



Nationwide®

Customer Suitability for Fixed Annuity Products

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

PO Box 182021, Columbus, OH 43218-2021
Phone: 800-848-6331 • Fax: 888-634-4472 • nationwide.com

Complete this questionnaire when purchasing a new annuity contract with Nationwide. We will use this information to determine if recommendations match your financial needs. The term "this annuity" refers to the annuity you wish to purchase with Nationwide.

Print clearly in **ALL CAPITALS** in black ink. Round cents to the nearest dollar.

By signing this document, I am confirming that the information provided is complete and accurate to the best of my knowledge.

Owner

1 Owner Type Individual Entity (e.g., trust/corporation)

2 Owner Name

3 Date of Birth (MM DD YYYY) *Leave blank if Owner type is Entity*

4 Employment a Employed Self-Employed Retired Not Employed
If employed or self-employed are selected, complete questions b and c

b Employer Name

c Occupation

Joint Owner (if any)

5 Joint Owner Name

6 Date of Birth (MM DD YYYY)

Nationwide Product *See product disclosures for details. For state-specific questions, please call us at 800-321-6064*

7 Premium Amount \$.00

8 Surrender Period Length: years Year 1 Surrender Charge: %

9 Benefit Rider? No Rider Enhanced Death Benefit Living Benefit Rider Fee(s): . %

Financial Status

10 Disposable Income

a Household Income Source(s) *all that apply*

Owner's Current Wages Social Security Guaranteed Annuity Payments

Spouse/Partner's Wages Pension Plan Payments Regular Distributions from Investments

Rental Income

b Annual Household Income *should equal sum of all sources above* \$.00

c Annual Living Expenses *including all household expenses* \$.00

d Disposable Income *b minus c* \$.00

e Do you anticipate a significant change to your future disposable income during the surrender charge period? (e.g.: increase in out-of-pocket medical expenses, etc.?) Yes No
If Yes, please explain in Producer's Statement

11 Federal Tax Bracket 0% 10% 12% 22% 24% 32% 35% 37%

12 Financial products you own or have previously owned *all that apply*

Annuity CD's Life Insurance Real Estate Stocks, Bonds & Mutual Funds None

13	Total Net Worth	a	Checking/Savings (after purchase of this annuity)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
		b	All other liquid assets (after purchase of this annuity) e.g.: money market funds, securities that can be sold without surrender or penalties, qualified assets if 60 or over, etc.	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
		c	Total non-liquid assets excluding primary home e.g.: life insurance, annuities in surrender period, investment real estate, employer-based retirement plans (if under age 59), etc.	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
		d	Total debt excluding mortgage on primary home	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
		e	Total Net Worth <i>a plus b plus c, minus d</i>	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
14	Number of annuities owned in household (including purchase of this annuity)				<input type="text"/>	<input type="text"/>						
15	Total value of annuities owned in household (including purchase of this annuity)			\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
16	Do you reside in a nursing home?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
17	Have you executed an exchange in the past 36 months (60 months in CA or MN)?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
18	Do you have a reverse mortgage?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
19	<i>If yes to 18:</i> Are you using proceeds from the reverse mortgage to fund this annuity?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

If you answered "Yes" to any of questions 10e, 16, 17, 18, and 19, please explain in the Producer's Statement question P4 or in additional pages.

Financial Objectives/Considerations

20	Objectives	a	How will this annuity help you meet your objectives? <i>✓ all that apply</i>									
			<input type="checkbox"/> Immediate Income	<input type="checkbox"/> Tax Deferral	<input type="checkbox"/> Principal Protection							
			<input type="checkbox"/> Fee Reduction	<input type="checkbox"/> Non-Assignability	<input type="checkbox"/> Lump Sum Death Benefit							
			<input type="checkbox"/> Lifetime Income	<input type="checkbox"/> Multiple Index Options								
			<input type="checkbox"/> Pass on to Beneficiaries	<input type="checkbox"/> Higher Index Rate/ Index Credit Potential								
		b	Does the consumer intend to apply for means-tested government benefits including, but not limited to, Medicaid, Medi-Cal or Veterans' Aid and Attendance Benefit?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
		c	If yes to b: Name of the Elder Law Attorney:									
					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21	Accessing your money from this annuity	a	How long do you plan to keep this annuity?	<input type="text"/>	<input type="text"/>	years					
		b	When do you anticipate taking your first distribution from this annuity? <i>✓ one</i>	<input type="checkbox"/>	< 1 year	<input type="checkbox"/>	1-5 years	<input type="checkbox"/>	6-10 years	<input type="checkbox"/>	11+ years
		c	How do you anticipate taking distributions from this annuity? <i>✓ all that apply</i>								
			<input type="checkbox"/> Immediate Income	<input type="checkbox"/> Income Rider	<input type="checkbox"/> Required Minimum Distribution						
			<input type="checkbox"/> Leave to Beneficiary	<input type="checkbox"/> Lump Sum	<input type="checkbox"/> Penalty-free or Systematic Withdrawals						
			<input type="checkbox"/> Life Expectancy/Stretch Payments								

