



Service Office:
 Life New Business
 30 Dan Rd, Suite 55765
 Canton, MA 02021-2809

Agent Report
 JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 (hereinafter referred to as The Company)

Print and use black ink.

To be completed by the Agent/Registered Representative and submitted with the Application for Individual Life Insurance.

SECTION A: Proposed Insured(s)

LIFE ONE

1. Name FIRST MIDDLE LAST

LIFE TWO

2. Name FIRST MIDDLE LAST

SECTION B: General Information

3. a. Total Premium Collected: \$ _____ b. Has a Temporary Life Insurance Agreement been issued? Yes No
4. a. Does or will any person or entity (other than the Owner, Proposed Insured(s) and beneficiaries specified in the application) have any right, title or interest in any policy issued as a result of the application? For example, an arrangement where the Owner has or will have an option to sell an interest in the policy to a third party. Yes No If Yes, give details:
-
- b. Will any policy issued as a result of this application replace a policy that has been sold, assigned or settled to or with a settlement or viatical company or any other person or entity? Yes No
- c. Will the premiums, now or in the future, be funded by a loan or other means from someone other than the Proposed Insured or the Proposed Insured's employer? Yes No
5. Will any entity other than a life insurance company be medically evaluating the Proposed Insured(s) to determine life expectancy or to otherwise obtain financing? Yes No If Yes, give details:
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6. a. Have you personally met the Proposed Insured(s)? Yes No If No, answer question 6 b.
 b. Describe how the application was solicited and completed.

SECTION C: Employer Owned Policies

7. a. Will this policy be owned by the employer of the Proposed Insured(s)? Yes No If Yes, answer questions 7 b. & 7 c.
 b. The Proposed Insured(s) has received written notice, which: (i) indicates that the employer intends to insure the employee's life; (ii) specifies the maximum face amount for which the employee could be insured at the time the policy is issued; and (iii) informs the Proposed Insured(s) that the employer will be the beneficiary of the policy. Yes No
 c. The Proposed Insured(s) has provided written consent to being insured and that such coverage may continue after the employment relationship terminates. Yes No

SECTION D: Existing and Replacing Insurance

8. a. Does the Policy Owner have any existing life insurance and/or annuities with this or any other company? Yes No
 b. Will this insurance replace any existing life insurance policies and/or annuities, or is the Policy Owner considering using funds from existing policies or annuities to pay premiums on the new policy? Yes No
 • If Yes to either (a) or (b), refer to the Instructions for Application for Individual Life Insurance regarding additional required Replacement forms.
 • If Accident and Sickness - Critical Illness or Long-Term Care is being replaced, please give the Proposed Insured the applicable form(s):
 • **IMPORTANT NOTICE: Replacement of Accident and Sickness Insurance – Critical Illness Benefit Rider NB5232.**
 • **IMPORTANT NOTICE: Replacement of Long-Term Care Insurance NB5019.**
 c. Will this insurance replace, discontinue, or cause a change to any existing variable contracts? Yes No
 If Yes, you must be licensed as a variable contract producer prior to making a recommendation to purchase or terminate a variable contract as required by the state of Utah.
 d. List any other health insurance policies you have sold to the applicant

Health policies in force	Health policies sold in the past 5 years and no longer in force

SECTION E: Agent Information

Where an entity is indicated in the credit line, also include the writing agent information in the chart below.

9. a.

NAME OF AGENT/ENTITY		BROKER DEALER/BGA FIRM		AGENT CODE
% SHARE	SERVICING AGENT	SOCIAL SECURITY NO.	TELEPHONE NO.	EMAIL ADDRESS
%	<input type="checkbox"/> Yes			

b.

NAME OF AGENT/ENTITY		BROKER DEALER/BGA FIRM		AGENT CODE
% SHARE	SERVICING AGENT	SOCIAL SECURITY NO.	TELEPHONE NO.	EMAIL ADDRESS
%	<input type="checkbox"/> Yes			

c.

NAME OF AGENT/ENTITY		BROKER DEALER/BGA FIRM		AGENT CODE
% SHARE	SERVICING AGENT	SOCIAL SECURITY NO.	TELEPHONE NO.	EMAIL ADDRESS
%	<input type="checkbox"/> Yes			

10. Name of Wholesaler (if applicable) _____

SECTION F: Certification and Signature

- An Agent/Registered Representative for this policy must sign this form

I know of nothing affecting the insurability of the Proposed Insured(s) which is not fully recorded in the application submitted on the Proposed Insured(s).

I certify that the state approved Buyer's Guide, Notice of Disclosure of Information and any other disclosure notice, statement or information required by state or federal law were given to the Owner at the time of the application and that no sales material other than that approved by The Company has been used.

SIGNED AT _____ CITY _____ STATE _____ THIS _____ DAY OF _____ YEAR _____

X _____
SIGNATURE OF AGENT/REGISTERED REPRESENTATIVE