



Get more from your Nationwide® life insurance policy

When we think of life insurance, we usually think of the protection it can create down the road for our loved ones. While the main purpose of life insurance is the death benefit, at Nationwide®, we offer life insurance that includes more than just a death benefit. That's why we automatically offer other features on most of our products that help you face unexpected future events. Check with your financial professional to see which benefits your policy may include.

Living Access Benefits

Our suite of Living Access Benefits helps provide additional protection for you. These features are automatically included on most of our policies.¹

Chronic Illness Benefit	Critical Illness Benefit	Terminal Illness Benefit
If you can't care for yourself and need significant help	If you experience a specific, serious health event	If your prognosis includes passing away within the next year

These features don't increase your premium or have charges unless you use them. If you do, the amount you receive will reduce your death benefit.² It's important to know that the death benefit is reduced by more than the amount you receive.



The chronic illness benefit is not long-term care coverage. If you wish to do dedicated planning for long-term care, Nationwide offers solutions that are designed to help pay for the cost of care. Ask your financial professional for more information.



¹ The features are limited to certain products and ages and by other factors. Talk to your financial professional about availability.

² In addition to a death benefit reduction, other policy values will be reduced. The chronic illness, critical illness or terminal illness benefit paid will be reduced to pay due and unpaid premium or charges. Additionally, a pro rata portion of the payment will be applied as a policy loan payment if there is any outstanding indebtedness.

Chronic Illness Benefit

At some point in your life, a situation might arise when you could need permanent help with two to six of the activities of daily living (ADLs) or permanent ongoing care to keep you safe due to a cognitive impairment.

Activities of daily living (ADLs)

• *Bathing* • *Continance* • *Dressing* • *Eating* • *Toileting* • *Transferring*

If you qualify, you may be able to request up to 20% of your death benefit amount. You can use this benefit however you need.³

When you make a claim using this feature, the policy death benefit will be reduced based on a reduction factor.⁴ That factor (or number) will be no more than a guaranteed factor for the insured's sex and age at time of claim. A table of guaranteed factors will be provided when the policy is issued.

At the time of claim, the reduction factor may be lower (more favorable) than the guarantee. This means that more of your policy's death benefit could be preserved.

Let's look at a hypothetical example

John is 55 years old and has an indexed universal life policy he bought at age 45. He's been certified with a chronic illness that has left him permanently unable to safely transfer between a chair and the bed. He's also unable to bathe himself safely. He needs substantial assistance for the rest of his life to safely do these things. His policy has a \$250,000 death benefit. He has no outstanding policy charges or loans.

Claim request

John may request a first-year lump-sum benefit that's up to 20% of his total death benefit. In this case, that would be \$50,000. A \$250 administrative fee will be deducted from the benefit payment.

After the claim, the death benefit on John's policy will be reduced by an amount greater than the benefit he received, as noted above.

Twelve months after John receives his first benefit payment, he can request another benefit payment. Keep in mind, the minimum death benefit must remain in the policy.



A portion of your death benefit
will be preserved for your
beneficiaries.

³ Benefits may be taxable under certain circumstances. Consult your tax advisor.

⁴ Other policy values are reduced as well, including the specified amount.

Critical Illness Benefit

This feature allows you to access your death benefit if you are diagnosed with or have had the need for any of the following⁵:

- Cancer
- Heart attack
- Heart valve replacement
- Kidney failure
- Major organ transplant
- Paralysis
- Stroke
- Sudden cardiac arrest

You can make only one claim per year, and you can make only one claim per qualifying condition arising from the same event. The maximum number of claims that will be paid of the life of the policy is five.⁵

When you make a claim using this feature, the policy death benefit will be reduced based on a reduction factor.⁶ That factor (or number) will be no more than a guaranteed factor for the insured's sex and age at time of claim. A table of guaranteed factors will be provided when the policy is issued.

At the time of claim, the reduction factor may be lower (more favorable) than the guarantee. This means that more of your policy's death benefit could be preserved.

Let's look at a hypothetical example



Rob purchased a 20-year guaranteed level term policy with a \$350,000 death benefit when he was 38 years old. He has no unpaid premium or policy charges.

Claim request

Rob recently turned 53 years old and needed to undergo a major organ transplant. He can request a benefit of up to \$25,000.

He will receive \$25,000. A \$250 administrative fee will be deducted from the benefit payment.

After the first claim request has been processed, the death benefit on Rob's policy will be reduced by an amount greater than the benefit he received, as noted above.

⁵ Additional specific requirements apply. Please consult your policy or speak with your financial professional to learn more. Benefits may be taxable under certain circumstances. Consult your tax advisor. The benefit limit is the lesser of 10% of the policy specified amount or \$25,000.

⁶ Other policy values are reduced as well, including the specified amount.

Terminal Illness Benefit

This feature allows you to access your death benefit if you are diagnosed with a terminal illness resulting in a life expectancy of 12 months or less.⁷

The policy must have been in force for two years, and at least two years must remain until the maturity date. There may be limits on how much you can receive based on the policy. The amount of the available benefit will be a minimum of \$10,000 but not more than \$250,000. The amount you receive will be reduced based on your age, sex and interest rates when you request the benefit.^{8,9}

Let's look at a hypothetical example

Kathy purchased a permanent, no-lapse guarantee policy with a \$600,000 death benefit when she was 41 years old. She has no outstanding policy charges or loans.

