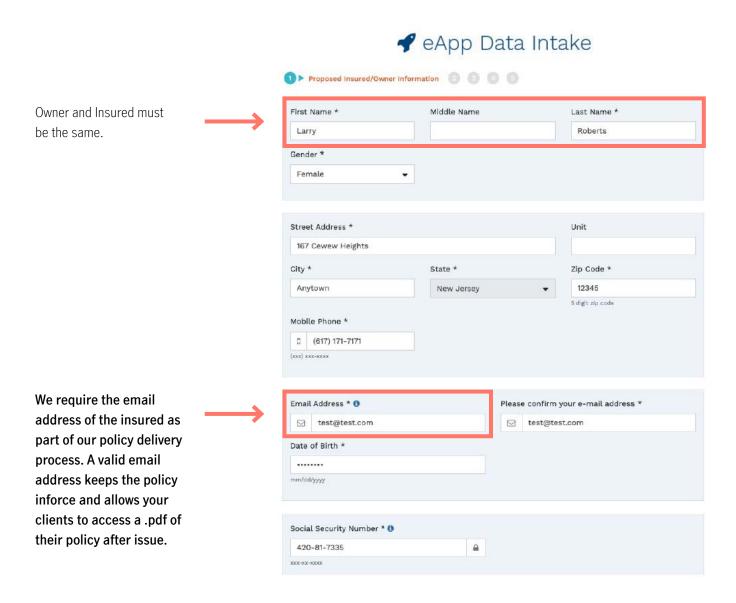
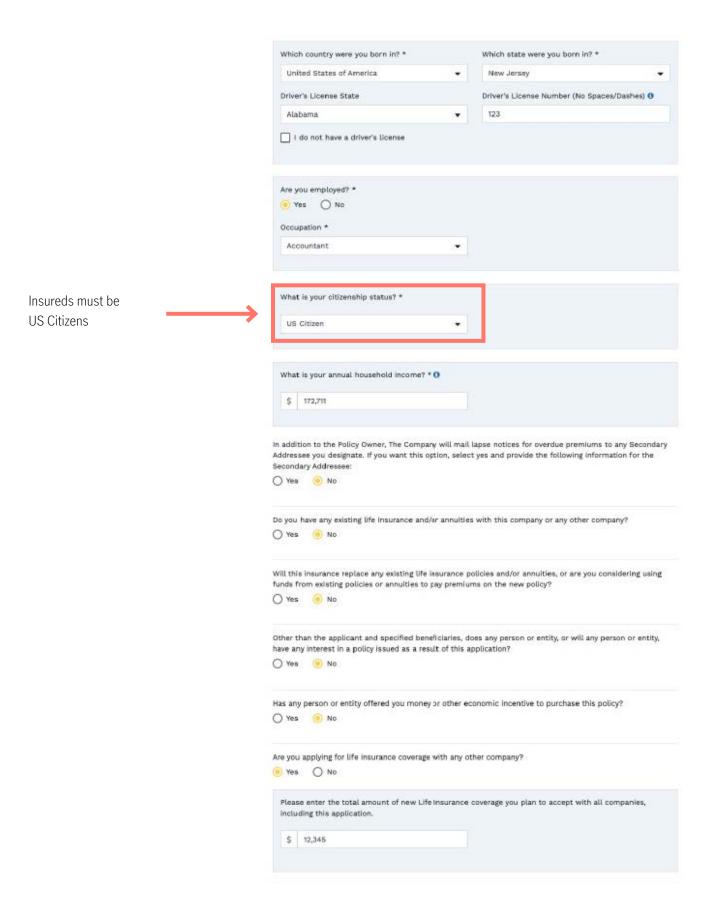


Simple Term with Vitality eApp

It's easy to submit an application for Simple Term with Vitality, just login to <u>JHSimpleTerm.com</u> and click on the "Apply Now" button to get started. To get you familiar with the eApp process, here is a sample of the application questions you will be asking your client, along with some helpful tips.

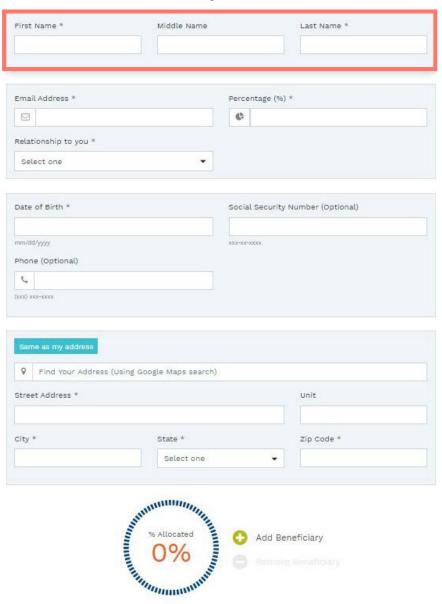




Beneficiary Information

Add your client's primary beneficiaries.

Note: They can add as many primary beneficiaries as desired in eApp. Contingent Beneficiaries can be added by customer service once account is set-up.



If your client has used tobacco, e-cigarette, or smoking cessation products within the last 12 months.

