

INSTRUCTIONS

1. This form is used to elect a nonforfeiture option when permitted under the terms of a policy. It should be completed in duplicate and both copies signed by the Owner, any irrevocable Beneficiary, and any Collateral Assignee. Both copies should then be sent to the Home Office. After acknowledgment the duplicate copy will be returned for filing with the policy.
2. The policy is not required.

From: _____	Date: _____	Date received at Home Office
To: _____	Policy in force at (if different agency) _____	
Enclosures	Mktg. Rep's or Mktg. Terr. _____	
<input type="checkbox"/> _____		
Spaces at right for Home Office use	Inspected, acknowledged and attached to application By _____ Date _____	Checked and duplicate mailed By _____ Date _____

ORIGINAL COPY



NOTICE OF ELECTION OF FIXED EXTENDED TERM INSURANCE, FIXED PAID-UP INSURANCE, OR VARIABLE PAID-UP INSURANCE

VLI Policy No. _____ Name of Insured _____

PART A It is required that _____
(Insert "Fixed Extended Term insurance" "Fixed Paid-Up insurance" or "Variable Paid-Up insurance*")

be the nonforfeiture provision under the terms of this policy but only if (1) the Company acknowledges receipt of this notice in writing thereon at its Home Office and (2) the undersigned has the right to elect the requested nonforfeiture provision under the terms of the policy.

NOTE: Unless specifically requested in PART B, this form does not revoke any provision for automatic payment of premiums by either
(1) application of the loan provision (Automatic Loans), or
(2) application of accumulated dividends and interest.

* The amount of any Variable Paid-Up Insurance will increase or decrease in accordance with the investment experience of the Separate Investment Accounts and are not guaranteed as to fixed dollar amounts.

PART B Premium payments will be discontinued and for purposes of the Option Date provision the following date is hereby elected _____.

NOTE: If a date has been elected in this Part B, I hereby revoke any provision for automatic payment of premiums by either
(1) application of the loan provision (Automatic Loans), or
(2) application of accumulated dividends and interest.

Dated _____

(Owner)

ACKNOWLEDGMENT BY COMPANY

The John Hancock Variable Life Insurance Company acknowledges receipt, on this date, of this notice in duplicate at its Home Office, John Hancock Place, Post Office Box 111, Boston, MA 02117, and assents to the request in it, subject to all the terms and conditions of the policy and this notice.

Date

John Hancock Variable Life Insurance Company and affiliated companies, Boston, MA 02117

by

Secretary

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To: _____ Date: _____

From: _____ Policy in force at
(if different agency) _____

Enclosures

☐ _____ Mktg. Rep's
or Mktg. Terr. _____

NOTICE TO FIELD OFFICE:

If this policy is to continue under a nonforfeiture option and a Reminder Premium Notice is not desired, please request manual lapse from your regional Services Division.

(Remove this stub before returning the attached form to the Owner)

DUPLICATE COPY



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FIXED EXTENDED TERM INSURANCE, FIXED PAID-UP INSURANCE, OR VARIABLE PAID-UP INSURANCE

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