Claim request

At age 68, Kathy is diagnosed with a terminal illness and decides to invoke the terminal illness feature of her policy.

She can request between \$10,000 and up to \$250,000. Depending on interest rates at the time of the request, she'll receive an adjusted amount that is lower than the amount requested. Assuming she requests \$120,000, her death benefit will be reduced by that amount. Like the other living access benefits, there is a \$250 administrative expense charge deducted from the benefit payment.⁹



⁷ In Illinois, the life expectancy can be 24 months or less.

⁸ Benefits may be taxable under certain circumstances. Consult your tax advisor.

⁹ Other policy values are reduced as well, including the specified amount.

Frequently asked questions

- Q: Why is it beneficial to have access to my death benefit while I'm still living?**
A: Some situations occur that we don't necessarily plan for, such as a chronic illness or a sudden critical illness. Living Access Benefits are intended to be paid tax free and create a source of funds for unexpected situations.¹⁰
- Q: What can I use the money for?**
A: You can use the money however you need to. Nationwide doesn't place restrictions on how it's used.
- Q: The Chronic Illness Benefit sounds like a long-term care benefit. Are they the same?**
A: No. Long-term care solutions offer more comprehensive coverage. If you're interested in long-term care planning, please talk with your financial professional about long-term care solutions from Nationwide.

Why Nationwide?

As a stable Midwestern company with more than 90 years of experience, we're conservative by nature. And because we're in the business of offering annuities, life insurance, retirement plans and investments, we know risk management and take many steps to protect our policyholders.

We're proud of the company we keep and the company we've built along the way. Nationwide is a Fortune 100 company¹¹ with approximately 27,000 associates, making us one of the largest financial services companies in America.

When considering where to purchase an insurance policy to protect your financial future, it's important to align with a company that is strong, stable and established. Nationwide has excellent financial ratings and a member focus that puts customers first.



These ratings and rankings reflect rating agency assessment of the financial strength and claims-paying ability of Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company. They are not intended to reflect the investment experience or financial strength of any variable account, which is subject to market risk. Because the dates are updated only when there's a change in the rating, the dates above reflect the most recent ratings we have received. They are subject to change at any time.¹²

¹⁰Benefits may be taxable under certain circumstances. Consult your tax advisor.

¹¹Based on revenue, Fortune magazine (May 2020).

¹²See the next page for additional information.



Nationwide[®]
is on your side

This material is not a recommendation to buy, sell, hold or roll over any asset, adopt an investment strategy, retain a specific investment manager or use a particular account type. It does not take into account the specific investment objectives, tax and financial condition, or particular needs of any specific person. Investors should discuss their specific situation with their financial professional.

Keep in mind that, as an acceleration of the death benefit, exercising the Chronic Illness Rider, the Critical Illness Rider or the Terminal Illness Rider payout will reduce both the death benefit and cash value by an amount greater than one dollar for every dollar paid. Make sure life insurance needs will still be met, even if the rider pays out in full. Though riders that customize a policy to fit individual needs usually carry an additional charge, neither the Chronic Illness Rider, the Critical Illness Rider nor the Terminal Illness Rider have an initial cost or upfront monthly charge when included in the policy; however, a cost is incurred if and when the rider is exercised, and policy cash values, death benefits and other policy values are reduced. A life insurance purchase should be based on the life policy and not solely on riders or features.

The Chronic Illness, Critical Illness or Terminal Illness Benefit paid will be reduced to pay due and unpaid premium or charges. Additionally, a pro rata portion of the payment will be applied as a policy loan payment if there is any outstanding indebtedness.

Neither Nationwide nor its associates provide tax or legal advice. Benefits may be taxable under certain circumstances. Clients should consult with their tax and legal advisors about their specific situation.

When choosing a product, make sure that life insurance needs are met. Because personal situations may change (e.g., marriage, birth of a child or job promotion), so can life insurance needs. Care should be taken to ensure that these strategies and products are appropriate. Associated costs, as well as personal and financial objectives, time horizons and risk tolerance, should all be weighed before purchasing a product. Life insurance has fees and charges associated with it that include costs of insurance, which vary based on characteristics of the insured such as sex, health, age and tobacco use; and additional charges for riders that customize a policy to fit individual needs.

All guarantees and benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. They are not backed by the broker/dealer and/or insurance agency selling the policy, or by any of their affiliates, and none of them makes any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

While ratings can be objective indicators of an insurance company's financial strength and can provide a relative measure to help select among insurance companies, they are not guarantees of the future financial strength and/or claims-paying ability of a company. The broker/dealer from which a policy is purchased, the insurance agency and any affiliates of those entities make no representations regarding the quality of the analysis conducted by the rating agencies. The rating agencies are not affiliated with the abovementioned entities, nor were they involved in any rating agency's analysis of the insurance companies.

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