



Nationwide®

Recurring Automated Clearing House (ACH) Payment Authorization

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

DOCUSIGN QR CODE



PO Box 182835 Columbus, OH 43218-2835 • Phone: 800-848-6331 • Fax: 888-677-7393 • nationwide.com
To avoid delays in processing, please complete all applicable sections including Authorization and Signature(s).

NOTE: If you wish to complete a DocuSign version of this form, please scan the QR code to the left or under the Submit to Nationwide section.

1. General Information (please print)

Owner's Information:

Name: _____ Policy Number: _____
(If more than one policy, list in Section 5 on Page 2)

SSN/TIN: _____ 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. By providing your email address, you give us permission to communicate with you about this form via email.

2. Recurring ACH Authorization

You are authorizing recurring Automated Clearing House (ACH) debits from the bank account provided on this form. Funds must be drawn from a U.S. Institution. Please be sure to read the Terms and Conditions that can be retained for your records on page 4.

Check here if this is a commercial bank account: A commercial bank account is one that is owned by an entity (company, trust, etc.) rather than an individual person. **NOTE:** If the bank account is owned by a company or trust, additional documentation is required.

Bank Account Holder Name: _____

(For commercial accounts, please provide the name of the commercial bank account holder as well as the party authorized to sign for this account)

Financial Institution Name: _____

Type of Account¹ (select one): Checking Savings

Transit/ABA Routing Number: _____ (Can ONLY begin with 0, 1, 2 or 3)

Account Number: _____

Draft Amount²: _____ Monthly Draft Date (1st - 28th)³: _____

Draft Frequency⁴: Monthly Quarterly Semi-Annual Annual

¹ If an account type is not selected; Nationwide will default to checking.

² Some policy types such as Term, Whole, or CareMatters, have a predetermined, fixed premium.

³ Policies beginning with 'B1' or 'UØ' must draft on the 15th. Policy types such as CareMatters and frequencies other than monthly, require draft dates to align with the policy anniversary.

⁴ Non-monthly draft frequencies (Quarterly, Semi-Annual, Annual) are only available on policies beginning with "N5", "B5Ø", "L" and "8". If you are unsure whether your policy has a fixed premium or requires a specific draft date, please contact our solutions center at 800-848-6331.

3. Bank Account Holder/Payor Information

Is the Bank Account Holder different from the Policy Owner?

Yes (Section required. The individual listed in this Section must also sign and date this form in Section 6 as the bank account holder)

No (You can skip this section if the bank account holder and the Policy Owner are the same person)

If you no longer want to be associated with this policy as Payor, contact our solutions center at 800-848-6331. When you are removed from the policy as Payor, your ACH Authorization will automatically be revoked.

Bank Account Holder/Payor:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____ Relationship to Owner: _____

4. One-time ACH Debit Authorization (Term, Whole Life and CareMatters Policies ONLY)

This section should be completed by the bank account holder/Payor and can be used to authorize a one-time payment from your checking or savings account for life insurance premium whenever such a payment is required prior to starting recurring payments. This authorization is to be used when either:

- an adjustment payment to cover a gap in premium when certain billing changes (e.g. frequency) occur before recurring payments at the new frequency can begin; or
- a payment to get the policy out of grace period is required in order to begin recurring payments.

This section should not be used for any other purpose.

By checking this box and signing this form, you authorize a one-time ACH debit in an amount needed to keep the policy active until your recurring ACH payments begin. If this amount has not already been provided, contact us and we will provide you with the exact amount required. If authorized, this ACH debit will be made to your account on or after the date this request is received in good order. Your recurring payments, authorized in Section 2 above, will begin as authorized when your next payment is due after this one time payment is processed.

NOTE: If you do not authorize this debit, and payment is still required, you will be contacted with instructions to make a payment using an alternative method (e.g. via check or phone). Recurring payment cannot begin until this payment is made.

5. Premium Application

NOTE: Section 5 is only required to be completed if this authorization will apply to multiple policies. If it will apply to only one policy, you can skip Section 5.

