

CLAIM FORM OVERVIEW

To participate in the settlement described in the Notice of Proposed Settlement of a Class Action Lawsuit (the “Notice”), Class Members must submit this Claim Form and supporting documents to the Settlement Administrator for review by the Court-appointed Special Master. The Claim Form and supporting documents must be postmarked no later than November 19, 2009, and submitted to:

**JOHN HANCOCK LIFE INSURANCE COMPANY
SETTLEMENT ADMINISTRATOR
C/O A.B. DATA, LTD.
PO BOX 170500
MILWAUKEE, WI 53217-8042**

You may contact the Settlement Administrator toll free at 1-800-232-3154 or at johnhancocksettlement.com to determine whether you are a member of the Class and to receive assistance with completing the Claim Form. If you use a TDD/TTY, you may call 1-866-905-8129 for assistance.

The Claim Form requests information relating to a Class Policy so please provide as much information as available. If you believe you are a Class Member, you may submit a Claim Form for consideration even if your information is incomplete since attestations and other forms of supporting proof **may be** considered. The Claim Form also includes a “Release and Waiver.” Please read it carefully, and be sure to provide your signature at the end of that section to show that you accept the “Release and Waiver.”

CLAIM FORM INSTRUCTIONS

1. You may fill out this form yourself. You do not need an attorney, however, if you choose to retain one, it will be at your own expense.
2. A separate Claim Form should be filled out for each Class Policy for which you are submitting a claim as either a purchaser, owner, insured, or beneficiary. You can make copies of this Claim Form for submitting additional claims, or you may request additional copies by contacting the Settlement Administrator at 1-800-232-3154 or at johnhancocksettlement.com.
3. Because it is possible for claims to be submitted by several individuals under one Class Policy, each individual purchaser, owner, insured, or beneficiary should complete a separate Claim Form for his/her claim concerning the Class Policy. For example, if you are the purchaser of a Class Policy and someone else was the insured, both you and the insured can submit a Claim Form and if both claims are deemed valid, any payments relating to that Class Policy will be pro rated. In addition, if you are eligible under more than one Class policy, you can submit a claim for a payment for each of those policies.

QUESTIONS? CALL 1-800-232-3154 OR IF YOU USE A TDD/TTY, CALL 1-866-905-8129

OR VISIT JOHNHANCOCKSETTLEMENT.COM

4. To be eligible for payment under the Settlement, your completed and signed Claim Form and supporting documentation must be **postmarked no later than November 19, 2009**.
5. Send the completed **original** Claim Form and supporting documentation to:

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6. If you are submitting a declaration or affidavit to support your claim, please include the **original**. However, you should include **photocopies** of any other supporting documentation (*e.g.*, policy forms, correspondence, government-issued identification). Do not submit the originals of such documents; documents you submit **will not** be returned to you.
7. Remember to sign the Claim Form after you have read the Release and Waiver.
8. We recommend you keep a copy of the completed Claim Form and supporting documentation for your records. If you would like a record of the date of your mailing and its receipt by the Settlement Administrator, you are advised to use certified mail, return receipt requested.
9. Any payments you receive might be taxable. You should consult with your tax advisor as to how you may be impacted.
10. If you have any questions, please call the Settlement Administrator at 1-800-232-3154. If you use a TDD/TTY, you may call 1-866-905-8129 for assistance.

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CLAIM FORM

Section 1. Claimant Information

Claimant: the Claimant is a person who believes he/she is a Class Member and wishes to participate in the distribution of settlement funds. Please mark the choice that best applies to the Claimant:

- John Hancock ***sold you*** a life insurance policy prior to 1959.
- John Hancock sold someone else a life insurance policy prior to 1959, ***but you later became the owner of the policy.***
- John Hancock sold a life insurance policy prior to 1959 that ***insured your life.***
- John Hancock ***paid you a death benefit*** for a life insurance policy that was sold prior to 1959.
- You ***were a beneficiary*** of a life insurance policy sold before 1959 which lapsed, or you ***are the beneficiary*** of a life insurance policy sold before 1959 that is still in force.
- You are the legal representative of a person, dead or alive, who fits into one of the above categories.

