

Signator Investors, Inc.

CLIENT PROFILE FORM INSTRUCTIONS

Complete each applicable section of the Client Profile Form. Failure to complete all applicable sections will result in processing delays and the OSJ's inability to perform an independent evaluation of your client's suitability for the investment suggested and/or purchased.

Instructions

- This form must be submitted with all new Variable Annuity applications, all new Variable Life applications, all new Fixed Annuity applications, new Equity Indexed Annuity applications, new 529 applications, new Brinker and SEI applications, new purchases of Direct Mutual Funds, new Group Annuity applications, Limited Partnerships and all other investment products and change of Broker Dealer. This form must also be submitted to update Signator Investors, Inc. (SII) of changes to client's financial profile for above-mentioned Investment Accounts and Brokerage Accounts.
- Fill out all information. If client has multiple accounts, a separate Client Profile Form must be completed for each account.
- In accordance with Section 326 of the U.S. Patriot Act, SII Registered Representatives must ask to see and collect certain information to verify the identity of customer(s) opening the account. Additional identification of documents may be requested, and SII may reject or close the account/contract or policy at current value, at any time, based on findings as they apply to these requirements.
- Client signs this form to certify the accuracy of the information provided.
- Representative signs this form, certifying accuracy, and notes SII Rep Number.
- Principal signs this form, indicating approval of suitability and acceptance on behalf of SII, and notes SII Principal Number. The Date Application Received by OSJ and Date Sent to Carrier section must also be completed.
- Forward the original Client Profile, the original application, check and any other required documentation to the Agency-designated OSJ for suitability review and approval. Upon approval, the OSJ will forward the new account paperwork to the appropriate fund company/carrier for processing. Please forward the Client Profile, to Dry Dock for processing. Please note that procedures for brokerage account paperwork vary from this procedure.
- Maintain a copy of the signed Client Profile Form and accompanying documents for suitability validation in the client file.
- Please note that account or transaction information included on this Client Profile is not considered trade instructions. All applications must be forwarded separately for processing to the fund company/carrier upon receipt in good order and after principal approval.
- Client must complete the Source of Funds Section, where applicable.
- For Trusts, UGMA/UTMA, Corporations, Partnerships, and Estates: the form should be completed so that it reflects the financial information and objectives of the account owner (the minor, the trust, or entity).
- Managing Partners and/or Registered Representatives will be held responsible for losses incurred from failure to follow the above procedures.

CLIENT PROFILE FORM

Please select one:

- New Account Record – Variable Annuity, Variable Life, Fixed Annuity, Equity Indexed Annuity, 529 Plan, Brinker and SEI Accounts, Direct Mutual Fund, Group Annuity, Limited Partnerships. (For Brokerage accounts, please complete the Brokerage application.)
- Change of Broker Dealer
List existing Account/Policy/Contract Number: _____
- Update to existing Account Record (Variable Life, Variable Annuity, Mutual Fund, Brokerage, Limited Partnerships, etc.)
List existing Account/Policy/Contract Number: _____

SECTION A: ACCOUNT DETAILS

Product Type: Please check the box that corresponds to the product(s) the client is purchasing/transferring.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Variable Annuity | <input type="checkbox"/> Variable Life | <input type="checkbox"/> 529 College Savings Plan | <input type="checkbox"/> Mutual Fund |
| <input type="checkbox"/> Group Annuity | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Equity Indexed Annuity
(Pre-approved by SII) | <input type="checkbox"/> Real Estate Investment Trust |
| <input type="checkbox"/> Fixed Annuity | <input type="checkbox"/> Advisory Account | | <input type="checkbox"/> Other: _____ |

Company

Account Type: (choose one)

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Simple IRA |
| <input type="checkbox"/> Defined Benefit | <input type="checkbox"/> Coverdell/Educ IRA |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Custodial IRA |
| <input type="checkbox"/> IRA BDA | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> 401(k) Individual |
| <input type="checkbox"/> Sep IRA | <input type="checkbox"/> 401(k) ERISA |
| <input type="checkbox"/> Education IRA | <input type="checkbox"/> Other: _____ |

Product Name

- | | |
|--|--|
| <input type="checkbox"/> 403(b) Individual | <input type="checkbox"/> Joint |
| <input type="checkbox"/> 403(b) ERISA | <input type="checkbox"/> Money Purchase Plan |
| <input type="checkbox"/> Keogh | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Profit Sharing Plan |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> UGMA/UTMA | <input type="checkbox"/> Executor |

SECTION B: PRIMARY OWNER - PERSONAL INFORMATION

Please provide personal information on the primary individual associated with this account; such as owner for individual or joint accounts, the minor for UTMA/UGMA accounts. For entity owned accounts, please provide personal information on the authorized person(s), administrator, trustee, partner, etc. and complete the Entity Information in Section D, page 4. Legal address and verification of ID is not required for a minor on a UTMA/UGMA account.

