



Scheduled Withdrawal Form

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

Skip the paperwork: Complete this form electronically at nationwide.com for quicker handling

Contact Us: For questions about this form call 800-848-6331

1. Enter Contract Owner Information

First Name: _____ Last Name: _____ Contract Number: _____

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.

2. Select (only one) Reason for Submission

- Setup New Withdrawal** (Will terminate any existing Scheduled Withdrawals, including RMDs)
- Replace or Change Existing Withdrawal**
- Terminate All Existing Withdrawal(s)** (complete sections 1, 2 and 9 only)

IMPORTANT: If left blank, we'll default to Setup New Withdrawal. You may not meet IRS withdrawal requirements if you change or terminate your Required Minimum Distribution (RMD). It's your responsibility to meet RMD requirements.

3. Select a Withdrawal Option

Not for contracts with any Lifetime Income Benefit or to meet any Required Minimum Distributions (RMD). Be sure to review the Important Details and Disclosures beginning on Page 6 before making an election.

- Specific Amount:** \$ _____
 - Gross Amount (Before taxes (you elect in section 6) and charges)
 - Net Amount (After taxes, (you elect in section 6) and charges)
- Penalty Free/CDSC Free Withdrawal or Age Based Amount** (A new form required annually)

Important: Not available with all products
- Interest Only Amount** (Select one option. Available only for fixed annuity products that allow this option)
 - Amount based on frequency period requested (Calculated by Nationwide)
 - All accrued interest from Contract inception to date (See Important Details and Disclosures for specifics)

4. Select Start Date and Frequency

Enter a Start Date: _____ (MM/DD/YYYY)

(If blank, or the requested date has passed, we'll default to current business day)

Select a Withdrawal Frequency (if left blank, we'll choose monthly)

- Annually
- Semi-Annually
- Quarterly
- Monthly

5. Select Payment Method (please select one option)

Direct Deposit

You are authorizing a recurring Automated Clearing House (ACH) credit (direct deposit) to the bank account provided on this form. Funds must be deposited to a U.S. Institution. See Important Details and Disclosures on Pages 6-8.

Select an account type¹:

- An Account on File** Verify account information below
- New Checking Account²** Provide account information below
- New Savings Account²** Provide account information below

Check here if this is a commercial bank account

A commercial bank account is one that is owned by an entity (company, trust, etc.) rather than an individual person.

NOTE: If the bank account is owned by a company or trust, additional documentation is required.

Bank Account Holder Name (must be Contract Owner): _____

(For commercial accounts, please provide the name of the commercial bank account holder as well as the party authorized to sign for this account.)

Financial Institution Name: _____

Transit/ABA Routing Number: _____ (Can **ONLY** begin with 0, 1, 2 or 3)

Account Number: _____

¹If there is no account on file, or you don't provide account information, we'll mail a check to the address on file.

²New account information will replace account information on file for this contract. This will affect any other existing scheduled withdrawals. Call 800-848-6331 to make other arrangements.

Digital Payment (for withdrawals under \$50,000)

You will receive an email to facilitate your payment digitally³ after the withdrawal from your annuity contract is processed. You may be able to select from several payment acceptance methods such as ACH or Zelle. First-time users will be prompted to register prior to collecting payments.

Email Address (Required): _____

To protect against fraud, the email provided must match the one on file, if any. If the email address provided doesn't match what's on file, or if a change has been made within the past 30 days, a check will be mailed to your address of record. To verify your email address on file, please contact us at 800-848-6331.

³The digital payment platform is powered by J.P. Morgan. J.P. Morgan will not distribute or disseminate any information provided for purposes other than facilitating your digital payment. By selecting this option you will be prompted to register to accept your payment, but no J.P. Morgan account will be created without your consent.

Mail Check to Address on File

Send to my Custodial Account (My contract has a custodial firm as owner; funds will be issued per agreement)

Send to a Company/Organization/Charity For Benefit of (FBO) - Provide information below

Check payable to/Name: _____

Address: _____

City: _____ State: _____ Zip: _____

6. Enter Tax Withholding

Nationwide will withhold 10% federal tax and any required Resident State tax, unless designated differently below. Total federal and state tax withholding cannot exceed 100%. See Important Details and Disclosures beginning on page 6 for more information.