LAST NAME (CLAIMANT) _____ FIRST NAME (CLAIMANT) _____

Current Street Address (Line 1) _____

Current Street Address (Line 2) _____

City _____ State _____ Zip Code _____

Telephone Number (Day) _____ Telephone Number (Night) _____

Email Address _____

Social Security Number (Claimant) _____

Section 2. Class Policy Information

Class Policy: This is either a Weekly Premium Industrial, Monthly Premium Industrial, or Monthly Debit Ordinary life insurance policy issued by John Hancock prior to 1959. Please mark the choice that best applies:

- Industrial Policy** – sometimes called a “burial” policy, this policy will likely show an amount of insurance of less than \$1,000, and might have the word “industrial” or the phrase “weekly premium insurance” or “monthly premium insurance” printed on the policy.
- Monthly Debit Ordinary Policy** – the policy type is usually for more than \$1,000, but less than \$3,000.
- Policy type is unknown.

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- Yes. If so, please specify what documents and enclose copies of any such documents in your possession.

- No. If you have no supporting documentation please provide an attestation in the form of a declaration or an affidavit **signed and sworn by you under penalty of perjury**, or other forms of proof, supporting the existence of the Class Policy, evidencing that you are a purchaser, owner, beneficiary, or insured of a Class Policy, and showing that you are African American. A form affidavit is attached for your reference. If additional space is needed, you may attach additional pages. Please include your name and address on each additional page. Such supporting documentation will be considered but will not automatically entitle you to benefits.

Section 4. Information About the Insured (if known)

Last Name	First Name
_____	_____
Maiden Name (if any)	Middle Name
_____	_____
Prior Names or Aliases (if any)	Date of Birth
_____	____ / ____ / ____
Place of Birth (City and State)	

Date and Place of Death (Month/Day/Year and City and State) or Best Believed	

Gender of Insured <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name of Insured's Spouse (if any)	First Name of Insured's Spouse (if any)
_____	_____
Name/s of Insured's Children (if any)	

Your Relationship to the Insured (e.g. child, grandchild, nephew, etc.)	

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Section 5. If you are a beneficiary, do you know whether there any other living beneficiaries? If so, please list, specify their relationship to the insured, and include a current address if known.

Yes. Please provide additional information below.

Name	Relationship to Insured
Address (Street Address, City, State, and Zip)	

Name	Relationship to Insured
Address (Street Address, City, State, and Zip)	

Name	Relationship to Insured
Address (Street Address, City, State, and Zip)	

Section 6. Release and Waiver

You must read the following Release and Waiver and, if you accept the terms, sign it. Please do not omit the signature page from this Claim Form. **Unsigned forms are not considered complete.**

- I. Plaintiff and all Class Members not opting out of the Settlement shall release and waive, acquit, and forever discharge the Released Parties from the Released Claims.
- II. "Released Claims" means any and all matters raised in the Amended Complaint, as well as any and all claims, rights, damages, losses, demands, obligations, actions, causes of action, suits, cross-claims, matters, issues, debts, liens, contracts, liabilities, agreements, costs, or expenses, of any nature whatsoever, including but not limited to claims arising under 42 U.S.C. § 1981, and 42 U.S.C. § 1982 or any other federal, state, or local civil rights law, statute, ordinance, or regulation respecting discrimination on the basis of race or national origin, and any claims for individual administrative relief of any type, equitable relief of any type, including disgorgement, reformation, rescission, imposition of constructive trust, restitution, declaratory judgment, and injunctive relief, monetary damages of any type, including compensatory damages, liquidated damages, punitive damages, or exemplary damages, costs, expenses and/or attorneys fees, or liabilities, ascertained or unascertained, suspected or unsuspected, existing or claimed to exist, past or present, of Plaintiff and/or Class members arising out of any alleged fraud, misrepresentation, omission, unfair or deceptive practice, breach of any duty, or discrimination based on race or national origin in the sale, purchase, suitability assessment, pricing, design, marketing, underwriting, administration, or service of WPI, MPI, MDO life insurance policies, or any other type of life insurance policy issued by John Hancock prior to 1959, and which they purchased or owned or were the insured under or beneficiary of, but only to the extent that the claims (a) arise out of the Action; (b) relate to any allegations that were asserted in the Action; or (c) which might in the future be asserted by any Plaintiff or Class member against any of the Released Parties that would directly arise out of any acts, facts, transactions, occurrences, conduct, representations or omissions alleged in the Action.
- III. "Released Parties" means Defendant and each and all of the Defendant's past, present, and future parents (including intermediate and ultimate parents), direct and indirect subsidiaries, affiliates,

