCRIPTION NAME	CONDITIONS FOR WHICH THIS MEDICATION IS TAKEN	PRESCRIPTION NAME	CONDITIONS FOR WHICH THIS MEDICATION IS TAKEN
<input checked="" type="checkbox"/> I have not been prescribed any medications in the last 12 months		<input type="checkbox"/> I have not been prescribed any medications in the last 12 months	

SECTION C: Medical Conditions

• Answer each question and provide complete details to any Yes answers in **SECTION F: MEDICAL CONDITION DETAILS.**

13. In the last 5 years, have you been diagnosed, treated or consulted with a licensed member of the medical profession for any of the following medical conditions? *Check all that apply.*

MEDICAL CONDITIONS	LIFE ONE	LIFE TWO
a. High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coronary Artery Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardiac Chest Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arrhythmia/Irregular Heart Beat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Murmur/Valvular Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Failure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peripheral Vascular Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke/Transient Ischemic Attack (TIA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Disorders of the Heart or Blood Vessels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me
b. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Sugar/Glucose Intolerance/Pre-Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disorders of the Thyroid or Other Glands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me
c. Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leukemia/Lymphoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benign Tumor/Polyp	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Malignant Tumor/Polyp	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me
d. Anemia/Blood Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autoimmune Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me
e. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emphysema/COPD/Chronic Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sleep Apnea	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Respiratory/Lung Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me
f. Seizures/Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tremors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parkinson's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple Sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cognitive Impairment/Memory Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alzheimer's Disease/Dementia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Nervous System or Neurological Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me
g. Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bipolar Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Psychological or Mental Health Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me
h. Ulcers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cirrhosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crohn's/Ulcerative Colitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barrett's Esophagus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Disorders of the Liver, Gallbladder, Esophagus, Pancreas, Stomach, or Intestines	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me

SECTION C: Medical Conditions (continued)		
MEDICAL CONDITIONS	LIFE ONE	LIFE TWO
i. Rheumatoid/Psoriatic Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fibromyalgia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Osteoarthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Osteoporosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fractures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amputation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Bone, Joint, Muscle, or Connective Tissue Disorders	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me
j. Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disorders of the Bladder or Urinary Tract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disorders of the Prostate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disorders of the Breast	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disorders of the Reproductive Organs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> None of these apply to me	<input type="checkbox"/> None of these apply to me

SECTION D: Medical Conditions and Diagnostic Tests		
<ul style="list-style-type: none"> Answer each question and provide complete details to any Yes answers in <i>SECTION F: MEDICAL CONDITION DETAILS</i>. For questions 14, 15, and 16, you do not need to tell us about: muscle strains, sprains, limb fractures that you have fully recovered from, normal childbirth, colds, flu, appendicitis, seasonal asthma, vasectomy, tonsillitis, conjunctivitis, or hay fever. 		
	LIFE ONE	LIFE TWO
14. Completed Diagnostic Testing: Within the past 2 years have you undergone any diagnostic tests (e.g. Blood, urine, EKGs, X-rays, screening tests for family history) excluding HIV, whether conducted on an inpatient or out-patient basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Pending Tests or Procedures: In the past 2 years have you been advised by a licensed member of the medical profession to have any surgery, procedure, treatment or diagnostic testing (including any screening tests for family history, but excluding those for HIV), other than for routine screening purposes that have not yet been completed or results which have not yet been received?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Other than what has already been asked, within the last 5 years have you been treated, consulted, or given medical advice by a licensed member of the medical profession in any hospital, emergency room, urgent care or medical facility for any disease, disorder, symptoms, or injury not previously mentioned?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you tested positive for exposure to the HIV infection, or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E: Personal Information		
18. Describe your present alcohol consumption.		
Note: Alcohol types and equivalent amounts: 1 Beer = 12 oz. 1 Wine = 4 oz. 1 Liquor = 1 oz.		
LIFE ONE		
TYPE OF BEVERAGE	AMOUNT (# OF DRINKS) AND FREQUENCY	DATE LAST USED (MONTH/YEAR)
Beer	Amount <u>3</u> per <input type="checkbox"/> Day <input checked="" type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	MONTH: <u>08</u> YEAR: <u>2023</u>
	Amount _____ per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	MONTH: _____ YEAR: _____
<input type="checkbox"/> I have not consumed alcohol in the past 10 years		
LIFE TWO		
TYPE OF BEVERAGE	AMOUNT (# OF DRINKS) AND FREQUENCY	DATE LAST USED (MONTH/YEAR)
	Amount _____ per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	MONTH: _____ YEAR: _____
	Amount _____ per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	MONTH: _____ YEAR: _____
<input type="checkbox"/> I have not consumed alcohol in the past 10 years		

Communications about this policy may be sent to the Company's Service Office, which is currently at 200 Berkeley Street, Boston, Massachusetts 02116-5023 or to any agency office of the Company. To present inquiries or obtain information about coverage and for assistance in resolving complaints, you may call the Company's toll-free number at 1-800-387-2747.

Individual Term Life Policy with Healthy Engagement Benefit
Base Premiums Level throughout the Select Period shown in Section 1.
Premium Schedule described in Sections 2 and 7
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)