



JOHN HANCOCK ANNUITIES

FOR USE IN NORTH CAROLINA ONLY

Address: P.O. Box 111, Boston, MA 02117-0111
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Phone: 800-695-4472 www.JHRollover.com/GIFL
Home Office: Bloomfield Hill, MI

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

Application for GIFL Rollover VA

Flexible Payment Deferred Variable Annuity 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) to the John Hancock Individual Variable Annuity Certificate checked below.

GIFL Rollover Variable Annuity

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)

Date of Birth (mm dd yyyy)

Social Security/Tax Identification Number

Mailing Address

Client Brokerage Account Number

City, State, Zip

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

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 payment.

_____ % **MFC GIM¹ Lifestyle Growth** _____ % **MFC GIM¹ Lifestyle Balanced**

_____ % **MFC GIM¹ Lifestyle Moderate** _____ % **MFC GIM¹ Lifestyle Conservative**

Variable Portfolios

_____ % **MFC GIM¹ Money Market** _____ % **MFC GIM¹ Core Diversified Growth & Income** _____ % **MFC GIM¹ Core Fundamental Holdings**

_____ % **MFC GIM¹ Core Global Diversification** _____ % **JHIMS² Franklin Templeton Founding Allocation Trust**

100 % TOTAL

If you elect to Dollar Cost Average, complete Section 8. If you do not elect to Dollar Cost Average, skip to Section 9.

¹MFC Global Investment Management (U.S.A.) Limited
²John Hancock Investment Management Services, LLC

8. Optional Dollar Cost Averaging 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 contract'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. State Disclosures

For Applicants in all states except AK, AZ, CO, DE, DC, FL, ID, IN, KY, MD, ME, NE, NJ, NM, OH, OK, OR, PA, TN, VA, WA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For AK Applicants: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

For AZ Applicants: On written request, the Company is required to provide you, within a reasonable time, factual information regarding the benefits and provisions of your annuity contract. If, for any reason you are not satisfied with your annuity contract, you may return it within ten days, OR WITHIN THIRTY DAYS IF YOU ARE SIXTY-FIVE YEARS OF AGE OR OLDER ON THE DATE OF THE APPLICATION FOR YOUR ANNUITY CONTRACT, after the contract is delivered and receive a refund of all monies paid. For your protection, state law required the following statements to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For CO Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For DE, ID, IN, OK Applicants: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

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

For FL Applicants: 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.

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

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

For ME, TN, VA, WA Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For NJ Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

For OH Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

FOR CT & NJ RESIDENTS ONLY: All declarative portions of this application are to the best of my/our knowledge and belief.

Military Sales: This product is not intended to be sold to active duty service members on military installations.

11. NOTICE: For California Owner(s)/Annuitant(s) 60 or older only

Under California law, there is a 30 Day Right to Review your Contract. The amount that will be returned to you if you cancel your Contract during this 30 day period will depend on the election below which designates where your Payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your Payment to the Money Market portfolio.**

- I/We wish to immediately invest in the variable Investment Allocation(s) elected in Section 7. If my/our Contract is cancelled within 30 days, the Contract Value will be returned to me/us.
- I/We authorize the company to allocate my payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer my Contract Value to the Investment Allocation(s) elected in Section 7. If I cancel my/our Contract within 30 days, any Payment(s) will be returned.

12. Acknowledgments/Signatures

- Yes No Did you receive a current prospectus?
- Yes No Do you believe the annuity contract you applied for is suitable for your insurance investment objectives, financial situation and needs
- Yes No Do you understand that the benefits and values provided by the contract applied for, when invested in the Separate account, may increase or decrease based on the investment experience of the Separate account, and such benefits or values may not be guaranteed as to fixed dollar amounts?

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 Contract Date (IRAs and certain qualified retirement plans may require distributions to begin by age 70½). Alternate Maturity Date _____.

I have read the applicable fraud statement contained in the State Disclosures section.

I certify my 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

I have truly and accurately recorded the information provided by the applicant.

X

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 _____

X

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 _____

*Unless subsequently changed in accordance with terms of Contract issued.

Telephone/Electronic Transaction Authorization*

ACCEPT DECLINE

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.

Telephone Withdrawal Authorization*

ACCEPT DECLINE

Owner **MUST** mark or the default will be selected

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.

Automatic Rebalancing*

ACCEPT DECLINE

Owner **MUST** mark or the default will be selected

If marked, the Contract Value, excluding amounts in the fixed account investment options, will be automatically rebalanced as indicated by variable Investment Allocation(s) elected in Section 7 of the application, unless subsequently changed. Initial 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 unless the subsequent payments are allocated to the fixed account investment options. 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)