6a. Federal Tax Withholding

I elect:

No federal income tax withheld from each of my payments

If you wish to have Federal Income Tax withheld, that is different than the default withholding rate, then the W-4R federal tax withholding form is required. The current W-4R federal tax withholding form can be found on the IRS website at IRS.gov.

Taxes will only be withheld and reported to the designated Contract Owner. If we don't receive the form and you have not elected (No federal income tax withheld), Nationwide will default to withholding taxes based on the current IRC withholding rules. The default withholding rate is 10% (20% for eligible rollovers).

You may be subject to tax penalties if your estimated tax payments and tax withheld are not adequate. It is always recommended to consult with a tax advisor on your specific circumstance.

6b. Additional Federal Withholding Elections (Qualified Contracts Only)

Please see Important Details and Disclosures beginning on Page 6 for more information.

Terminally Ill Distribution ONLY: By checking this box I represent that this distribution meets the requirements for an exception from penalty on early distributions from qualified plans because I am terminally ill. I will be required to submit the Terminal Illness Physician Certification Form in addition to this distribution form. A distribution for Terminal Illness is not subject to 20% mandatory federal tax withholding or the 10% IRS additional tax penalty for those under 59 ½ years old, but if we don't receive a W-4R form and you have not elected above (No federal tax withheld), Nationwide will withhold at the default withholding rate.

Disaster Recovery Distribution ONLY: By checking this box, I represent that this is a Disaster Recovery Distribution from my qualified contract. A Disaster Recovery Distribution is not subject to 20% mandatory federal tax distribution or the 10% IRS additional tax penalty for those under 59 ½ years old, but if we don't receive a W-4R form and you have not elected above (No federal tax withheld), Nationwide will withhold at the default withholding rate.

6c. State Tax Withholding

I elect to have **State** Taxes withheld from the withdrawal:

Amount to be withheld: _____ % (0%-100%) or \$ _____

State of residence¹: _____

- Qualified plans may be subject to 20% mandatory federal withholding. See Important Details and Disclosures beginning on Page 6 for more information.
- To avoid mandatory state withholding, for those states that require it, you **MUST** provide a completed state tax form (located on the State's website). Nationwide doesn't provide these forms.

¹If state income tax is withheld, as required by specific states and their regulations, Nationwide will round the dollar amount up to the next whole dollar.

7. State Fraud Disclosures

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

8. Certify Taxpayer ID

I certify that under penalties of perjury that:

- 1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person, and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

9. Sign and Date (required)

I have read the Important Details and Disclosures beginning on Page 6.

I certify that all of the information I have provided in this form is accurate and true.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner/Custodian:

Name (please print): _____ **SSN/TIN (required):** _____

Signature: _____ **Date:** _____

Joint Owner (if applicable):

Name (please print): _____

Signature: _____ **Date:** _____

Spousal Consent (if applicable; see the Community Property Spousal Consent section on page 8 to determine applicability):

I, (print full legal name) _____, have read and understand the community property disclosure found on this form. I agree that this disclosure applies to me and I consent to the distribution requested and waive any rights that I may have to such Annuity Contract under applicable community property laws.

Signature: _____ **Date:** _____

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PLEASE RETAIN THIS PORTION OF THE FORM FOR YOUR RECORDS.

Submit to Nationwide



Upload Online: Log in to nationwide.com and select the “Forms” option to submit this request online.

