



1. General Information (please print)

Owner's Information:

Name: _____ Policy Number: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 SSN: _____ Phone: _____ Email: _____

Joint Owner's Name (if applicable): _____

2. Policy Loan Options (Whole Life, Universal and Variable Life)

- 2a. Maximum Loan Available
 For Indexed Universal Life policies only.
 Select One: Declared Rate Policy Loan Alternative Policy Loan¹
- 2b. Maximum Loan Available (Whole Life only) use the cash value AND the present value of the dividends (if applicable) as security for the Loan.
- 2c. Loan in the amount of \$_____ (or the maximum available if less)
 For Indexed Universal Life policies only.
 Select One: Declared Rate Policy Loan Alternative Policy Loan¹
¹This option is only available for the Indexed UL product with an effective date prior to 3/16/2015. **NOTE:** This option is not available in New York or for the Indexed UL Protector or Accumulator products.

3. Partial Surrender Options

- 3a. Maximum Withdrawal²
²There may be a \$25 fee for each withdrawal, based upon your product. Please refer to your prospectus for additional details. Any withdrawal may reduce the death benefit for the policy.
- 3b. Partial Surrender (Universal Life only)
 Amount requested: \$_____ (or the maximum available if less)
NOTE: If your policy is Back End Load, Front End Load and UL Protector product and has a Death Benefit Option¹, then a \$25.00 fee will be deducted from your policy's Specified Amount and Accumulated Value. If your policy has Death Benefit Option 2, then a \$25.00 fee will be deducted from your policy's Accumulated value. This fee is not currently assessed on any other product.
- 3c. Partial Surrender (Variable Life only)
 Amount requested: \$_____ (or the maximum available if less)
 Select One: Preferred³ Regular
³If your policy allows a preferred partial surrender and it is selected above, the policy's Specified Amount will not be reduced. If one of the above options is not selected and your policy provides both options, the partial surrender will be processed as a regular partial surrender and the policy's Specified Amount may be reduced.

4. Dividend Withdrawal (Whole Life only)

- 4a. **Surrender of Paid-Up Additions for available cash value:**
 Select One: Maximum Available Amount requested: \$_____ (or the maximum available if less)
- 4b. **Surrender of Accumulated Dividends:**
 Select One: Maximum Available Amount requested: \$_____ (or the maximum available if less)

NOTE: This request may cause a taxable event.

5. Method of Distribution (required) (select one)

Direct Deposit

Name on Account (must be Owner)

Financial Institution

Account Type: Checking Savings

If account type is not selected, checking will be used.

Transit/ABA routing Number

Account Number

John Doe
123 Main Street Ph. (614) 555-1212
Hometown, OH 45678

Date: _____ 1492

PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

Money Bank, Inc.
321 Main Street
Hometown, OH 45678

MEMO _____

⑆ 123456789 ⑆ 000012345678 ⑆ 1492

9-digit ABA routing number Checking Account Number Check Number

Date of Deposit: The deposit to your checking or savings account will normally occur up to four (4) business days after the date of the withdrawal from your annuity contract or life insurance policy.

Account Verification: The following documents are required to verify ownership of the account provided:

NOTE: if required documents are not included, a check will be mailed to the Owner's address of record.

DO NOT STAPLE OR TAPE THE REQUIRED DOCUMENTS TO THIS FORM.

- **Checking Accounts:** Please include a pre-printed voided check with this authorization. Starter checks and deposit slips will not be accepted.
- **Savings Accounts:** Please include a letter from the bank, signed by a bank representative, which indicates the ABA routing number, the account number and the account holder's name for verification.
- **IMPORTANT:** In processing your request to electronically transfer funds, Nationwide uses consumer information to verify ownership of the receiving bank account to reduce the possibility of fraud. If there is an inconsistency in the information you have provided to us and the authorized bank account holder's information, a paper check will be mailed to the address of record.

Owner Authorization: By signing this form, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically credit (deposit) (and/or correct by electronic debit (withdrawal)) any refund or payment due to you to the bank account listed on this form as allowed by U.S. law. You also authorize your bank to credit or debit your account accordingly.

Joint Account Owners: If this account is a joint account, authorization by one account owner constitutes authorization by all account owners - whether a current owner of this account or added after this agreement is signed.

Mail a check to Owner's address on record

Mail a check to the address indicated below:

Street Address: _____

City: _____ State: _____ ZIP: _____

6. Federal Tax Withholding Instructions

You may owe Federal Income Tax on any portion of a partial surrender that represents a gain. You may also be responsible for payment of Federal Income Tax on the portion of your lump sum payment. You may be subject to tax penalties under the Estimated Tax Payment rules if your combined payments of estimated tax and withholding are not adequate.

IMPORTANT: Please indicate your tax election below. **If an election is not made, Nationwide will withhold 10% of the taxable gain and forward that amount to the Internal Revenue Service.** If a taxpayer identification number is not furnished to Nationwide, then Nationwide will withhold 10% of the taxable gain and forward the withheld amount to the IRS.

Please select one:

I DO NOT want to have Federal Income Tax withheld from my lump sum proceeds.

I WANT 10% of the gain from my proceeds withheld.

Please withhold this percent: _____%.

7. Important Information

Please Note:

- For trusts, a trust certification or copy of the trust agreement is required to be on file.
- If an officer signature is required, please include a corporate resolution.
- Premiums must be paid current for Whole Life policies in order to process a loan request.
- This transaction could cause taxable income to you.
- By taking a loan, your policy may lapse if future premium payments and loan interest payments are not made.
- Loan interest is due at least on each policy anniversary date.
- Amounts withdrawn from an Indexed Interest Strategy will not receive any Index Segment Interest for the Index Segment interest period.

It is hereby expressly represented that no person, firm, or corporation other than the undersigned has any interest in this policy, and that no proceedings of insolvency or bankruptcy have been instituted or are pending against the undersigned.

8. Taxpayer ID Certification

I certify that under penalties of perjury that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
(FATCA does not apply as this is a U.S. account)

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

9. Signature(s) (required)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner: _____ **SSN required:** _____
Signature: _____ **Date:** _____

Joint Owner (if applicable):
 Full Name (please print): _____
Signature: _____ **Date:** _____

Other (select one): Officer^{1,2} Assignee^{1,2} Irrevocable Beneficiary²
¹Title required: _____ ²SSN required: _____
 Full Name (please print): _____
Signature: _____ **Date:** _____