Full Legal Name *First, Middle, Last* _____ Social Security No./ Taxpayer ID No. _____ Date of Birth *month/day/year* _____

Legal Address Information

No P.O. Boxes

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

Country _____

Country of Citizenship

Country of Citizenship _____

Country of Dual Citizenship (if applicable) _____

Marital Status

Single Married Number of Dependents: _____

Employment Information

Employed (include details below) Retired Unemployed US Military

Self-employed (include details below) Other (include details below)

Employer Name _____

Occupation _____

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____ Country _____

Mailing Address Information

If same as Legal Address, leave blank

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

Country _____

Verification of Identification

Driver's License (not valid form of identification for Non-U.S. citizen.)

State _____ ID Number _____ Expiration *month/day/year* _____

State ID (not valid form of identification for Non-U.S. citizen.)

State _____ ID Number _____ Expiration *month/day/year* _____

Passport

Country _____ ID Number _____ Expiration *month/day/year* _____

Permanent Resident Card

Country _____ ID Number _____ Expiration *month/day/year* _____

Visa

Country _____ ID Number _____ Expiration *month/day/year* _____

Other

Contact Information

Home Phone _____ Business Phone _____

Mobile Phone _____ E-mail Address _____

Affiliations

Client is affiliated with, or works for a stock exchange or a member firm of an exchange or FINRA: Yes No

If yes, Member Firm name

Client or immediate family is an employee of John Hancock or subsidiaries: Yes No

If this is a brokerage account profile update, the client must answer the following:

Is the client a control person or affiliated with a publicly traded company as defined in SEC Rule 144? This includes, but is not limited to, 10% shareholders, policymaking executives, and members of the Board of Directors. Yes No

If yes, Company name and Trading Symbol

SECTION C: ADDITIONAL OWNER- PERSONAL INFORMATION

Please provide personal information on any additional individuals associated with this account; such as joint owners, additional authorized person, administrator, trustee, partner, or custodian of UTMA/UGMA account.

Full Legal Name *First, Middle, Last*

Social Security No./ Taxpayer ID No.

Date of Birth *month/day/year*

Legal Address Information

No P.O. Boxes

Address line 1

Address line 2

City State Zip

Country

Country of Citizenship

Country of Citizenship

Country of Dual Citizenship *(if applicable)* Country of Tax Residence

Marital Status

Single Married Number of Dependents: _____

Employment Information

Employed *(include details below)* Retired Unemployed US Military

Self-employed *(include details below)* Other *(include details below)*

Employer Name

Occupation

Address line 1

Address line 2

City State Zip Country

Affiliations

Client is affiliated with, or works for a stock exchange or a member firm of an exchange or FINRA: Yes No

If yes, Member Firm name

Client or immediate family is an employee of John Hancock or subsidiaries: Yes No

Mailing Address Information

If same as Legal Address, leave blank

Address line 1

Address line 2

City State Zip

Country

Verification of Identification

Driver's License *(not valid form of identification for Non-U.S. citizen.)*

State ID Number Expiration *month/day/year*

State ID *(not valid form of identification for Non-U.S. citizen.)*

State ID Number Expiration *month/day/year*

Passport

Country ID Number Expiration *month/day/year*

Permanent Resident Card

Country ID Number Expiration *month/day/year*

Visa

Country ID Number Expiration *month/day/year*

Other

Contact Information

Home Phone Business Phone

Mobile Phone E-mail Address

SECTION D: ENTITY OWNER INFORMATION

Provide information on the entity that is the account owner. Be sure to also provide in Section B, personal information for at least one individual associated with this account.

