



Application for Designation of Owner

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. Instructions

The following instructions have been enclosed to assist you with the completion of the attached Application for Designation of Owner. Please read these instructions carefully before completing the application.

1. Use this form to request a change of policy ownership. If the desired change of ownership is complex, or if you have any questions, please contact Nationwide Life Insurance Company at the Home Office.
2. This application revokes ALL previous ownership. Therefore, even if the present owner or contingent owner is to remain the same, such owner must be renamed on this form.
3. Print the full name(s) and address(es) of the new owner(s). Be certain to provide the new date of birth, social security (or tax ID) number, the complete address, and the reason for the ownership change. The requested change of ownership will not be processed if any of the information is omitted.
4. If naming a corporation as the new owner, we will need the full name and address of the corporation. We require the signatures of the present policy owner and an authorized officer (with current job title), other than the insured, to sign as the new owner on behalf of the corporation. For variable life insurance products, we require a certified copy of the corporate resolution providing such authority, to be submitted with the Application for Designation of Owner form. If a corporation is named as new owner and the insured is the sole officer, then we will require a completed "Sole Corporate Officer Certification." This form, which can be obtained from Nationwide Life Insurance Company at the Home Office, must be notarized and submitted with the Application for Designation of Owner form.
5. If naming a trust as owner, provide the name of the trustee(s), the name of the trust, and the date the trust was executed on this form. A copy of evidence of the existence of the trust must be provided. Please provide us with a copy of the page or pages of the trust showing the name and date of the trust, the names of trustor and trustee(s), and a copy of the signature page of the trust.
6. Signatures Required: (1) The present owner(s) and all irrevocable beneficiaries, if any, and (2) the proposed new owner(s). Signatures must be in ink. At the discretion of the Home Office, a witness may be required.
7. The new owner will receive all correspondence unless the "Address for Mail" information is completed on the reverse side of this form.
8. If joint ownership is listed, all notices will be mailed to one address listed on the reverse side. For tax reporting purposes, only one social security number can be used. Please indicate which social security number is to be used. The signatures of all joint owners will be required for any policy changes requiring an application. If any of the joint owners is a minor, the minor's legal representative will be required to authorize changes for him/her.
9. Complete and send to Nationwide Life Insurance Company, Nationwide Business Solutions Group, One Nationwide Plaza, 1-11-401, Columbus, Ohio 43215-2220.

2. General Information (please print)

Policy or Case Number(s): _____

Insured or Case Name: _____

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

I, the present owner of the above -referenced policy, hereby revoke any previous designation of Owner and/or Contingent Owner, and I hereby designate as the Owner and/or Contingent Owner of the said policy effective this date in accordance with the policy provisions, the following:

If more than one owner, ownership will be vested jointly or in the survivor(s), but if none are living or in existence, then in the contingent owner(s), if any, jointly or in the survivor(s), otherwise to the Executor or Administrator of the Estate of the last said owner.

Continued on next page

3. New Owner Information

For Trust or Corporate Owned Policies

Trust or Corporate Owner Info:

Name: _____ Tax ID: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Reason for Ownership change: _____

For Individual, Creditor, or Estate Owned Policies

Individual, Creditor, or Estate Owner Info:

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Tax ID/SSN: _____ Relationship to Insured: _____

Phone: _____ Reason for Ownership change: _____

4. Recipient Information

Address for Mail: Please complete if an address other than the owner's address is to be designated for Nationwide's use.

All correspondence shall be sent to the address for the above-referenced policy (or group of policies) on file with Nationwide, unless updated below:

Mail Recipient Info:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

5. Important Notices

I understand that this change in ownership does not in any way affect the Beneficiary designations of the policy. In the event this application designates a change of Owner and if the Owner's Benefit(s) is included in said policy, I hereby surrender such Benefit(s) and acknowledge that such Benefit(s) is hereby terminated, and in consideration thereof the premium shall be reduced and unearned premium, if any, adjusted effective this date.

Policy Modification: Any provision of the policy stipulating that the policy shall be returned to the Company for endorsement in order to effect a change of Ownership is hereby waived by the Company and the Owner, and it is agreed that such change shall take effect as of the date of this application, subject to any payment made or action taken by the Company before this application has been agreed to by the Company.

Under the Interest and Dividend Compliance Act of 1983, persons owning insurance policies are required to provide the Company with certification that their taxpayer identification number is correct. (For most individuals, this is their Social Security Number.) If they do not provide us with certification of this number, they may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, we will be forced to withhold 31% or such rate as required by law from interest and other payments we make to you. This is called backup withholding (and is not the same as the 10% withholding on interest and dividends that was repealed in 1983.) It is not an additional tax, since the tax liability of persons subject to backup withholding will be reduced by the amount of the tax withheld. If withholding results in an overpayment of taxes, a refund may be obtained. Check this box if the Internal Revenue Service has notified you that we are not subject to the provisions of this law. Otherwise, your signature on this application serves as certification under penalties of perjury, that the taxpayer identification number on this application is true, correct, and complete.

Change in Policy Status: If you are an individual policy owner and are considering making changes in the status of your policy, please consult with a licensed insurance or financial advisor. For FL Policy owners only: You may contact the Florida Office of Insurance Regulation at Consumer.Services@myfloridacfo.com for more information.

6. Signature(s) (required)

Current Owner/Authorized Officer:

Name (please print): _____ Title: _____

Signature: _____ Date: _____

New Owner/Authorized Officer:

Name (please print): _____ Title: _____

Signature: _____ Date: _____