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partners, joint ventures, predecessors and successor corporations and business entities, and each and all of their past and present officers, directors, managers, servants, licensees, joint ventures, sureties, attorneys, agents, general agents, producers, sales representatives, consultants, advisors, contractors, employees, controlling or principal shareholders, general or limited partners or partnerships, divisions, insurers, designated management companies, and each and all of their successors or predecessors in interest, assigns, or legal representatives.

- IV. Nothing in the Stipulation of Class Action Settlement shall be deemed to alter, limit or affect (i) a Class Member's contractual rights to make a claim for benefits that are payable or will become payable in the future pursuant to the terms of a policy issued by John Hancock or (ii) a Class Member's right to assert any claim that independently arises from acts, facts or circumstances arising after the Execution Date.
- V. The Release may be raised as, a complete defense to and will preclude any action or proceeding encompassed by the Release.
- VI. In connection with the Release, it is possible that Plaintiff and the Class Members may hereafter discover claims presently unknown or unsuspected, or facts in addition to or different from those that they now know or believe to be true, with respect to the matters released. Nevertheless, it is the intention of the Parties that the Release shall fully, finally and forever settle and release all such matters, and all claims relating thereto, which exist, hereafter may exist, or might have existed.
- VII. Nothing in the Release shall preclude any action to enforce the terms of the Stipulation of Class Action Settlement, provided that such action shall be brought in the United States District Court for the District of Connecticut.
- VIII. Upon the Final Settlement Date, each of the Released Parties shall be deemed to have, and by operation of the Final Judgment and Order of Dismissal shall have, fully, finally, and forever released, relinquished and discharged each and all of the Plaintiff and all other Class Members, and Class Counsel from all claims (including unknown claims) arising out of, relating to, or in connection with the institution, prosecution, assertion, settlement or resolution of the Action or the claims included in the Release.
- IX. Principles of law such as Section 1542 of the Civil Code of the State of California provide that a general release does not extend to claims which a creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor. To the extent that the provisions of Section 1542 of the Civil Code of California and all similar federal or state laws, rights, rules, or legal principles of any other jurisdiction may be applicable to this Settlement, the Release waives claims that may arise under such laws.

The Release is the result of a compromise of disputed claims and may not be used as evidence or any admission of liability by John Hancock.

Claimant's Signature

Printed Name

Date: Month/Day/Year

Return completed form and any attachments, postmarked no later than November 19, 2009, to:

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**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

MERLE NORFLET, as Fiduciary over the Person	:	
and Estate of Maggie Norflet, on behalf of Maggie	:	CIVIL ACTION NO.
Norflet, on behalf of herself and all others	:	3:04cv1099 (JBA)
similarly situated,	:	
Plaintiff,	:	CLASS ACTION
	:	
v.	:	
	:	
JOHN HANCOCK LIFE INSURANCE	:	
COMPANY,	:	
Defendant.	:	

DECLARATION

Please use the space below if you wish to make a declaration, which is a sworn written statement, concerning any of the claim requirements for which you cannot obtain documentation. Please number your paragraphs beginning with Paragraph Number 2. Please use additional pages, if necessary. Paragraph Number 1 is already provided for you. By signing the declaration, you are swearing and declaring that Paragraph Number 1 and all the additional paragraphs that you provide are true and correct.

I, _____, being duly sworn, declare as follows:

1. I am over the age of 18 years and am competent to testify as to the statements set forth herein.

I swear and declare under penalty of perjury that the foregoing is true and correct.

Signature

Date

Printed Name

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