



**Contact Information**

Advisor Name (First and Last) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

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

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

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

**Client Information**

Client's Name (M/F) \_\_\_\_\_

Age \_\_\_\_\_

State of Residence \_\_\_\_\_

Tax Bracket \_\_\_\_\_

Underwriting:

- Super Preferred Non Smoker     Preferred Non Smoker
- Standard Plus Non Smoker     Standard Non Smoker
- Preferred Smoker     Standard Smoker
- Uninsurable

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

Spouse's Name (M/F) \_\_\_\_\_

Age \_\_\_\_\_

State of Residence if different \_\_\_\_\_

Tax Bracket if different \_\_\_\_\_

Underwriting:

- Super Preferred Non Smoker     Preferred Non Smoker
- Standard Plus Non Smoker     Standard Non Smoker
- Preferred Smoker     Standard Smoker
- Uninsurable

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

Rating Information \_\_\_\_\_

Heirs \_\_\_\_\_

**Asset Information**

Total Estate Value (Including Business): \$ \_\_\_\_\_

Estate Growth Rate \_\_\_\_\_ %

**Business Information**

Business Name \_\_\_\_\_

Net Present Value Rate \_\_\_\_\_ %

State of Incorporation \_\_\_\_\_

Corporate Tax Bracket \_\_\_\_\_

Value of Closely Held Business: \$ \_\_\_\_\_

Business Profit Margin: \_\_\_\_\_ %

**Gift Information**

Post-76 Taxable Gifts \_\_\_\_\_

Prior Gift Taxes Paid \_\_\_\_\_

Number of Annual Exclusions \_\_\_\_\_

**Policy Plan and Information**

Focus Year if known \_\_\_\_\_

Product \_\_\_\_\_

Premium \_\_\_\_\_ Number of Years \_\_\_\_\_

Death Benefit \_\_\_\_\_ Solve \_\_\_\_\_ Specified \_\_\_\_\_

Increasing or Level \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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