



ANNUITY VALUE ENHANCEMENT RIDER

We agree, subject to the terms, conditions, limitations, and exclusions of this rider and the contract, to make available the benefits described below. This rider is made a part of the contract to which it is attached, in consideration of: (a) the application form, if any, and (b) the deduction of any applicable rider charges. This rider shall not be issued subsequent to the Date of Issue of the contract. The Date of Issue of this rider is the same as the Date of Issue of the contract.

If this rider is issued as part of an individual annuity contract, the terms "Owner" and "Contract" as used in this rider shall have the same meaning as such terms are used in the individual annuity contract. If this rider is issued in connection with a group annuity contract, the terms "Contract" and "Contract Value" as used in this rider shall refer to the Certificate and Certificate Value respectively, and the term "Owner" as used in this rider shall refer to the Certificate Owner of the Certificate.

In order for a Covered Person to qualify for benefits under this rider, (i) the Covered Person's attained age must be between 40 and 75, inclusive, on the Date of Issue of the contract, (ii) the Covered Person must not have been confined to a Nursing Home or Assisted Care Living Facility or received Adult Day Care, Home Health Care, Hospice Care, or Respite Care within one year before the Date of the Issue of the contract, (iii) other annuity value enhancement riders, or other similar enhancement benefits, shall not have been purchased through John Hancock Life Insurance Company, John Hancock Variable Life Insurance Company, or any other affiliated companies, and (iv) no more than one annuitant can be elected in the underlying annuity contract.

GENERAL DEFINITIONS

"Activities of Daily Living" means the following activities:

- *Bathing* which means washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
- *Continence* which means the ability to maintain control of bowel and bladder functions; and when unable to maintain control of bowel or bladder functions, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag.)
- *Dressing* which means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- *Eating* which means feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously. Eating does not include preparing a meal.
- *Toileting* which means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- *Transferring* which means moving into or out of a bed, chair or wheelchair. Transferring does not include the task of getting into or out of the tub or shower.

"Adult Day Care" means a program that provides a protective environment and preventive, remedial and restorative services for part of the 24-hour day. "Adult Day Care Center" means a place that is licensed to provide Adult Day Care by the jurisdiction in which the services are provided. If licensing is not required, Adult Day Care Center means a place that provides Adult Day Care, has enough full-time staff to maintain no more than an 8 to 1 client-staff ratio, and has established procedures for obtaining appropriate aid in the event of a medical emergency.

"Annuity Value" means, for purposes of this rider, either the Accumulated Value or the Contract Value, whichever terminology is used in the underlying annuity contract.

"Assisted Care Living Facility" means a facility which:

- is licensed according to the laws of the jurisdiction in which it is located; or
- meets all of the following --
 - has a 24-hour on-site staff to provide Custodial Care;
 - provides Custodial Care services for a charge, including room and board;
 - has established procedures for obtaining appropriate aid in the event of a medical emergency;
 - provides 3 meals a day and can accommodate special dietary needs;
 - provides, at a minimum, assistance with Bathing and Dressing; and
 - provides Custodial Care services to 10 or more persons.

“Care Services” means Confinement Care Services and Non-confinement Care Services.

“Cognitive Impairment” means a deficiency in a person's short-term or long-term memory; orientation as to person, place, and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Your Cognitive Impairment must be established and reliably measured by clinical evidence and standardized tests.

“Confinement Care Services” means the Covered Person is confined in a Nursing Home or an Assisted Care Living Facility and is receiving Nursing Care, Hospice Care, Custodial Care, or Respite Care. Confinement Care Services must be received within the 50 states of the United States and the District of Columbia.

“Covered Person” means the person designated as Annuitant in the contract. Except when the Owner is not a natural person (such as a trust), the Owner and Annuitant must be the same person. Unless specifically designated otherwise, a Joint Owner is not a Covered Person. This rider does not cover any other person. No other individual may subsequently assume the status of Covered Person under the rider.

“Custodial Care” means care ordered by a Physician due to the Covered Person's Cognitive Impairment or need for assistance in the Activities of Daily Living.

“Date of Issue” means, for purposes of this rider, either the Date of Issue or Effective Date, whichever terminology is used in the underlying annuity contract.

“Deferral Period” means the 6-year waiting period before the Annuity Value or annuity payments may be increased under the provisions of this Rider. The Deferral Period begins on the Date of Issue and ends on the day that the sixth Contract Year has been completed.

“Elimination Period” means the first 100 days that the Covered Person is receiving Care Services that would otherwise be covered by this rider. Such days may be either consecutive or non-consecutive.. Any day the Covered Person receives Care Services during the Deferral Period will not count towards satisfaction of the Elimination Period. Only one complete Elimination Period, totaling 100 days, needs to be met while this rider is in force. The days used to satisfy the Covered Person's Elimination Period may be accumulated under separate claims. The Elimination Period starts on the first day that the Covered Person begins to receive Care Services. No day may be counted as more than one day towards the satisfaction of the Elimination Period.

