



Protect Your Legacy

Complete Information Helps Us Honor Your Final Wishes.

At Nationwide®, fulfilling our commitment to you and your beneficiaries is our top priority. And when it's time for us to locate and make a benefit payment to your beneficiaries, we want to be sure we have the right people. To ensure that we do, we need a few very important things, based on the kind of beneficiary you designate

For an individual:

- Legal first and last name
- Address
- Social Security number
- Date of birth
- Benefit allocation
- Relationship to insured

For an entity (charity, nonprofit organization, etc.):

- Complete name
- Address
- Phone number
- Benefit allocation
- Taxpayer identification number (TIN)

For a trust:

- Trustee name
- Trust number
- Address
- Title page, trustee and successor trustee designation page, and the signature page
- Taxpayer identification number (TIN)

Confidentiality and security of your personal information:

- Nationwide is committed to protecting your personal and beneficiary information
- We follow all data security laws using physical, technical and procedural safeguards
- Access to your information is limited to only those who need it to do their jobs

If you live in a community property state (AZ, CA, ID, LA, NV, NM, PR, TX, WA or WI) and you have named someone other than your spouse as the beneficiary of this insurance policy, please review the Spousal Consent section of the Application for Change of Beneficiary Designation Form to determine whether spousal signature is required. Note: Use of the term "spouse" on this form refers to the person to whom the owner is legally married, or the policy owner's domestic partner or equivalent as recognized and allowed by federal law, or by state law in your state of residence.

The Details Are So Important To Carrying Out Your Wishes.

Complete and accurate information is crucial for us to pay out the designated benefits to the intended beneficiaries. Without it, a benefit could be paid to the wrong person or entity, or it could be escheated (turned over) to the state. It only takes a few moments to ensure that we have the correct information — giving you the peace of mind that comes from knowing your beneficiaries will receive the legacy you meant to leave them.

If you have any questions about this form, our specialists will be happy to help you. Please call us at 800-848-6331, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Products issued by Nationwide Life Insurance Company or Nationwide Life and Annuity Insurance Company, Columbus, Ohio. The general distributor for variable products is Nationwide Investment Services Corporation, member FINRA.

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Application for Change of Beneficiary Designation

Nationwide Life Insurance Company

Nationwide Life and Annuity Insurance Company

PO Box 182835, Columbus, OH 43218-2835

To Avoid Delays In Processing, All Pages Must Be Returned Phone: 800-848-6331 • Fax: 888-677-7393 • nationwide.com

1. General Information (please print)

Owner's Information:

Name: _____ Policy Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

SSN: _____ Phone: _____ Email: _____

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.

Insured's Name (please print): _____

NOTE: please see Section 4 of this application for important information

2. Primary Beneficiary(ies) (required)

Designate allocations for all OR pay all Primary Beneficiaries equally.

Allocation to all Primary Beneficiaries must equal 100%. Fractional percentages (i.e. 1/3) will not be honored.

NOTE: All changes will be recorded for the Primary Insured, unless otherwise noted below. Additional beneficiaries may be included on another sheet of paper if necessary.

This designation is for: Primary Insured Joint Insured/Insured Spouse Other: _____
(name of Insured or Rider)

2a. Individuals:

1. Full Legal Name: _____ Irrevocable Beneficiary

Relationship to Insured: _____ Allocation (whole % only): _____%

SSN: _____ Gender: Male Female Date of Birth: _____

Street Address (Same as Owner): _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

2. Full Legal Name: _____ Irrevocable Beneficiary

Relationship to Insured: _____ Allocation (whole % only): _____%

SSN: _____ Gender: Male Female Date of Birth: _____

Street Address (Same as Owner): _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

3. Full Legal Name: _____ Irrevocable Beneficiary

Relationship to Insured: _____ Allocation (whole % only): _____%

SSN: _____ Gender: Male Female Date of Birth: _____

Street Address (Same as Owner): _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

2. Primary Beneficiary(ies) (required) (continued)

2b. Entities:

4. Estate¹ Trust² Creditor³ Funeral Home³ Other (please specify): _____

Entity Legal Name: _____ Irrevocable Beneficiary

Authorized Individual: _____ Allocation (whole % only): _____%

TIN: _____ As interest may appear⁴

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

5. Estate¹ Trust² Creditor³ Funeral Home³ Other (please specify): _____

Entity Legal Name: _____ Irrevocable Beneficiary

Authorized Individual: _____ Allocation (whole % only): _____%

TIN: _____ As interest may appear⁴

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

6. Estate¹ Trust² Creditor³ Funeral Home³ Other (please specify): _____

Entity Legal Name: _____ Irrevocable Beneficiary

Authorized Individual: _____ Allocation (whole % only): _____%

TIN: _____ As interest may appear⁴

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

¹The Executor(s) or Administrator(s) of the Estate of the Insured

²Please provide a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust including but not limited to the legal Trust name and effective date, the Trustee(s) authorized to act on behalf of the Trust including any successor Trustee(s), and the Trust's tax identification number.

