Offer Acceptance Form

Instructions

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.

Use this form to terminate your Principal Plus for Life Series Rider (“PPFL Rider”) and any Guaranteed Death Benefits and, if offered to you, to receive an “Enhancement Amount” added to your Contract Value. Please refer to the Offer Letter and other materials sent to you for more information and to view your Enhancement Amount, if any.

1. Information About You

Contract Owner(s) Information:

Contract Number (refer to Offer letter)  Owner’s Name (First, Mi, Last)  Co-Owner’s Name (First, Mi, Last) (if applicable)

Phone Number  Email Address  Financial Representative’s Name (if applicable)

2. Income Made Easy Program

IMPORTANT: Upon acceptance of this Offer, your Income Made Easy (IME) program will stop.

☐ Check this box if you would like to start a new systematic withdrawal program identical to your current IME program after you accept this Offer. The withdrawal amount, tax withholding, frequency, distribution date and delivery method would remain the same.

3. 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 PPFL Rider and any Guaranteed Death Benefits will fully terminate.
• I cannot revoke my acceptance of this Offer once my acceptance is processed. My PPFL 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.

Signature of Owner (or Trustee)  Today’s Date (MM/DD/YYYY)

Signature of Co-Owner (or Co-Trustee) (if applicable)  Today’s Date (MM/DD/YYYY)

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)
Issuer in NY: John Hancock Life Insurance Company of New York, Valhalla, NY