22	Risk Tolerance for this Annuity <i>✓ one</i>	<input type="checkbox"/>	Conservative - Low Risk: Want to preserve minimal risk, even if that means the account does not generate significant returns for this Annuity
		<input type="checkbox"/>	Moderate - Medium Risk: Willing to accept some risk for higher return, even though that may mean losing some principal
		<input type="checkbox"/>	Aggressive - Large Risk: Willing to accept maximum risk to seek maximum returns

Funding Source and Replacement

23 What is the source of funds for this annuity? all that apply

- Savings, Checking, CD
 Annuity^b
 Defined Contribution Plan^{a,b} (e.g., 401k, 403b)
 Stocks, Bonds and Mutual Funds^b
 Life Insurance^b
 Defined Benefit Plan^{a,b} (e.g., pension)

a Are any of the plan(s) used to fund this annuity offered through your current employer? Yes No

b A registered representative who is currently licensed with a broker dealer may be required to assist you with the liquidation of your portfolio to fund the purchase of the fixed annuity. If the producer who recommended the purchase of the fixed annuity compared your existing portfolio to the fixed annuity, they must be a registered representative of a broker dealer or an investment advisor representative of a registered investment advisor. If the recommendation was made by an insurance-only producer, additional information and existing account documentation may be required to confirm the recommendation to purchase the fixed annuity.

24 Have any of these sources been held for less than 13 months? Yes No

If yes, provide a statement for each prior account (excluding checking and savings) and reference in the Producer's Statement question P4.

25 Replacement Complete section 25 only if this purchase is funded through the replacement of an annuity or life insurance contract. If not, leave this section blank. Please complete a copy of this section for each contract being replaced.

a Carrier

b Current Fixed Interest Rate for Annuity . %

c Minimum Guaranteed Fixed Interest Rate . %

d Mortality and Expense Charge . %

Potential Penalty e Administrative Expense Charge . % or \$.00

f Surrender Charge Period Remaining years

g Surrender Charge (% and subsequent \$ amount) . % \$.00

h Additional Charges \$.00
e.g.: Market Value Adjustment, Administrative Fee, Bonus Recapture

Riders i Guaranteed Death Benefit? Yes No

j If yes, Death Benefit Rider Fee: . % Benefit Amount: \$.00

k Living Benefit? Yes No

l If yes, Living Benefit Rider Fee . % Benefit Base: \$.00

Guaranteed Income

26 Are you purchasing a Nationwide living benefit rider? Yes No

If yes:

a Expected age income will begin using this rider

b Guaranteed annual income amount from Nationwide as illustrated \$.00

c Guaranteed annual income amount at age indicated from all replaced annuity contract's living benefit rider(s). If not applicable, leave blank. \$.00

27 Are you purchasing a Nationwide SPIA? Yes No

If yes:

a Nationwide SPIA Guaranteed Income Amount \$.00

b Total guaranteed annuitization amount from all replaced contracts for the same selected payment option and frequency as Nationwide SPIA \$.00

If amounts in 26c or 27b are from multiple replaced contracts, itemize in Producer's Statement question P4

Producer's Statement

Please clearly print 1-2 sentences for each answer. If additional space is required, attach additional pages.

We cannot accept blanks, "N/A" or "none" as answers to questions P1, P2 and P3.

P1 The primary reason(s) for recommending the new annuity contract is (are):

P2 The existing source of funds cannot meet the applicant's objectives because:

P3 The advantages of continuing the existing source of funds without changes are:

P4 If you answered "yes" to Questions 10e, 16, 17, 18, 19 or 24, provide more detail:

Customer Acknowledgment and Signature *If the owner is an entity, must be signed by a trustee or authorize signer*

I am replacing an annuity with a 3% or greater guaranteed minimum interest rate guarantee. Yes N/A

I acknowledge that I am foregoing a percentage guaranteed return in exchange for growth potential of the annuity contract being purchased. Although the potential may exist, there is no guaranteed growth equal to that offered by the current contract

I acknowledge the guaranteed income amount for the contracts I'm replacing will be given up for the Nationwide contract I am purchasing Yes N/A

I have received and reviewed the applicable disclosures for this product Yes

X

Owner Signature

Date

X

Joint Owner Signature (if applicable)

Date

Producer Acknowledgment and Signature

Producer Type: Insurance Only Producer *Attach non-solicitation form based on question 23, if needed*

Registered Representative Investment Advisor Representative

If Registered Rep. or Investment Advisor Rep: CRD or IARD #:

I have provided the applicable disclosures for this product to my client Yes

I have attached a recent statement for each of the account(s) used to fund this annuity Yes

If applicable, I have included the annuitization quote for each replaced contract with guaranteed annuitization Yes

X

Producer Signature

Date