



**Client Information**

Client Name (First & Last): \_\_\_\_\_

DOB: \_\_\_\_\_ Gender  M  F

Tax Bracket: Vary?  Yes  No

After-tax Investment Rate: \_\_\_\_\_

**Underwriting:**

Super Preferred Non Smoker  Preferred Smoker

Preferred Non Smoker  Standard Smoker

Standard Plus Non Smoker  Uninsurable

Standard Non Smoker

Rated: \_\_\_\_\_

Spouse's Name (First & Last): \_\_\_\_\_

DOB: \_\_\_\_\_ Gender  M  F

**Underwriting:**

Super Preferred Non Smoker  Preferred Smoker

Preferred Non Smoker  Standard Smoker

Standard Plus Non Smoker  Uninsurable

Standard Non Smoker

Rated: \_\_\_\_\_

**Beneficiary Information**

DOB: \_\_\_\_\_ Gender  M  F

Life Expectancy: \_\_\_\_\_

Inflate?  Yes  No

If Yes, Rate: \_\_\_\_\_

**Presenter's Information**

Presenter's Name (First & Last): \_\_\_\_\_

Company: \_\_\_\_\_

Presenter's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Affiliation: \_\_\_\_\_ State: \_\_\_\_\_

**Advisor Contact Information**

Advisor Name (First & Last): \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZipCode: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Beneficiary Name (First & Last)**

DOB: \_\_\_\_\_ Gender  M  F

Life Expectancy to illustrate (Number of Years): \_\_\_\_\_

Show Optional Detail (Breakdown) pages:

Monthly Expenses  Yes  No

Health and Care Expenses  Yes  No

Education  Yes  No

Income Sources  Yes  No

Focus Year: \_\_\_\_\_

Years to Print: \_\_\_\_\_

**Insurance Information**

**Product:**

Accumulation UL

Protection SVUL

Protection UL

Accumulation SVUL

Performance SUL

UL-G

Protection VUL

SUL-G

Accumulation VUL

Death Benefit Need: \_\_\_\_\_

or

Premium: \_\_\_\_\_

Number of Years to Fund Premiums: \_\_\_\_\_

State: \_\_\_\_\_

EXPENSES					
	AMOUNT	START AGE	END AGE	ADJUST FOR INFLATION	
				YES	NO
<b>LIVING EXPENSES (MONTHLY)</b>					
Housing					
Rent/Mortgage					
Utilities					
Transportation					
Personal Needs					
Recreational Needs					
<b>HEALTH AND CARE EXPENSES (MONTHLY)</b>					
Care Assistance					
Custodial Care					
Respite Care					
Nursing Services					
Other (home monitoring, etc)					
Health Insurance					
Physical and/or Occupational Therapy					
<b>EDUCATION AND JOB TRAINING (MONTHLY)</b>					
Tutoring/Job Coaching/Job Assistance					
Tuition/Fees					
Books/Supplies					
Other Employment/Educational Expenses					
<b>OTHER EXPENSES</b>					
Emergency Fund					
One-Time Fixed Costs (e.g., home modification, wheelchair)					
<b>LUMP-SUM AMOUNT</b>					

SOURCES OF INCOME					
	AMOUNT	START AGE	END AGE	ADJUST FOR INFLATION	
				YES	NO
<b>MONTHLY SOURCES</b>					
Public Benefits					
Structured Settlement					
Beneficiary Income					
<b>LUMP-SUM SOURCES</b>					
Life Insurance (Existing) Death Benefit					
Assets Set Aside for Beneficiary Support					
<b>LUMP-SUM AMOUNT</b>					

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