



# 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. 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.

**SIGN  
HERE**

\_\_\_\_\_  
Signature of Owner (or Trustee)

\_\_\_\_\_  
Today's Date (MM/DD/YYYY)

**SIGN  
HERE**

\_\_\_\_\_  
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**