Entity Name _____ Tax ID Number _____ Date of Trust _____

Legal Address Information

No P.O. Boxes

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

Country _____

Verification of Identification

- Certified Article of Incorporation Government-Issued Business License
 Trust Agreement Partnership Agreement Other (Must be approved by SII)

Mailing Address Information

If same as Legal Address, leave blank

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

Country _____

Contact Information

Business Phone _____ Mobile Phone _____

E-mail Address _____

SECTION E: SUITABILITY

Financial Information

Please complete the information below as it applies to the client(s) of this account or sub-account(s), contract, or policy.

Annual Income (From all sources)

\$ _____

Specify Amount

Estimated Net Worth (Excluding residence)

\$ _____

Specify Amount

Liquid Net Worth

\$ _____

Specify Amount

Tax Bracket

- 0-15% 16-24% 25-28% >28% N/A if Entity

Investment Objectives

Please indicate the client's goals as they apply to the fund selection or sub account selection.

Investment Objectives (Select Only One)

- Capital Preservation Income Growth with Income
 Growth Aggressive

Risk Tolerance (Select Only One)

- Conservative Moderate Aggressive

Time Horizon

(please list specific years)

Product Information

Please complete the information on the product being purchased/transferred.

Annuity:

\$ _____

Investment Amount

Length of Surrender Schedule (in Years)

Please indicate if any of the following riders have been selected

- Guaranteed Minimum Withdrawal Benefit Guaranteed Minimum Income Benefit
 Guaranteed Minimum Accumulation Benefit Guaranteed Account Value Benefit
 Enhanced Earning Death Benefit Step Up Death Benefit
 Nursing Home Waiver Other: _____

Please indicate purpose of this annuity (check all that apply)

- Death Benefit Guarantee Tax Deferred Growth Retirement Income
 College Savings Annuitized Payments Other: _____

Please provide the details on how it was determined that the proposed contract is in the best interest of the client. Please do not refer to other documents (i.e., fact finder and risk profiles).

Investment Experience

Please indicate the client's experience as it applies to this account or sub-account(s), contract, or policy.

General Investment Experience (Select Only One)

- Extensive Good Limited None

Specific Investment Experience

	Extensive	Good	Limited	None
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life Insurance:

\$ _____ \$ _____ \$ _____
Initial Premium Amount Planned Annual Premium Face Amount

Please indicate if any of the following riders have been selected

- Spousal Term
- Accelerated Death Benefit
- Return of Premium
- Extended No Lapse Guarantee
- Accidental Death Benefit
- Child Term
- Cash Value Enhancement
- Other: _____
- Waiver of Premium
- Long Term Care
- Overloan Protection

Please indicate purpose of this Life Insurance (check all that apply)

- Death Benefit
- Supplement College Savings
- Other: _____
- Supplement Retirement Funds
- Replace Family Income
- Estate Settlement Costs and Taxes
- Charitable Gift Insurance Plan

Do you currently have any additional Life Insurance coverage? Yes No \$ _____
Amount

Please provide the details on how it was determined that the proposed policy is in the best interest of the client. Please do not refer to other documents (i.e., fact finder and risk profiles).

**Mutual Fund:
Breakpoint Qualifications**

Please indicate whether the client or any eligible household member holds shares of any funds, or has an Letter of Intent on file at any company, that would qualify for a breakpoint.

- Yes (Please specify) No
- Breakpoint Letter of Intent Rights of Accumulation

Company	(\$ amounts)
_____	_____
_____	_____
_____	_____

If the client is not taking advantage of a breakpoint opportunity, please explain why.

Mutual Fund Share claim disclosure:

For Class B-Share Mutual Funds:

1. I (We) acknowledge that My (Our) representative has reviewed with Me (Us) the FINRA Mutual Fund Analyzer which compares expenses and charges of this Class B share purchase with those of a Class A share purchase. (This is required for purchases between \$50,000 and \$99,999.)
2. I (We) acknowledge that any Class B share purchases at \$100,000 or over will not be accepted.
3. I (We) understand that Signator Investors, Inc. may cancel this trade if deemed inappropriate to My (Our) financial goals and objectives.

For Class C-Share Mutual Funds:

1. I (We) acknowledge that My (Our) representative has reviewed with Me (Us) the FINRA Mutual Fund analyzer which compares expenses and charges of this Class C share purchase with those of a Class A share purchase. (This is required for purchases between \$50,000 and \$249,999.)
2. I (We) acknowledge that any Class C share purchases at \$250,000 or over will not be accepted.
3. I (We) understand that Signator Investors, Inc. may cancel this trade if deemed inappropriate to My (Our) financial goals and objectives.

