



## PTE 84-24 Disclosure and Acknowledgment

Nationwide Life Insurance Company  
Nationwide Life and Annuity Insurance Company

### Purpose

The purpose of this disclosure form is to provide important information for the Plan Fiduciary or IRA owner to consider in determining whether to purchase or contribute to an annuity contract with Plan or IRA assets. The information is also intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24 ("PTE 84-24"). The term "Financial Professional" means the licensed insurance agent who is making the recommendation to purchase the annuity. This form is not required as an item of good order by Nationwide as product manufacturer.

### Contract Information

These disclosures are being provided in connection with recommendations made by the Financial Professional to  
(Financial Professional to check one)

an IRA owner **OR**  a Plan fiduciary

to purchase an annuity contract with assets of the IRA or Plan.

The annuity contract is identified as **Nationwide** \_\_\_\_\_ and the insurance company issuing the contract is **Nationwide Life Insurance Company, Nationwide Life and Annuity Insurance Company, Jefferson National Life Insurance Company and/or Jefferson National Life Insurance Company of New York ("Nationwide")**.

Please retain copy for your records and send to your insurance agency accordingly.

### Compensation Information

The commission to be paid to the Financial Professional by Nationwide in connection with the purchase of the recommended annuity contract is equal to \_\_\_\_\_% of each purchase payment; and \_\_\_\_\_% of Contract Value each subsequent year the annuity contract is in force.

Additionally, if the Financial Professional is working with an independent marketing organization, that marketing organization is likely to receive compensation as a result of the sale of this annuity contract.

### Contract Fees and Charges

Any charges or fees which may be imposed under the recommended annuity contract, including any surrender charges or rider fees, in connection with the purchase, holding, exchange, termination, or sale have been disclosed to you in the form of product summaries or other materials provided by Nationwide to the Financial Professional.

### Insurance Company Affiliation

As a state licensed Financial Professional, I am able to sell and service annuities for Nationwide as well as various other insurance companies where I am appointed. This relationship does not constitute an affiliation between myself and Nationwide.

## Financial Professional Acknowledgment

I acknowledge a final signed and dated copy of this Disclosure and Acknowledgment form was provided to the client along with Nationwide product summaries and any other information used in the recommendation:

Full Name (please print): \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

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

## Plan Fiduciary Acknowledgment (complete if recommendation is a Plan Fiduciary)

The undersigned represents and acknowledges that he/she:

- is a fiduciary of the Plan;
- is independent of the insurance company;
- is not an insurance agent or broker, pension consultant or insurance company involved in the transaction;
- has received a final signed and dated copy of this Disclosure and Acknowledgment form along with Nationwide product summary and any other information used by the Financial Professional in the recommendation;
- approves the purchase of the annuity contract on behalf of the Plan; and
- will not receive, directly or indirectly (e.g., through any affiliate), any compensation or other consideration for the undersigned's own personal account from any party dealing with the plan in connection with the transaction.

**By signing, I acknowledge that I have read and understand the information provided to me in this Disclosure and Acknowledgment:**

Name of Plan: \_\_\_\_\_

Full Name (please print): \_\_\_\_\_

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

## IRA Owner Acknowledgment (complete if recommendation is an IRA Owner)

The undersigned represents and acknowledges that he/she:

- is the IRA owner;
- has received a final signed and dated copy of this Disclosure and Acknowledgment form along with the Nationwide product summary and any other information used by the Financial Professional in the recommendation; and
- approves the purchase of the annuity contract on behalf of the IRA.

**By signing, I acknowledge that I have read and understand the information provided to me in this Disclosure and Acknowledgment:**

Full Name (please print): \_\_\_\_\_

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