Don't have an Online account? Follow these steps:

1) Visit nationwide.com 2) Click “Log in” 3) Click “Annuity” in the drop down 4) Click “Sign up”



Submit by regular mail:

Nationwide Life Insurance Company
PO Box 182021
Columbus, OH 43218-2021

Submit by overnight mail:

Nationwide Life Insurance Company
1-LC-F4, 1 Nationwide Plaza
Columbus, OH 43215-2239



For More Information: Call 800-848-6331

General Information

- **Form Status:** If any information on this form is unclear or incomplete, we'll communicate directly with the contract owner.
- **If a Trust is Owner:** Please provide a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust. It should include the legal Trust name and effective date, the Trustee(s) authorized to act on behalf of the Trust including any successor Trustee(s), and the Trust's tax identification number.

Section 3 - Withdrawal Options

- **Duration:** This request will remain in effect until the contract value is depleted or until canceled in writing, except for age-based withdrawals.
- **Penalty Free/CDSC Free Withdrawal or Age Based Option:** By choosing this option, Nationwide will choose the greater of the two values, if applicable.
- **Interest Only Amount Option:** If you choose to receive all accrued interest from Contract inception to date, we'll disburse all interest accrued to date on the Contract with your first scheduled withdrawal. Subsequent scheduled withdrawals will include the interest accrued from the previous scheduled withdrawal.
- **Contracts with the Extra Value Option or Purchase Payment Bonus:** A forfeiture of any Unvested Bonus may occur if the penalty free amount/CDSC free withdrawal amount is exceeded.
- **Contingent Deferred Sales Charge (CDSC):** May be deducted from these distributions as outlined in the contract.
- **Market Value Adjustment (MVA):** A positive or negative adjustment may occur from these distributions as outlined in the contract.
- **Contracts as part of a 1035 exchange:** If your contract was issued as part of a partial 1035 exchange completed on or after 10/24/2011, and a distribution/surrender was taken from either contract within 180 days after the exchange, the IRS may treat the distribution/surrender as: (1) a distribution from the proceeds transferred in the partial 1035 exchange, which would be taxable to the extent that there was income in the original contract as it was constituted immediately prior to the partial 1035 exchange, OR (2) a distribution from the contract as it was constituted at the time of the distribution or surrender. Depending on your specific circumstances, the taxable amounts could be different. The 180-day rule does not apply to an annuitization of either contract for a period of 10 or more years or during one or more lives. In addition to any income taxation, the distribution is also subject to the 10% early distribution penalty unless the it meets certain exceptions.
 - Because the IRS has not issued guidance about the factors that determine the ultimate tax treatment of a distribution or surrender from either contract within 180 days after the exchange, Nationwide will report the distribution as one from the originating contract. Read the prospectus for more information. If you have questions about the tax treatment of a transaction, talk to a tax professional.

Section 5 - Direct Deposit (ACH)

- **Date of Deposit:** The deposits to your checking or savings account will normally occur up to four (4) business days after the date of the withdrawal from the annuity contract.

- **Account Verification:** In processing your recurring ACH credit transaction, Nationwide uses consumer information to verify ownership of the receiving bank account to reduce the possibility of fraud. If there is an inconsistency in the information you have provided to us and the authorized bank account holder's information, or if you fail to provide adequate account information, a paper check will be mailed to the address of record.
- **For Commercial Bank Account Owners Only:** Each of Nationwide and the Commercial Bank Account Owner identified on this form agree to be bound by Nacha Operating Rules and acknowledges that the origination of ACH transactions to this account must comply with applicable U.S. Law.
 - **Corporate Account Ownership:** Where the owner of the account is a corporation, please provide a corporate resolution or a letter from the company or bank confirming the individual who is authorized to sign checks on behalf of the company. This authorized person must sign this form as the bank account owner.
 - **Trust Ownership:** Where the owner of the account is a trust, please provide a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust including but not limited to the legal Trust name and effective date, the Trustee(s) authorized to act on behalf of the Trust (generally and with respect to the trust account indicated on this form) including any successor Trustee(s), and the Trust's tax identification number.
- **Owner Authorization:** By signing this form, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically credit (deposit) and/or correct by electronic debit (withdraw) any refund or payment due to you to the bank account listed on this form as allowed by U.S. law. You also authorize your bank to credit or debit your account accordingly.
- **Joint Account Owners:** If this bank account is a joint account, authorization by one bank account owner constitutes authorization by all bank account owners - whether a current owner of this account or added after this authorization is signed.
- **Stopping Electronic Deposits:** Your authorization allows us to make one or more deposits (and/or corrections by electronic debit) to this account, unless you tell us you want to stop. To withdraw your authorization, you must notify us by calling 800-848-6331. Please provide notification to us at least 10 days in advance of when our authorization should end. Doing so allows us and your bank to take action. **NOTE TO Owner:** If you withdraw your authorization, Nationwide will cease making payments to your bank account. Your payments will continue, but instead of direct deposit, a check will be mailed to your address of record.
- **Digital Payment:** In processing your request to electronically transfer funds, Nationwide may use consumer information to verify ownership of the receiving bank account to reduce the possibility of fraud. If there is an inconsistency in the information you have provided to us and the authorized bank account holder's information, a paper check will be mailed to the address of record.

