



**1. General Information**

Policy or Case Number(s): \_\_\_\_\_

Insured or Case Name: \_\_\_\_\_

Policy or Case Owner (if other than insured): \_\_\_\_\_

**2. Loan Amount**

I request the maximum loan amount available.

I request a loan in the amount of \$\_\_\_\_\_, or the maximum available if less.

**3. Election of Federal Income Tax Withholding**

You must choose whether or not you wish to have Federal Income Tax withheld from the taxable portion of your loan proceeds. However, even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of the loan proceeds, if any. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate. If no election is made, Nationwide will withhold 10% of the taxable portion. Neither Nationwide nor its employees provide tax or legal advice. Please consult your tax advisor.

**Please specify in the area below whether or not you wish to have Federal Income Tax withheld.**

I do wish to have Federal Income Tax withheld from the taxable portion of the loan.

I do not wish to have Federal Income Tax withheld from the taxable portion of the loan.

**It is agreed that:**

1. Values are to be transferred from a Variable Account to the General Account to provide collateral for the loan.
2. Unless otherwise specified in the Special Instructions Section, the amount taken from each Sub-account will be based on the percentage of cash value in that Sub-account on the loan date.

**4. Special Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Distribution Instructions**

I request to have the loan proceeds paid by check and mailed to the following address.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

I request to have the loan proceeds paid by wire according to the instructions below:

Financial Institution Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Other Bank Info: \_\_\_\_\_

**6. Signature(s) (required)**

By signing this form, the undersigned hereby warrant that no other person, firm or corporation has any interest whatsoever in the said policy and that no proceedings in insolvency or bankruptcy have been instituted or are pending against any of the undersigned and will hold harmless Nationwide Life Insurance Company from any breach of said warranty.

**Owner/Authorized Officer:**

Name (please print): \_\_\_\_\_ **SSN or Tax ID (required):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assignee (if applicable):**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_