



FOR USE IN FLORIDA ONLY

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Home Office: Lansing, 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

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT  
ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS.

**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 Balanced MVP

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

\_\_\_\_\_% JHVIT<sup>1</sup> Core Strategy

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

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

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

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

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

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

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

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

**100% TOTAL**

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

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**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)

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**Source Fund**

Source Fund \_\_\_\_\_

Indicate amount to be transferred each month

\$ \_\_\_\_\_

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

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

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

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

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

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**9. Remarks**

**10. Acknowledgments/Signatures**

I/We agree that the Contract I/We have applied for shall not take effect until the later of: (1) the issuance of the Contract, or (2) receipt by the Company at its Annuities Service Center of the first Payment required under the Contract.

I/We understand that unless I/We elect otherwise, the Annuity Commencement Date will be the later of the first of the month following the Annuitant's 90th birthday, or 10 years from the Contract Date (IRA's 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 Contract 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.

The Contract I/We have applied for is suitable for my/our insurance investment objectives, financial situation, and needs.

I/We have read the following statement: 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.

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.

Yes  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

Yes  No Will this Contract replace or change any existing life insurance or annuity in this or any other company?

If you answered "YES" to either question, please complete below and attach a state replacement form (if applicable).

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

To the best of my/our knowledge and belief, the statements in this application are true and complete.

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

## 11. Agent Information

Yes  No Does the annuitant or owner have existing individual life insurance policies or annuity contracts?

Yes  No Will this Contract replace or change any existing life insurance or annuity in this or any other company?

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

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### 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"/>

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### 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

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### Automatic Rebalancing\*

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)

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

Owner MUST mark or the default will be selected

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

