



If the policy/contract is currently owned by a Custodian, or is moving to a Custodial Owner, please contact us to obtain the "Custodial Owner and Account Change Form". **PAGES 1 AND 2 ARE BOTH REQUIRED TO PROCESS THIS REQUEST.**

**1. New Primary Producer Information (please print)**

I have an active appointment with Nationwide. (If you are unsure, please call us for assistance.)

Your Broker Dealer/Firm needs to have an active agreement with us.

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Broker Dealer/Firm Name: \_\_\_\_\_ Split%\*: \_\_\_\_\_%

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Split percents must be provided in whole numbers only. Fractional or decimal percents will not be accepted.

**2. Additional Producers**

Please provide the following information for additional producer(s)<sup>1</sup> to be placed on the Policy/Contract, if applicable.

2. Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Broker Dealer/Firm Name: \_\_\_\_\_ Split%\*: \_\_\_\_\_%

3. Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Broker Dealer/Firm Name: \_\_\_\_\_ Split%\*: \_\_\_\_\_%

4. Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Broker Dealer/Firm Name: \_\_\_\_\_ Split%\*: \_\_\_\_\_%

**NOTE:** Maximum of two (2) Broker Dealers/Firms permitted. For additional producers, please attach a separate page.

<sup>1</sup>The primary producer will receive the producer copy of all policy/contract confirmations and statements.

\*Split percents must be provided in whole numbers only. Fractional or decimal percents will not be accepted.

**3. Account Change Type**

Please check the type of account change that applies and complete this entire section.

Owner request (**Transfer policies/contracts**): #1: \_\_\_\_\_ #2: \_\_\_\_\_

*For additional policies/contracts, please attach a list on a separate page.*

Plan request (**Plan/Case number or name**): \_\_\_\_\_ (i.e. 0000 NATI00NY00K1)

*Please proceed to Section 9.*

Producer to Producer (**Must be with the same firm.**)

Previous Producer's Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

*If not moving all policies/contracts, please attach a list. **Must be signed by Principal.** Please proceed to Section 9.*

#### 4. Owner Information

**Owner's Information:**

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

**Joint Owner's Information (if applicable):**

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

#### 5. Exchange Authorization

Only applies to Variable Annuities and Variable Life Policies. Must complete Section 7. Exchange Authorization is only available as the product allows, as outlined in the prospectus

I do not elect to grant my new Agent fund to fund exchange authorization

I elect to grant my new Agent fund to fund exchange authorization  
*Only applies to firms that allow exchange authorization.*

**NOTE: If no election is made we will default to not granting fund to fund exchange authorization. Either election will remove the old Investment Professional's exchange authorization.**

I authorize and direct Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company (collectively "Company") to accept instructions from my new Broker of Record, directing the Company to exchange among investment options (Fund to Fund Exchange) and or allocate future contributions for the Contract Number identified above. This authorization is given to the Broker of Record and may only be delegated by the Broker of Record for purposes of administrative processing by representatives/assistants/delegates ("Assistants"), who are employees of the Broker of Record's firm. The Assistant shall be authorized by the Broker of Record by written notification (the "FUND to FUND" ASSISTANT EXCHANGE AUTHORIZATION FOR VARIABLE ANNUITY CONTRACTS AND LIFE INSURANCE POLICIES form) to the Company. I hereby acknowledge that the Broker of Record has sole responsibility for authorizing such Assistants and such Assistants may have no association with the Company.

The Broker of Record and I agree, for ourselves, our heirs, the legal representatives of our estates, their successors and assigns, to release the Company from any liability in reliance on instructions given pursuant to the above authority. We jointly and severally agree to indemnify the Company for and against any claim, liability or expense arising out of any action by the Company in reliance of such instructions. The authority is not available for use by any person or organization providing market timing advice.

#### 6. Third Party Manager/Investment Advisor (IA) Information

Only applies to Variable Annuities.

My contract has a Third Party Manager/IA, please keep them on this contract

My contract has a Third Party Manager/IA, please remove them from this contract

**NOTE: If no election is made we will default to removing the current Third Party Manager/IA from the contract.**

## 7. New Producer Signature(s)

1. Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
3. Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
4. Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. Signature(s) (required)

### Owner:

Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Joint Owner (if applicable):

Name (please print): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 9. Firm or Plan Authorization and Acknowledgments

- Single policy transfers, the signature(s) of the contract owner(s) is required unless policy is moving within the same firm<sup>1</sup>
- Plan/Case - Producer accepts compensation structure as it currently exists
- Transfers of policy(s)/contract(s) from Producer to Producer within the same firm require the signature of the firm Principal<sup>1</sup>
- Plan transfers require the signature of the plan's trustee
- If the policy/contract is Currently owner by a Custodian, or moving to a Custodial Owner, please contact us to obtain the "Custodial Owner and Account Change Form"

### Authorized Signer:

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorized Signer:

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Account change requests in good order will be effective on the date received by Nationwide Financial.**

<sup>1</sup>Exchange authorization does not carry forward.