



Nationwide®

Nationwide Checking/Savings Account Draft Request

(Not available for single premium immediate annuity contracts)

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

PO Box 182021, Columbus, OH 43218-2021
Phone: 1-800-848-6331 • Fax: 1-888-634-4472 • nationwide.com

1. Contract Information (please print)

Contract Number (Required): _____

Contract Owner Name (Required): _____

SSN (Required): _____ Phone Number: _____

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.

Email: _____

2. Subsequent Annuity Payments

NOTE: This request will be processed the day it is received in good order. Requests received after 4 PM ET will be processed the following business day.

2a. Type of Request (Select Only One)

- Initiate one time draft
- Initiate repeating draft¹
- Change existing draft¹
- Terminate existing draft

2b. Initiate a One Time Draft (Must be a Minimum of \$25)

- I elect to initiate a one time current day draft of \$ _____. I authorize my bank to make this one time subsequent payment to my Nationwide Annuity Contract.

2c. Initiate or Change a Monthly Repeating Draft (Must be a Minimum of \$25)

- I elect a monthly repeating draft of \$ _____. I authorize my bank to make subsequent annuity payments on the date indicated below each month to my Nationwide Annuity Contract.

Indicate the day of the month you would like your payment to be drafted

- 5th 10th 15th 20th 25th 30th²

2d. Initiate or Change a Quarterly Repeating Draft (Must be a Minimum of \$25)

- I elect a quarterly repeating draft of \$ _____. I authorize my bank to make subsequent annuity payments in the months of January, April, July, and October to my Nationwide Annuity Contract.

Indicate the day of the month you would like your payment to be drafted

- 5th 10th 15th 20th 25th 30th²

¹If Nationwide is unable to draft the requested amount on two consecutive attempts, the repeating draft election will cease. In order to restart repeat drafting, you will be required to fill out another Nationwide Checking/Savings Account Draft Request

²February Subsequent Payments will be made the last day of the month.

3. Loan Payments

NOTE: This request will be processed the day it is received in good order. Requests received after 4 PM ET will be processed the following business day.

3a. Type of Request (Select Only One)

- Initiate one time loan payment
- Initiate repeating loan payment
- Change existing loan payment
- Terminate existing loan payment (Termination of loan payments by way of automatic bank draft does not alter your obligation to continue timely loan payments in accordance with your loan agreement. Defaulting on a loan will result in the accrual of compounded interest that will grow significantly over time.)

3b. Initiate One Time Loan Payment

Loan Number: _____

- I elect to initiate a one time loan payment of \$ _____. I authorize my bank to make this one time current day loan payment to my Nationwide Annuity Contract.

3c. Initiate or Change a Monthly Loan Payment

Loan Number: _____

- I elect a monthly repeating loan payment of \$ _____.¹ I authorize my bank to make loan payments on the date indicated below each month to my Nationwide Annuity Contract.

Indicate the day of the month you would like your payment to be drafted

- 5th 10th 15th 20th 25th 30th²

3d. Initiate or Change a Quarterly Repeating Loan Payment

Loan Number: _____

- I elect a quarterly repeating loan payment of \$ _____.¹ I authorize my bank to make loan payments in the months of January, April, July, and October to my Nationwide Annuity.

Indicate the day of the month you would like your payment to be drafted

- 5th 10th 15th 20th 25th 30th

4. Method of Payment

Direct Deposit

Name on Account (must be Owner): _____

Name of Financial Institution: _____

Account Type & Verification Document (select one):

THE VERIFICATION DOCUMENT INDICATED BELOW IS REQUIRED TO PROCESS YOUR REQUEST.

- Checking Account:** A copy of a pre-printed voided check is required with this authorization. Starter checks and deposit slips will not be accepted.
- Savings Account:** A letter from the bank, signed by a bank representative is required with this authorization, which indicates the ABA routing number, the account number and the account holder's name for verification.

DO NOT STAPLE OR TAPE THE REQUIRED DOCUMENT TO THIS FORM.

NOTE: if required documents are not included, a check will be mailed to the Owner's address of record.

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

Account Verification: In processing your request to electronically transfer funds, 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, a paper check will be mailed to the address of record.

¹The draft for the final loan payment may be less than the normal loan repayment amount

²Payments due in February will be drafted the last day of February.

4. Method of Payment (continued)

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 (withdrawal)) 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 account owner constitutes authorization by all account owners – whether a current owner of this account or added after this agreement 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 Monday through Friday, 8 a.m. to 8 p.m. Eastern time. 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 benefit payment will continue, but instead of direct deposit, a check will be mailed to your address of record.

5. Important Information

I understand that my participation in the bank deferral program is strictly voluntary and that it is not a pre-requisite to establish or maintain my annuity contract with Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company.

6. Signature(s)

Contract Owner Name (please print): _____

Signature: _____ **Date:** _____

Bank Account Authorized Name (if different than the contract owner): _____

Signature: _____ **Date:** _____