



LIFE INSURANCE

Service Office:
Life New Business
197 Clarendon Street
Boston MA 02116-5010

Foreign Resident Inquiry
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Complete an inquiry form for each insured (Survivorship). If more space is required, attach an additional page signed and dated by the agent.

PROPOSED LIFE TO BE INSURED

Form with sections: 1. Name (First, Middle, Last), 2. Sex (M, F), 3. Date of Birth (Month, Day, Year), 4. U.S. TIN or SSN, 5. a) Current Citizenship, b) U.S. Visa, 6. a) U.S. Address, b) Primary Address, c) Insured Residences table, 7. Will the Owner of the policy be different than the insured?, 8. The Company is not authorized to conduct insurance business outside of the United States, 9. a) Insured's Occupation/Duties, b) Employer, c) Hire Date, d) Nature of Business, e) Employer Address (Foreign), f) Employer Address (U.S.A.), 10. List of any immediate family members of the insured residing in the U.S. by relationship, age and citizenship. Table with columns: Name, Age, Relationship, Citizenship, 11. Purpose of Insurance - Personal/Business and specific need to be covered, 12. a) Insured Verifiable Net Worth table, b) U.S. Bank Account, c) Source of Premiums. We retain the right to require additional documentation and/or financial statements for verification as needed should a formal application be submitted.

AGENT SIGNATURE

By signing below, I represent and warrant that an application may be taken because solicitation, application and delivery will take place in the United States. I have read the statements and answers in this form and they are complete and true to the best of my knowledge and belief.

X

Signature of Agent/Registered Representative Date