



Offer Acceptance Form

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

Instructions

Use this form to accept our offer to terminate your Income Plus For Life® Series Rider ("IPFL Rider") and any Guaranteed Death Benefits and, if offered to you, to receive an "Enhancement Amount" added to your Contract Value (the "Offer"). Please refer to the Offer Letter and other materials sent to you for more information and to view your Enhancement Amount, if any.

Did you know you can accept this Offer over the phone? Call us at 1-844-235-0157 weekdays between 8 a.m. and 6 p.m. Eastern Time to provide verbal authorization or for any questions. If the Contract is co-owned, both Contract Owners must call.

Important: The option to provide authorization over the phone is not available for entity-owned Contracts.

1. Information about you

Contract Owner(s) information:

Contract Number (refer to Offer letter) _____ Owner's name (or Custodian's name) (First, MI, Last) _____ Co-Owner's name (First, MI, Last) (if applicable) _____

Phone number _____ Mobile number _____ Email address _____

Financial representative's name (if applicable) _____ Financial representative's phone number _____

2. Authorization and acceptance

By signing below, I **ACCEPT THE OFFER AND ACKNOWLEDGE AND UNDERSTAND** that:

- My acceptance is subject to all terms and conditions of this Offer, the Contract and the Annuity Prospectus.
- I received and reviewed the Prospectus Supplement for this Offer.
- My Contract **will not** terminate.
- My IPFL Rider and any Guaranteed Death Benefits **will** fully terminate.
- I cannot revoke my acceptance of this Offer once my acceptance is processed. My IPFL Rider and any Guaranteed Death Benefits cannot be reinstated.
- The death benefit under my Contract will equal my Contract Value as of the date John Hancock receives satisfactory proof of death and any other required information.
- My Enhancement Amount, if any, is the amount stated in my Offer Letter and will be added to my Contract Value upon receipt and processing of my acceptance by John Hancock.
- Any partial withdrawals or exchanges I request on the day I accept this Offer will be processed the following business day.
- I had the opportunity to discuss this Offer with my financial representative, tax professional, and/or any other trusted advisor prior to my acceptance of this Offer.
- John Hancock is not making a recommendation to me. John Hancock is solely making this Offer available to me and my acceptance or rejection of this Offer is made by me after having the opportunity to consult with the above-referenced representatives and/or advisors.



If you are signing on behalf of an entity or other individual (i.e., Trustee, Power of Attorney ("POA"), Guardian), please indicate your title by checking the appropriate box below your signature.

SIGN HERE

Signature of Owner (or fiduciary) _____ Today's Date (MM/DD/YYYY) _____

Title (please check appropriate box, if applicable): Trustee Power of Attorney Guardian Other _____

SIGN HERE

Signature of Co-Owner (or fiduciary) (if applicable) _____ Today's Date (MM/DD/YYYY) _____

Title (please check appropriate box, if applicable): Trustee Power of Attorney Guardian Other _____

Mail this form to: John Hancock Annuities Service Center
PO Box 55444, Boston, MA 02205-5444

To fax this form: 1-617-663-3160

Issuer: John Hancock Life Insurance Company (U.S.A.), Lansing, MI (not licensed in New York).