SECTION F: FUND/SUB ACCOUNT INFORMATION

\$ _____ Allocated by: Dollars (\$) Percentage (%)
 Investment Amount

Amount	Fund Name/Sub Account/Portfolio
_____	_____
_____	_____
_____	_____

SECTION G: SOURCE OF FUNDS

Payment Type

Check Cashiers/Bank Check Wire Money Order (may not be accepted for all product types) No payment received with application

Please check the source of funds and answer the questions below

<input type="checkbox"/> Salary/Current Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Stock Redemption	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Asset Appreciation	<input type="checkbox"/> Business Revenue	<input type="checkbox"/> Legal/Insurance Settlement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sale of Assets	<input type="checkbox"/> Savings from Earnings	<input type="checkbox"/> Mutual Fund Redemption	
<input type="checkbox"/> Annuity Surrender/Withdrawal	<input type="checkbox"/> Transfer of Assets	<input type="checkbox"/> Insurance Surrender/Withdrawal	

If the source of funds is from a mutual fund, the reason for the redemption is:

Performance did not meet expectations The investment objective has changed Other: _____

Redeemed Product Information

Life Insurance, Annuities, and Mutual Funds

Policy/Contract/Account # (s)	Policy/Contract/Account Value (\$ amounts)
Company/Fund Name	Surrender Charges (\$ amounts)
Product Name	Net Surrender Value (\$ amounts)
(Insurance policies only) Is the existing policy a MEC? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Annuity contracts only) Contract Type <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified

SECTION H: REPLACEMENT INFORMATION

Is this transaction a replacement? Yes (If yes, please complete the following section) No

Replacement Justification

Please provide the specific benefits of the replacement that cannot be found on the existing policy/contract (check all that apply)

<input type="checkbox"/> Increased Death Benefit	<input type="checkbox"/> Increased Investment Options (please specify)	<input type="checkbox"/> Guarantees (please specify)
<input type="checkbox"/> Bonus, Lower Premiums, Riders (please specify)	<input type="checkbox"/> Lower Fees	<input type="checkbox"/> Other (please specify)

Please provide the specific disadvantages of the replacement (check all that apply)

<input type="checkbox"/> Surrender Charge	<input type="checkbox"/> Increased Fees	<input type="checkbox"/> Tax Liability
<input type="checkbox"/> New Surrender Schedule	<input type="checkbox"/> Decreased Investment Options	<input type="checkbox"/> Interest Rate Decrease
<input type="checkbox"/> Decreased Death Benefit	<input type="checkbox"/> Loss of Guarantees (please specify)	<input type="checkbox"/> Loss of Riders (please specify)
<input type="checkbox"/> Other (please specify)		

Has the client exchanged any other policy/contract within the past 36 months? Yes (please specify) No

<input type="checkbox"/> Life <input type="checkbox"/> Annuity	_____	\$ _____
	Date	Surrender Charge
<input type="checkbox"/> Life <input type="checkbox"/> Annuity	_____	\$ _____
	Date	Surrender Charge

If the client has a guaranteed income or withdrawal rider on the existing policy/contract, please indicate what rider and the base value at the time of surrender.

Is there an existing loan on the current policy/contract? Yes (If yes, please complete the following section) No

Is the outstanding loan carrying over to the new policy/contract? Yes No

If No, what is the taxable amount \$ _____

Are you the writing agent on the policy/contract that will be replaced? Yes No

Replacement Comparison Chart

Existing Policy/Contract	Cost/Benefit \$/%	Proposed Policy/Contract
<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Traditional Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Equity Index Annuity	Policy/Contract Type	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Traditional Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Equity Index Annuity
	Age at Issue	
Current	Total Death Benefit	At Issue
\$		\$
Remaining Surrender Period (In Years)	Length of Surrender Charge Period	Length of Proposed Surrender Period (In Years)
	Annual Premium (Life Insurance Policies Only)	
	Annual Maintenance Fee (Annuity)/ Administrative Expense Charge (Life Insurance)	
	Mortality & Expense Risk Charge (Annuity)/ Maximum Sales Charge (Life Insurance)	
	Total Annual Fund Expenses (Annuity)/ Total Asset Based Charges (Life Insurance)	
	Other Riders	
	Other Fees	

Please note that if the death benefit or living benefit rider under the existing annuity contract is less than or equal to the current surrender value of the existing contract, then the client must be made aware of the disadvantages associated with this replacement transaction.