Section 6 - Tax Withholding

- **Tax Liability:** You are liable for all federal and state income tax withholdings on the taxable portion of the withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your estimated payments are not sufficient.
- **Tax Penalty:** A 10% federal tax penalty may be assessed to withdrawals if the contract owner is under 59 ½.
- **For Qualified Plans:** here is a mandatory 20% withholding if the distribution is an eligible rollover distribution (ERD), unless the ERD is paid directly to an eligible retirement plan in a direct rollover. For RMDs, the mandatory withholding applies on any distribution amount in EXCESS of your RMD, if the excess qualifies as an ERD. If the distribution is not an ERD, the withholding is optional and the default tax withholding will be 10% if no election is received. Once withholding has been taken on a distribution, it cannot be reversed; however, future distributions can be changed.
- **State tax:** If the state income tax requested is less than what is required by the state, Nationwide will attempt to accommodate any request in accordance with required state specific regulations.
- **Terminal Illness Distribution:** Distributions taken from an eligible retirement plan (e.g., IRA, 403(b), 401(k) and 457(b)) made following the contract owner's diagnosis of terminal illness. Terminal Illness is defined by the IRS as an illness or physical condition that will result in death within 84 months of diagnosis. Before requesting a terminal illness distribution, consult a financial professional, tax advisor, or attorney.

Terminal Illness Distributions:

- require a physician certification of the contract owner's terminal illness
- are not subject to the 10% federal tax penalty that applies to a distribution when taken before age 59 ½
- require individual employees to provide a physician certification to their plan administrator

NOTE: Terminal illness does not automatically create a distributable event under a defined contribution plan (403(b), 401(k) and 457(b)). Contract owners must first qualify for a distributable event (e.g. in-service withdrawals, over age 59 ½, separation from service, etc.) under the terms of their plan.

- require the Contract Owner to complete the Terminal Illness Physician Certification Form in addition to this Form.
- **Disaster Recovery Distribution:** Distributions taken from an eligible retirement plan (e.g., IRA, 403(b), 401(k) and 457(b)) made during the 180 day period following a federally declared disaster. In order to qualify for a disaster distribution, the contract owner must have a principal residence in the federally declared disaster area and must have suffered an economic loss as a result of the federally declared disaster. Before requesting a disaster recovery distribution, consult a financial professional, tax advisor, or attorney.
- **Disaster Recovery Distributions:**
 - may not exceed \$22,000 per federally declared disaster
 - must be taken within 180 days of the federally declared disaster
 - are not subject to the 10% federal tax penalty that applies to a distribution when taken before age 59 ½

Section 9: Community Spousal Property Consent

For Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin:

- **Community Property States:** If you live in one of the community property states listed above, your spouse may have rights to the benefits of this Contract under state law.
- **Tax Consultation:** If you are unsure of whether these laws apply to you, consult with a legal or tax advisor to determine whether a spousal signature is required on this form. Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company disclaim any responsibility for determining the applicability of community property laws or the validity of the requested distribution.
- **Spouse Definition:** Use of the term "spouse" on this form refers to the person to whom the owner is legally married.