- There are 18 medical knockout questions
- Once application is submitted, we run additional checks behind the scene
 - Medical information bureau
 - Motor vehicle registration
 - Prescription history check
 - Identification
- See the Simple Term with Vitality "Underwriting Guide" for more information, including a list of disqualifying occupations.

n the past 5 years, have you plead guilty to or been convicted of driving while mpaired, reckless driving, or is your license currently suspended or revoked?	O Yes	● No
Within the past 10 years, have you been diagnosed, treated, or given medical advice from profession for:	m a member	of the medica
a. Cancer, leukemia, lymphoma, melanoma, brain tumor, or any malignant tumor EXCLUDING basal cell carcinoma, squamous cell carcinoma, melanoma in situ or melanoma Stage 0 of the skin)? 🐧	O Yes	⊚ No
o. Coronary artery or heart disease, heart attack, angina, congestive heart failure, enlarged heart, heart surgery, pulmonary embolism (within the last 6 months), peripheral vascular disease or carotid artery disease, or use of a pacemaker or defibrillator?	O Yes	● No
c. Cirrhosis, Liver disease or disorder (EXCLUDING Hepatitis A, B or C)? 1	O Yes	No
d. Kidney disease or disorder (EXCLUDING kidney stones, cysts or infections)? 1	O Yes	⊚ No
e. Organ transplant recipient, Crohn's disease or Ulcerative Colitis (if hospitalized or diagnosed in the past 6 months), Pancreatitis, or Lupus/SLE, or Scleroderma?	O Yes	No
Respiratory or Lung disease or disorder (EXCLUDING asthma, allergies or treated sleep apnea)? 1	O Yes	No
g. Diabetes or High Blood sugar?	Yes	O No
lave you had complications such as nerve pain, skin ulcers, vision problems, protein n your urine, or kidney problems related to your Diabetes?	O Yes	No
Vhat Type of Diabetes do you have? * Type 1 Type 2		
Vhat age were you diagnosed? *		
Prior to age 30		
over the past 6 months, what have your Hemoglobin A1c levels averaged? 1 * < 8.0% 8.1 to 9.0% Above 9.0%		
What form(s) of treatment do you use for your diabetes? Diet and exercise		
s. Schizophrenia, personality disorders, attempted suicide or have you been ospitalized within the last 5 years for any mental health disorder or disease?	O Yes	O No
Multiple sclerosis, dementia, cognitive impairment, Parkinson's, ALS/Lou Gehrig's, aralysis, muscular dystrophy, stroke/TIA (mini stroke), or other neurological disease	O Yes	O No
In the past 10 years, have you:		
a. Been advised to, or received treatment or counseling by a member of the medical profession to, limit or discontinue the use of alcohol, non-prescribed or prescribed drugs, or have you participated in a support group for alcohol or drug use?	O Yes	No
b. Used, or tested positive by a member of the medical profession for cocaine, heroin, non-prescribed amphetamines or hallucinogens?	O Yes	● No
Have you ever been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), or tested positive for Human Immunodeficiency Virus (HIV)?	O Yes	No
Are you permanently disabled as diagnosed by a member of the medical profession, receiving disability benefits (including social security benefits), or currently confined to a hospital or assisted living facility?	Yes	O No
Are you currently working full time but receiving military disability benefits or own- occupation disability benefits?	O Yes	O No

Secure your coverage by entering your payment information.

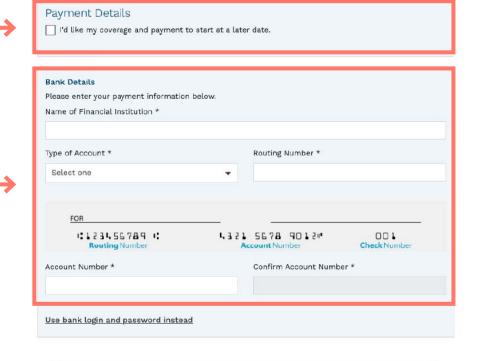
Payment will only be processed if approved for coverage

You can select your client's coverage and payment to start at a later date by selecting, "I'd like my coverage and payment to start at a later date."

Payment will draft immediately, unless they choose the deferred billing option. Please confirm client has funds available at time of draft.

Note: Draft date is locked when payment is made, confirm with client if date will work going forward. Also, the policy will not issue and commissions will not generate until the selected draft date.

Note: Save copy of the application as a .pdf format and print copy of the application



CONTINUE TO REVIEW & E-SIGN

Review and confirm your application information below.

- Policy number: 77130267
- Policy holder: Larry Roberts
- Email: test@test.com
- Monthly premium: \$23.59
- Coverage amount: \$100,000
- Term length: 10 years
- Beneficiaries:
- 1. Simon blah Meyer (100%)

Carefully read and retain the authorizations and disclosures below.



Print authorizations and disclosures

Application Review

Tell us a little bit about yourself

- First Name: Larry
- Middle Name: N/A
- Last Name: Roberts
- Gender: Female
- Street Address: 167 Cewew Heights
- Unit N/A
- City Anytown

Print Application Review

Depending on your clients answers to the medical questions, they may be offered a new quote that explores different premium price points. Select a revised premium or self-select a premium based on your clients needs.

You can also use the sliding scale to select a **premium** for your client.



Please ensure your client signs to continue the application process.



Congratulations!

Your John Hancock life insurance policy with Vitality has been approved!

- Policy number: 77130268
- Policy holder: Lucile blah Padilla
 Email: test@test.com
- Monthly premium: \$23.59
- · Coverage amount: \$100,000
- · Term length: 10 years
- · Beneficiaries:
- 1. Simon blah Hayes (100%)

A welcome email with your policy information will be sent to test@test.com

If you have any questions about your policy, please call 1-844-237-9388.

Next, start earning rewards and benefits



Activate your Vitality PLUS membership today at JohnHancockVitality.com/activate to explore the benefits of Vitality and start earning rewards.

Check out our John Hancock Vitality Welcome Kit, where you can find important information about Vitality PLUS, fitness devices and more.

Activate Vitality

Select "Activate Vitality"

to help your clients' activate their Vitality membership and start earning rewards and discounts today!



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$For more information \ visit \ JHS imple Term. com.$

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Insurance policies and/or associated riders and features may not be available in all states.

Ilnsurance products issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02116.

MLI080921495-1 Page 7 of 7. Not valid without all pages.