



FOR USE IN OREGON 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: Bloomfield Hill, MI

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

Application for GIFL Rollover VA  
or GIFL Select Rollover VA

Flexible Payment or Single 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) Plan to the corresponding Contract as checked below.

John Hancock Individual Variable Annuity Contract:

- 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 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 OR Residents:** Any person who with intent to knowingly defraud an insurance company, files a materially false or fraudulent claim for payment of a loss or benefit or submits an application containing materially false information relied upon by the insurer, may be guilty of a crime and may be subject to fines and confinement in prison.



---

### 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  
   

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.

Owner MUST  
mark or the  
default will be  
selected

---

### Automatic Rebalancing\*

ACCEPT    DECLINE  
   

If marked, the Contract 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)

Owner MUST  
mark or the  
default will be  
selected

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