“Exclusion” means any of the following: 1) injury or sickness for which a benefit is payable under any worker's compensation or occupational disease law; 2) declared or undeclared war or act thereof; 3) mental, nervous or emotional disorders without demonstrable organic origin; 4) attempted suicide or intentionally self-inflicted injury; 5) alcoholism or drug use unless administered by a physician; or 6) participation in a felony, riot or insurrection.

“Home Health Care” means services (including Hospice Care), the primary function of which is to provide professional care for the Covered Person's benefit, and which meet one of the following requirements:

- they are provided by a Home Health Care Provider or an Adult Day Care Center; or
- they are performed by a home health aide whose services consist primarily of assisting the Covered Person in the Activities of Daily Living or because of a Cognitive Impairment.

“Home Health Care Provider” means either a Home Health Agency or an Independent Home Health Care Provider that provides Home Health Care. A Home Health Care Provider cannot be a member of the Covered Person's Immediate Family.

- A Home Health Agency must meet one of the following requirements:
 - it is licensed as a Home Health Agency by the jurisdiction in which the Home Health Care is provided; or
 - it possesses one of the following certifications in the jurisdiction in which the Home Health Care is provided - Medicare Certification; Joint Commission of Accreditation of Health Care Organizations (JCAHO) Certification; or Community Health Accreditation Program (CHAP) Certification; or
 - it is an organization in the business of providing Home Health Care through its employees, which is functioning according to the laws of the jurisdiction in which it is located.
- An Independent Home Health Care Provider means a care provider not employed by a Home Health Agency who meets one of the following requirements. He or she:
 - is a duly licensed registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, licensed social worker, or registered dietitian; or
 - must be currently qualified as a certified home health aide or certified nurse aide; or
 - must be currently included in a government sponsored nurse aide registry; or

- in the case of a home health aide or nurse aide who does not meet one of the standards set forth above, such aide must present written proof of completion of an established training course which must include training in safely assisting persons with the Activities of Daily Living.

“Hospice Care” means a program for meeting the Covered Person’s care needs if he or she is terminally ill. Terminally ill means there is no reasonable prospect of cure and the Covered Person has a life expectancy, as estimated by a Physician, of 12 months or less. Hospice Care must be provided by an organization that is licensed to provide such care according to the laws of the jurisdiction in which it is located. Hospice Care is limited to those services received by the Covered Person.

“Human Assistance” means the Covered Person needs hands-on or standby assistance a majority of the time the Activity of Daily Living is performed. Hands-on assistance means the physical assistance of another person without which the Covered Person would be unable to perform the Activity of Daily Living. Standby assistance means the presence of another person within arm’s reach of the Covered Person that is necessary to prevent, by physical intervention, injury to such person while he or she is performing the Activity of Daily Living.

“Immediate Family” means the Covered Person or the Covered Person’s spouse, or the following relatives of the Covered Person or the Covered Person’s spouse: parents, grandparents, siblings, children, stepchildren, grandchildren, and their respective spouses.

“Monthly Benefit” is defined under the BENEFITS provision below.

“Non-confinement Care Services” means the Covered Person a) is receiving Home Health Care, Hospice Care, or Respite Care in his or her home, a rest home, or in an Adult Day Care Center, or b) is receiving Adult Day Care in an Adult Day Care Center. Non-confinement Care Services must be received within the 50 states of the United States and the District of Columbia.

“Nursing Care” means skilled or intermediate care provided by one or more of the following health care professionals: registered nurse, licensed vocational nurse, licensed practical nurse, physical therapist, occupational therapist, speech therapist, respiratory therapist, medical social worker or registered dietitian.

“Nursing Home” means a facility which:

- is licensed and operated to provide Nursing Care for a charge (including room and board), according to the laws of the jurisdiction in which it is located; and
- has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day.

A Nursing Home may be a freestanding facility or it may be a distinct part of a facility, including a ward, wing, or swing-bed of a hospital or other facility.

Nursing Home does not mean:

- a hospital or clinic;
- a rehabilitation hospital or facility;
- an Assisted Care Living Facility;
- a rest home (a home for the aged or a retirement home) which does not, as its primary function, provide Custodial Care;
- the Covered Person’s primary place of residence, including living quarters in a continuing care retirement community or similar entity; or
- a facility for the treatment of alcoholism, drug addiction, or mental illness.

“Physician” means any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) practicing within the scope of his or her license issued by the jurisdiction in which the services are rendered

“Respite Care” means Nursing Care, Custodial Care or Hospice Care provided to the Covered Person when those who normally care for the Covered Person at home (generally family members, friends, neighbors, etc.) need relief from helping the Covered Person to perform the Activities of Daily Living. Such care includes confinement in a Nursing Home or an Assisted Care Living Facility, or Home Health Care.

