

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							
1. Na	ame ^{First}	Midd l e		Last		2. Sex ☐ M ☐ F	
3. Da	ate of Birth Month Day	Year 4. U.S.	TIN or SSN				
5. a) Current Citizenship - Copy of Passport may be required b) If Not a U.S. Citizen, list any U.S.Visa including Type, No. and Expiration date							
6. a)	U.S. Address No P.O. Boxes		City	State	Zip Code		
b)	Primary Address No P.O. Boxes Street Address	City Country					
c)	Insured Residences			La	No. of Days/Weeks on Annual Basis Last 12 Months Next 12 months		
	Primary Country of Residence						
	U.S.A - include short term stays						
	List Other Countries						
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. Agents/Registered Representatives are equally constrained by this limitation. a) Have or will any elements of solicitation, application or delivery take place outside of the United States? No Yes - provide details: Country State Country Co							
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.							
	Name		Age	Relationsh	ip	Citizenship	
11. Purpose of Insurance - Personal/Business and specific need to be covered							
12.a)	Insured Verifiable Net Worth	Assets (Verifiable	·)	Liabilities		Net Worth	
	Worldwide Total						
	Foreign (other than U.S.) Breakdown by Country/Amounts						
	United States Only						
b) U.S. Bank Account Institution Branch, Acct.No., Date established					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.							
<u>X</u>							

Signature of Agent/Registered Representative Date