



JOHN HANCOCK ANNUITIES

**FOR USE IN NEW YORK ONLY**

Address: P.O. Box 111, Boston, MA 02117-0111  
Overnight mailing address: 380 Stuart St., 5th Floor, Boston, MA 02116  
Phone: 888-695-4472 [www.JHRollover.com/GIFL](http://www.JHRollover.com/GIFL)  
[www.JHRollover.com/Select](http://www.JHRollover.com/Select)  
Home Office: Valhalla, NY

**John Hancock Life Insurance Company of New York**

# Application for GIFL Rollover VA or GIFL Select Rollover VA

Flexible Payment or Single  
Payment Deferred Variable Annuity  
Certificate Application

**1. State of Application**

This application was completed and signed in the state of

**2. Product Election**

**I elect to roll over the Market Value and Vested Benefit Base of my 401(k) Plan to the corresponding Certificate as checked below.**

John Hancock Group Variable Annuity Certificate:

- GIFL Rollover Variable Annuity (Flexible Premium)
- GIFL Select Rollover Variable Annuity (Single Premium)

**3. IRA Type (Please check one)**

- Traditional IRA
- Roth IRA

**4. Owner**  Male  Female  Trust/Entity

Owner's Name (First, Middle, Last or Name of Trust/Entity)

Mailing Address

City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

Date of Birth (mm dd yyyy)

Social Security/Tax Identification Number

Client Brokerage Account Number

Email Address

**5. Annuitant** (if Owner is a Trust/Entity)  Male  Female

Annuitant's Name (First, Middle, Last or Name of Trust/Entity)

Mailing Address

City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

Date of Birth (mm dd yyyy)

Social Security/Tax Identification Number

**Co-Annuitant**  Male  Female

(Complete only if the Joint Lifetime Income Benefit is elected. You may not add a Co-Annuitant if you elected the single life option prior to rollover, or if you elected spousal continuation and your spouse is not alive at the time of the rollover. Only the spouse of the Annuitant may be named as a Co-Annuitant.)

Co-Annuitant's Name (First, Middle, Last or Name of Trust/Entity)

Mailing Address

City, State, Zip

Residential Address (Required if different from mailing or address is PO Box)

Date of Birth (mm dd yyyy)

Social Security/Tax Identification Number

**6. Beneficiary/ies** (Total of proceeds to primary Beneficiary/ies must equal 100% and total % of proceeds to Contingent Beneficiary/ies must equal 100%.)

**Contingent Beneficiary/ies receive proceeds only if primary Beneficiary/ies pre-decease the Owner. If you wish to restrict the death payment options for your Beneficiary/ies, please complete the separate Restricted Beneficiary Form. If you have additional Beneficiary/ies, please use the Remarks Section 9 to continue.**

**Beneficiary #1:**  **Primary**

\_\_\_\_\_ % of proceeds  Male  Female  Trust/Entity

Primary Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

Relationship to Owner

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (mm dd yyyy)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security/Tax Identification Number

**Beneficiary #2:**  **Primary**  **Contingent**

\_\_\_\_\_ % of proceeds  Male  Female  Trust/Entity

Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

Relationship to Owner

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (mm dd yyyy)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security/Tax Identification Number

**Beneficiary #3:**  **Primary**  **Contingent**

\_\_\_\_\_ % of proceeds  Male  Female  Trust/Entity

Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

Relationship to Owner

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (mm dd yyyy)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security/Tax Identification Number

**Beneficiary #4:**  **Primary**  **Contingent**

\_\_\_\_\_ % of proceeds  Male  Female  Trust/Entity

Beneficiary's Name (First, Middle, Last or Name of Trust/Entity)

Relationship to Owner

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (mm dd yyyy)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security/Tax Identification Number

**7. Initial Investment Allocations**

**Use this section for allocation of your initial/single Payment.**

\_\_\_\_\_ % **JHVIT<sup>1</sup> Lifestyle Growth**

\_\_\_\_\_ % **JHVIT<sup>1</sup> Lifestyle Balanced**

\_\_\_\_\_ % **JHVIT<sup>1</sup> Core  
Fundamental Holdings**

\_\_\_\_\_ % **JHVIT<sup>1</sup> Lifestyle Moderate**

\_\_\_\_\_ % **JHVIT<sup>1</sup> Lifestyle Conservative**

\_\_\_\_\_ % **JHVIT<sup>1</sup> Ultra Short  
Term Bond**

\_\_\_\_\_ % **JHVIT<sup>1</sup> Money Market**  
(Not available for GIFL Select)

\_\_\_\_\_ % **JHVIT<sup>1</sup> Franklin Templeton  
Founding Allocation Trust**  
(Not available for GIFL Select)

\_\_\_\_\_ % **JHVIT<sup>1</sup> Core Global  
Diversification**

**100** % **TOTAL**

<sup>1</sup>John Hancock Variable Investment Trust

**8. Optional Dollar Cost Averaging - NOT AVAILABLE FOR GIFL SELECT**

Complete this section if you wish to Dollar Cost Average. Dollar Cost Averaging is an optional program which involves the systematic transfer of specific dollar amounts each month from a Source Fund to one or more variable Portfolios. If no start date is indicated below, automatic transfers start 30 days after your Certificate's inception and continue until the Source Fund is depleted. If the transfer date is a weekend or holiday, the transfer will occur on the next business day.