CLIENT ACKNOWLEDGMENTS

Please review the following acknowledgments for all accounts, contracts and policy types and sign below.

For all accounts, contracts or policy types:

- 1. I (We) acknowledge that I (We) have received a prospectus for the product that I am (We are) purchasing. I (We) have discussed the material information in the prospectus, including charges and expenses, with my representative, and I (We) agree with the recommendation to purchase this product excluding fixed annuities.
2. The investor information contained on this form accurately describes My (Our) investment objective, financial situation and employment as it pertains to this account, policy or contract.
3. If the source of funds for the investment to be purchased is from the sale of another investment/insurance policy, I (We) understand the potential tax consequences resulting from the sale and the fact that I (We) may have paid a sales charge/commission on the product surrendered or redeemed.
4. I (We) received the Signator Investors, Inc. and John Hancock Financial Network Client Brochure, which highlights important information about Signator Investors, Inc. and investment products that I (We) may be considering to purchase.
5. If I am a client of my representative's previous firm, I also understand that I can continue to hold my existing investment(s) at that firm.

For Resolving Disputes-Arbitration: This agreement contains a pre-dispute arbitration clause. Under this clause, which becomes binding on all parties when you sign your account application, you, we, and SII agree as follows:

- 1. All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
2. Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
3. The ability of the parties to obtain documents, witness statements, and other discovery is generally more limited in arbitration than in court proceedings.
4. The arbitrators do not have to explain the reason(s) for their award.
5. The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
6. The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
7. The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

All controversies that may arise between you and SII, concerning any subject matter, issue, or circumstances whatsoever (including, but not limited to, controversies concerning any account, order or transaction or the continuation, performance, interpretation or breach of this or any other agreement between you and SII, whether entered into or arising before, on or after the date this account is opened) shall be determined by arbitration in accordance with the rules then prevailing of the Financial Industry Regulatory Authority (FINRA) or any securities self-regulatory organization or securities exchange of which the person, entity, or entities against whom the claim is made is a member, as you may designate. If you designate the rule of a self-regulatory organization or securities exchange and those rules fail to be applied for any reason, then you shall designate the prevailing rules of any other securities self-regulatory or securities exchange of which the person, entity, or entities against whom the claim is made is a member. If you do not notify us in writing of your designation within (5) days after such failure or after you receive from us a written demand for arbitration, then you authorize us and/or SII to make such designation on your behalf. The designation of the rules of the self-regulatory organization or securities exchange is not integral to the underlying agreement to arbitrate. You understand that judgment upon any arbitration award may be entered in any court of competent jurisdiction.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class action who has not opted out of the class with respect to any claims encompassed by the putative class action until; 1) the class certification is denied; or 2) the class is decertified; or 3) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

For Limited Partnerships:

- 1. I (We) have received and read a current offering document for the Limited Partnership selected and understand the investment objectives and suitability requirements of the partnership.
2. I (We) understand that this is an illiquid investment, and should I (We) need to sell this asset at any time, I (We) risk selling at a loss, not finding any buyer or losing My (Our) entire investment.
3. I (We) understand that a portion of the distributions received from this investment may represent a return of principal.

For 529 Plans:

- 1. If purchasing a 529 plan, the client understands that a plan offered by the client's state of residence may provide tax benefits that are not affordable to a plan sponsored by another state.

This account was solicited in the state of _____

Client/Owner Signature

Primary Account Owner Signature Date month/day/year Secondary Account Owner Signature Date month/day/year

I certify that I have seen the customer's identification noted above for new accounts

Registered Representative

Additional Registered Representative

Registered Representative Name (Print) Agency Number Representative Number Registered Representative Name (Print) Agency Number Representative Number

Registered Representative Signature Date month/day/year Registered Representative Signature Date month/day/year

Additional Registered Representative

Additional Registered Representative

Registered Representative Name (Print) Agency Number Representative Number Registered Representative Name (Print) Agency Number Representative Number

Registered Representative Signature Date month/day/year Registered Representative Signature Date month/day/year

Registered Principal

Registered Principal Name (Print) Registered Principal Number Agency Number

Registered Principal Signature Date month/day/year

Date Application Received at OSJ month/day/year

Date Sent to Carrier month/day/year