³Cannot be an Irrevocable Beneficiary

⁴As interest may appear permits the Funeral Home or Creditor to be paid from the death benefit and the balance, if any, to the remaining beneficiaries on the policy. Select one option, As interest may appear OR allocation percentage.

3. Contingent Beneficiary(ies) (optional)

Designate allocations for all OR pay all Contingent Beneficiaries equally.

Allocation to all Contingent Beneficiaries must equal 100%. Fractional percentages (i.e. 1/3) will not be honored.

If Primary Beneficiary is deceased at the time of Insured's death, or is not in existence (if trust, corporation or other entity) at time of Insured's death, then pay contingent beneficiaries as listed below:

NOTE: Additional beneficiaries may be included on another sheet of paper if necessary.

3a. Individuals:

1. Full Legal Name: _____

Relationship to Insured: _____ Allocation (whole % only): _____%

SSN: _____ Gender: Male Female Date of Birth: _____

Street Address (Same as Owner): _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

3. Contingent Beneficiary(ies) (optional) (continued)

3a. Individuals (continued):

2. Full Legal Name: _____
Relationship to Insured: _____ Allocation (whole % only): _____%
SSN: _____ Gender: Male Female Date of Birth: _____
Street Address (Same as Owner): _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

3. Full Legal Name: _____
Relationship to Insured: _____ Allocation (whole % only): _____%
SSN: _____ Gender: Male Female Date of Birth: _____
Street Address (Same as Owner): _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

3b. Entities:

4. Estate¹ Trust² Other (please specify): _____
Entity Legal Name: _____
Contact Name: _____ Allocation (whole % only): _____%
TIN: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

5. Estate¹ Trust² Other (please specify): _____
Entity Legal Name: _____
Contact Name: _____ Allocation (whole % only): _____%
TIN: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

6. Estate¹ Trust² Other (please specify): _____
Entity Legal Name: _____
Contact Name: _____ Allocation (whole % only): _____%
TIN: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

¹The Executor(s) or Administrator(s) of the Estate of the Insured
²Please provide a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust including but not limited to the legal Trust name and effective date, the Trustee(s) authorized to act on behalf of the Trust including any successor Trustee(s), and the Trust's tax identification number.

4. Important Items to Understand

Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company, are herein referred to as “the Company”. Please do not send in your policy with this request. The Company waives any policy provision requiring the return of the Policy to the Company for endorsement.

General Information about Beneficiary Designations

- The owner(s) reserve the right to change the beneficiary unless otherwise provided for on this application (i.e. irrevocable beneficiary(ies)).
- The same person/entity cannot be designated as both a Primary and a Contingent Beneficiary since the Contingent beneficiary is intended to receive the benefits if all Primary beneficiaries predecease the Insured or if the entity is no longer in existence.
- All beneficiaries need to be restated even if they are not being changed. For example, if you are changing only the contingent beneficiary, you must restate the primary beneficiary. We will not accept forms where Section 2 is left blank. We will also not accept wording such as “same” or “no change” in Section 2 or in Section 3.
- Once the Company receives and agrees to this application, all previous beneficiary designations for this policy are revoked effective the date of this application unless the beneficiary is designated as irrevocable.
- Checking the irrevocable beneficiary box in Section 2 will designate the named beneficiar(ies) as irrevocable. An irrevocable beneficiary, once named, cannot be changed without the consent of the named irrevocable beneficiary. In addition, other policy changes may require the irrevocable beneficiary’s signature prior to the Company accepting any requested change.
- If beneficiary(ies) are not specified by name (i.e. all living children), the Company is authorized to rely on an affidavit(s) from the beneficiary(ies) listed on this form or from any responsible person in determining the names of the beneficiaries at time of claim. The Company is discharged from all liability upon making settlement based on such affidavit(s).
- Any reference in this application to a beneficiary living or surviving will mean living or surviving at the time of the Insured’s death.
- Unless otherwise designated by you on this application, Nationwide will assume that:
 - If two or more Primary Beneficiaries or Contingent Beneficiaries are designated, the proceeds shall be payable in equal shares to those Primary Beneficiaries or Contingent Beneficiaries who survive the insured.
 - If two or more Primary Beneficiaries or Contingent Beneficiaries are designated to receive the proceeds in unequal shares and any of those Primary Beneficiaries or Contingent Beneficiaries predecease the Insured, the proceeds designated for such deceased Primary Beneficiaries or Contingent Beneficiaries shall instead be paid in equal shares to those Primary Beneficiaries or Contingent Beneficiaries who survive the Insured.
 - Children include naturally born and legally adopted children of the Insured.
 - Nationwide will not pay insurance proceeds to minors. A court appointed guardian of the estate, conservator, custodian under a state’s Uniform Transfer to Minors Act or a trust are customary recipients of funds payable on behalf of a minor. Please contact your legal advisor for options to satisfy your objectives and facilitate the timely availability of monies intended for the minor’s benefit.
 - If Allocation percentages are entered individually, those allocations will override instructions to share equally.