BENEFIT

Subject to the terms, conditions, limitations, and exclusions described herein, we will increase the Annuity Value of the contract (or annuity payments after the contract is annuitized) by the Monthly Benefit if, after both the Deferral and Elimination Periods have been met, we have determined that the Covered Person during a calendar month is:

1. unable to perform at least 2 Activities of Daily Living without Human Assistance, or has a deficiency due to the presence of a Cognitive Impairment; and
2. receiving Care Services.

The Monthly Benefit, which is subject to the Benefit Limit described below, is equal to 1% of the Benefit Base, plus increases under the Inflation Protection provision of this rider, if any. The Benefit Base is equal to the sum of (i) the first payment received, plus (ii) additional premiums, if any, received within 60 days of the Date of Issue, and approved by us to be included in the determination of the Benefit Base.

For Confinement Care Services, benefits will be calculated on a monthly basis. For Non-confinement Care Services, benefits will be calculated on a daily basis. This means that we will pro-rate the Monthly Benefit to reflect the number of calendar days in which Non-confinement Care Services were received. No Monthly Benefit will be paid if (i) the Covered Person's inability to perform at least 2 Activities of Daily Living without Human Assistance, (ii) the Covered Person's deficiency due to the presence of a Cognitive Impairment, or (iii) the Covered Person's receipt of Care Services, is a result of an Exclusion. No benefits will be paid beyond the Benefit Limit.

Any increase in the Annuity Value under this rider will be made effective in the calendar month after receipt of due proof that the above conditions have been satisfied and all of the procedures described in the Benefit Procedure provision of this rider have been completed. Any increase to an annuity payment will apply to the next annuity payment made after receipt of due proof that the above conditions have been satisfied and all of the procedures described in the Benefit Procedure provision of this rider have been completed.

BENEFIT LIMIT

The number of Monthly Benefit payments under this rider will not exceed 36. Without our prior approval:

- the maximum premium amount which will be considered in the determination of benefits under this rider is an amount not to exceed \$500,000;
- any additional premium payments received under this contract, other than those included in the definition of Benefit Base as defined above, will be excluded from the determination of benefits under this rider;
- premiums received under any other contracts issued by either John Hancock Life Insurance Company, John Hancock Variable Life Insurance Company, or any other affiliated companies will be excluded from the determination of benefits under this rider; and
- no other annuity value enhancement riders, or other similar enhancement benefits, may be purchased through John Hancock Life Insurance Company, John Hancock Variable Life Insurance Company, or any other affiliated companies, after this rider is issued.

BENEFIT PROCEDURE

The Covered Person must notify us that he or she is currently receiving or plans to receive Care Services by writing or calling us at our Servicing Office. This notification should be made within 30 days after a covered loss begins or as soon as reasonably possible.

Once we receive this notification, we will work with the Covered Person, his or her Physician or care providers, or anyone acting on the Covered Person's behalf, to: obtain information about the Covered Person's health; confirm his or her inability to perform 2 of the Activities of Daily Living or Cognitive Impairment; and confirm that the Covered Person is receiving Care Services. We will then make an objective review of all the information we receive to determine whether the Covered Person qualifies for benefits. As part of our review, we reserve the right to do a telephone interview, perform an on-site geriatric nursing assessment or require a physical exam when and as often as we may reasonably require while a claim is pending. We will pay for any interview, assessment or examination that we request. We will continue to work with the Covered Person in the manner described above throughout the duration of his or her claim.

LIMITED RIGHT TO INCREASE RIDER CHARGE

The rider charge is equal to 0.40% of the Benefit Base (as defined under the Benefit provision above), on an annual effective basis. We reserve the right to increase the charge for this rider as of any rider charge due date. Any changes to such charge, however, shall apply to all riders issued in the Covered Person's state on this rider form. We cannot single out a Covered Person for an increase because of any change in age or health.

INFLATION PROTECTION

While this rider is in force, we will increase the Monthly Benefit beginning on the first day of the second Contract Year. Such increase will be computed at the rate of 3% compounded annually.

TERMINATION OF THIS RIDER

This Rider will terminate on the earliest of the following:

- the date we receive written notice at our Servicing Office that you elect to terminate this rider;
- the date the Benefit Limit is exhausted;
- the date the Annuity contract terminates for any reason;
- the date of the Covered Person's death;
- the date the Annuitant or Owner changes;
- the date a withdrawal occurs and the sum of all Withdrawals equals an amount that results in the Annuity Value falling below 50% of the Benefit Base, provided such date occurs before a claim for Monthly Benefits has been received and before the contract has been annuitized.

Signed for the Company at Boston, Massachusetts:

Secretary