

Application for Change of Beneficiary Designation

Nationwide Life Insurance Company

Nationwide Business Solutions Group, 1-11-401 One Nationwide Plaza, Columbus, Ohio 43215-2220 Phone: 877-351-8808 • Fax: 855-677-2357

1. General Information (please print)

Policy or Case Number(s): ____

Insured or Case Name: ____

Policy or Case Owner Name (if other than insured): ____

Please see Section 3 of this application for important information. Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company, are herein referred to as "Nationwide".

2. The Primary Beneficiary (required)

For Trust or Corporate Owned Policies		
Trust or Corporate Beneficiary Info:		
Name:		
Street Address:		
City:		ZIP:
Trust TaxID:	Phone:	
3. Terms and Conditions		

- Sending your policy: Please do not send in your policy with this request. Nationwide waives any policy provision requiring the return of the policy to Nationwide for endorsement.
- Previous beneficiary designations: Once Nationwide receives and agrees to this application, all previous beneficiary designations for this policy are revoked effective the date of this application. If a death claim becomes payable under this policy, the proceeds shall be payable to the beneficiary(ies) named in this application after the application has been accepted by Nationwide.
- Required Addresses: If you live in one of the following states AK, AZ, FL, HI, ID, LA, ND, OR, RI, UT, VA, WA or WI, a full address for all beneficiaries designated is required.
- Required Signatures: This request must be signed and dated by all persons who have ownership or other rights in the policy (all co-owners, joint owners, co-trustees, previously named irrevocable beneficiaries, etc.). Signatures must be made in ink using full legal names. In addition:
 - If a corporation owns the policy, we require the signature of a corporate officer and the officer's title. This officer must be someone other than the Insured unless the Insured is the sole corporate officer.
 - In states that require a witness, an uninterested party should sign as the witness (someone not named as a beneficiary or otherwise signing this form).
- Owners' rights: The owner(s) reserve the right to change the beneficiary unless otherwise provided for on this application (i.e. irrevocable beneficiary(ies)).
- If a Trust/Trustee(s) is named as beneficiary on this policy:
 - Nationwide is not responsible for the application or disposition of the proceeds of the policy by the Trustee(s). Payment to the Trustee(s) shall fully discharge the liability of Nationwide under the policy.
 - If, within six months after the death of the Insured, Nationwide has not been furnished with evidence that the trust is active and in full force and effect, the proceeds may then be paid to the contingent or other beneficiary(ies) designated to next receive the proceeds. If there are no such beneficiaries, the proceeds may then be paid according to the terms of the policy when no beneficiary is living at the death of the Insured.

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4. Signature(s) (required)

Policy Owner/Authorized Officer:

Robert Horner III, Secretary:

Signature:	Date:
Name (please print):	Title:
Signed at: City:	
Witness: (if applicable)	
Signature:	Date:
Name (please print):	
Signed at: City:	State:

HOME OFFICE USE ONLY - Agreed to for Nationwide Life Insurance Company

Agreed to for Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company by:

Holt w. Homent

This application revokes ALL previous beneficiaries for the insured specified in this application.

--DO NOT SEND POLICY--