4. Important Items to Understand (continued)

Additional Information on Certain Beneficiary Designations

- **Trust/Trustee(s)** - If a Trust/Trustee(s) is named as beneficiary on this policy:
 - The Company 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 the Company under the policy.
 - If the beneficiary is a testamentary trust, the Company is authorized to rely on a certified copy of the qualification and appointment of the Trustee(s) or the probating of the Will. If the beneficiary is an inter vivos or living trust, the Company is authorized to rely upon a statement from the Trustee(s) that the trust is active and in full force and effect.
 - If, within six months after the death of the Insured, the Company has not been furnished with evidence of the probating of the Will or the qualification of the trustee (if a testamentary trust), or, with evidence that the trust is no longer active and in full force and effect (if an inter vivos or living trust), the proceeds may then be paid to the Contingent Beneficiary or other Beneficiary(ies) designated to next receive the proceeds. If there are no such beneficiaries surviving the insured, the proceeds will then be paid according to the terms of the policy.
- **Executor(s), Administrator(s) or Estates** - For policies in which the Insured's Estate is the beneficiary, the Company is authorized to rely upon a certified copy of the qualification and appointment of the Executor or Administrator of the Insured's Estate. Payment of the policy's proceeds to the Executor or Administrator shall fully discharge the liability of the Company under the policy.
- **Businesses, Schools, Charities or Churches** - Select "Other" and write the entity type for this designation.
- **Funeral Homes** - For policies where a funeral home is named as a beneficiary and you do not want the entire death benefit to be paid to the named funeral home, please indicate the name of the funeral home and check "As interest may appear." You must designate a remainder beneficiary to receive any amount leftover after the Funeral Home has been paid. Note that some states do not allow funeral homes to be named as beneficiaries and we may return this application if a funeral home designation is made in a state which prohibits such a designation. Also note, that some states limit the amount that can be paid to a funeral home.
- **Creditors** - For policies where a creditor is named as a beneficiary and you do not want the entire death benefit to be paid to the named creditor, please indicate the name of the creditor and check "As interest may appear." You must designate a remainder beneficiary to receive any amount leftover after the creditor has been paid.

Signature Requirements

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.

Corporate Owned Policies - If a corporation owns the policy, we require the signature of a corporate officer and the officer's title. We must also have a copy of the corporate resolution giving the officer the authority to change the beneficiary on file. This officer must be someone other than the Insured unless the Insured is the sole corporate officer.

Witness Signature - It is strongly recommended that the owner's signature on this application be witnessed by a disinterested adult who is not being named as a Beneficiary.

- For policies issued in Massachusetts, the Owner's signature on this application must be witnessed by a disinterested person, over the age of 18, who is not being named as a Beneficiary.
- A witness must be present at the time the owner signs this application.

5. Community Property Spousal Consent

For Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin:

If you live in one of the community property states listed above, and you have named someone other than your spouse as your beneficiary, your spouse may have rights to the death benefit of this policy under state law even if you choose not to name them as your beneficiary. Please have your spouse sign below to waive his or her rights to any community property interest in the death benefit.

If you are unsure of whether these laws apply to you, consult with your legal or tax advisor to determine whether a spousal signature is required on this form. Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company disclaim any responsibility for determining the applicability of community property laws or the validity of the requested beneficiary change.

Note: Use of the term "spouse" on this form refers to the person to whom the owner is legally married, or the policy owner's domestic partner or equivalent as recognized and allowed by federal law, or by state law in your state of residence.

Spousal Consent:

I, (print full legal name) _____, am aware that the owner, named above, has named someone other than me to be the beneficiary of this life insurance policy and do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the death benefit proceeds of such policy under applicable community property laws.

Spouse Signature: _____ Date: _____

6. Acknowledgment and Signatures (required)

I hereby acknowledge that I have read and agree to the terms and conditions on Section 4 and 5 of this application. I agree that this change of beneficiary is effective the date of this application and this application will have no effect on any payment made or action taken by the Company before the Company has agreed to this application.

Owner:

Full Name (please print): _____

Signed and Witnessed in (City, State): _____

Signature: _____ Date: _____

Joint Owner (if applicable):

Full Name (please print): _____

Signed and Witnessed in (City, State): _____ Phone: _____

Signature: _____ Date: _____

Witness:

Full Name (please print): _____

Signature: _____ Date: _____

Other (select one): Officer Assignee Trustee Irrevocable Beneficiary

Full Name (please print): _____

Title (required): _____ SSN/TIN (required): _____

Signature: _____ Date: _____