Start Date: \_\_\_\_\_  
(mm dd yyyy)

**Source Fund**

Money Market Fund     Other Source Fund  
\_\_\_\_\_

If Money Market or Other Source Fund elected, indicate amount to be transferred each month  
\$ \_\_\_\_\_

**Destination Fund(s) and % to allocate (must equal 100%)**

\_\_\_\_\_ %  
Fund Name  
\_\_\_\_\_ %  
Fund Name  
\_\_\_\_\_ %  
Fund Name  
\_\_\_\_\_ %  
Fund Name

**9. Remarks**

**10. Automatic Rebalancing**

ACCEPT    DECLINE  
      
Owner MUST mark or the default "DECLINE" will be selected

If marked, the Certificate Value will be automatically rebalanced as indicated by variable Investment Allocation(s) elected in Section 7 of the application, unless subsequently changed. The initial/single Payment must be allocated to at least 2 variable Investment Options in order to participate in Automatic Rebalancing.

If a policyholder elects to participate in Automatic Rebalancing, the total value of the variable Portfolios must be included in the program. Therefore, fund exchanges and subsequent Payments received and applied to Portfolios in percentages different from the current rebalancing allocation will be rebalanced at the next date of rebalancing. **Automatic Rebalancing is not available if you are participating in a Dollar Cost Averaging program from a variable Portfolio.**

Rebalancing will occur on the 25th of the month (or next business day); please indicate frequency. If no frequency is indicated, then Automatic Rebalancing will occur Quarterly:

Quarterly     Semi-Annually (June & December)     Annually (December)

## 11. State Disclosures

Pursuant to Section 3 of the federal Defense of Marriage Act ("DOMA"), same-sex marriages currently are not recognized for purposes of federal law. Therefore, the favorable income-deferral options afforded by federal tax law to an opposite-sex spouse under Internal Revenue Code sections 72(s) and 401(a)(9) are currently NOT available to a same-sex spouse. Same-sex spouses who own or are considering the purchase of annuity products that provide benefits based upon status as a spouse should consult a tax advisor. To the extent that an annuity contract or certificate accords to spouses other rights or benefits that are not affected by DOMA, same-sex spouses remain entitled to such rights or benefits to the same extent as any annuity holder's spouse.

## 12. Acknowledgments/Signatures

**Statement of Applicant:** I/We agree that the Certificate I/we have applied for shall not take effect until the later of: (1) the issuance of the Certificate, or (2) receipt by the Company at its Annuity Service Office of the initial/single Payment required under the Certificate. The information herein is true and complete to the best of my/our knowledge and belief and is correctly recorded. I/We agree to be bound by the representations made in this application and acknowledge the receipt of an effective Prospectus describing the Certificate applied for. The Certificate I/we have applied for is suitable for my/our insurance investment objectives, financial situations, and needs.

YES  NO Does the annuitant or applicant(s) have any existing annuity or insurance policies?

YES  NO Will the purchase of this annuity replace or change any other insurance or annuity?

**If you answered "YES" to either question, please complete below and attach transfer paperwork and any necessary state replacement forms:**

\_\_\_\_\_  
Issuing Company Certificate/Contract Number  Annuity  Life Insurance

\_\_\_\_\_  
Issuing Company Certificate/Contract Number  Annuity  Life Insurance

**I/We understand that unless I/We elect otherwise, the Maturity Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Certificate Date (IRA's and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date**

\_\_\_\_\_.

**I/We acknowledge receipt of the current prospectus and understand that Annuity Payments and other values provided by the Certificate applied for, when based on the investment experience of the variable Investment Options are variable and are not guaranteed as to a fixed dollar amount.**

**I/We have read the statement contained in the State Disclosures section.**

**I/We certify my/our status as a citizen of the United States of America or a resident alien of the United States of America.**

**X**  
\_\_\_\_\_  
Signature of Owner City, State Date (mm dd yyyy)

**X**  
\_\_\_\_\_  
Signature of Co-Owner (if any)

**X**  
\_\_\_\_\_  
Signature of Annuitant City, State

**X**  
\_\_\_\_\_  
Signature of Co-Annuitant

### 13. Agent Information

#### A. Agent Certification

- YES  NO Does the annuitant or applicant have existing individual life insurance policies, annuity contracts or certificates?
- YES  NO Will this Certificate replace or change any existing life insurance or annuity in this or any other company?

#### B. Option (if left blank, option will default to your firm's Selling Agreement)

- Option B  Option C

#### C. Agent Information

<b>X</b> _____ Signature of Agent #1	_____ Printed Name of Agent	_____ Percentage %
_____ State License ID	_____ Broker/Dealer Rep Number	_____ Social Security Number
_____ Broker/Dealer Firm		_____ Agent's Telephone Number
<b>X</b> _____ Signature of Agent #2	_____ Printed Name of Agent	_____ Percentage %
_____ State License ID	_____ Broker/Dealer Rep Number	_____ Social Security Number
_____ Broker/Dealer Firm		_____ Agent's Telephone Number

---

### Telephone/Electronic Transaction Authorization\*

**As the Owner, I will receive this privilege automatically.** By marking "Accept," I am also authorizing John Hancock to act on telephone or electronic instructions from any other person who can furnish proper identification. John Hancock will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, John Hancock and its employees will be held harmless for any claim, loss, liability, or expense.

ACCEPT	DECLINE
<input type="checkbox"/>	<input type="checkbox"/>

---

### Telephone Withdrawal Authorization\*

I authorize the Company to act on withdrawal instructions given by telephone from myself or any person who can furnish proper identification.

If I elect this option, I understand that neither the Company nor any person authorized by the Company will be responsible for any claim, loss, liability, or expense in connection with a telephone withdrawal if the Company or such other person acted on telephone withdrawal instructions in good faith in reliance on this authorization.

ACCEPT	DECLINE
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Owner MUST mark or the default will be selected

\*Unless subsequently changed in accordance with the terms of Certificate issued.