The Total Payment is to be applied as follows: (If more than (3) policies, include on additional page)

Policy Number	Insured	Payment Amount ¹

¹Payment amounts must total the authorized amount in Section 2. If the ACH Authorization will cover payment to multiple policies, you will see separate withdrawals for each payment authorized. The full amount withdrawn will be equal to the amount authorized in Section 2.

6. Authorization and Signature(s) (required)

By signing this form, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically debit (withdrawal) and/or correct by electronic credit (deposit) your life insurance premium payments from the bank account listed on this form as specifically elected in Sections 2 and 4 (if applicable) and as allowed by U.S. law. You also authorize your bank to debit or credit your account accordingly. This Authorization applies to all policies listed on this form.

Bank Account Holder/Payor:

Name (please print): _____

Signature: _____ Date: _____

Policy Owner:

Name (please print): _____

Signature: _____ Date: _____

(Policy Owner signatures are only required if the bank account holder and the owner(s) are different people)

Joint Owner (if applicable):

Name (please print): _____

Signature: _____ Date: _____

7. Submit to Nationwide



Upload Online: Log in to nationwide.com and select the “Forms” option to submit this request online.

Don't have an Online account? Follow these steps:

1) Visit nationwide.com 2) Click “Log in” 3) Click “Life insurance” in the drop down 4) Click “Sign up”



DocuSign: Scan the QR code to launch a digital version of the form where you can complete and sign the form online. Filling out a DocuSign form is the quickest way to return the form to Nationwide.



Submit by regular mail:

Nationwide Life Insurance Company
PO Box 182835
Columbus, OH 43218-2835

Submit by overnight mail:

Nationwide Life Insurance Company
1-LC-D4
1 Nationwide Plaza
Columbus, OH 43215-2239



For More Information: Call 800-848-6331

Fax: 888-677-7393



Recurring Automated Clearing House (ACH) Payment Authorization Terms and Conditions

RETAIN FOR YOUR RECORDS. DON'T RETURN WITH THE COMPLETED FORM.

ACH Authorization Information

- **Date of Debit** - The debit from your checking or savings account will occur no earlier than the draft date provided above. If the draft date falls on a weekend or holiday, the debit will occur on the next business day after the regularly scheduled draft date.
- **Account Verification** - In processing your one-time or recurring ACH debit transactions, Nationwide uses consumer information to verify ownership of the 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, or if you fail to provide adequate account information, we will contact you to validate or obtain accurate bank account information.
- **For Commercial Bank Account Owners Only:** Each of Nationwide and the Commercial Bank Account Owner identified on this form agree to be bound by Nacha Operating Rules and acknowledges that the origination of ACH transactions to this account must comply with applicable U.S. Law.
 - **Corporate Account Ownership:** Where the owner of the account is a corporation, please provide a corporate resolution or a letter from the company or bank confirming the individual who is authorized to sign checks on behalf of the company. This authorized person must sign this form as the bank account owner.
 - **Trust Ownership:** Where the owner of the account is a trust, please 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 (generally and with respect to the trust account indicated on this form) including any successor Trustee(s), and the Trust's tax identification number.
- **Insufficient Funds** - If sufficient funds are not available on the draft day, you authorize us to make a second draft attempt within 5 business days. Your bank may charge a fee for these attempts if sufficient funds are not available. Nationwide does not charge a fee for these attempts, but your financial institution might. If sufficient funds are not available after the second attempt, Nationwide will contact you to resolve any issues related to outstanding premium.
- **Joint Account Owners** - If this bank account is a joint account, authorization by one bank account owner constitutes authorization by all bank account owners - whether a current owner of this account or added after this authorization is signed.
- **Stopping Automatic Payments** - Your authorization allows us to continue taking premium payments from this account, (and/or corrections by electronic debit or credit) until you tell us to stop, upon policy termination, or upon the payment of your last scheduled premium payment, whichever occurs first. To withdraw your authorization, you must notify us by contacting our solutions center at 800-848-6331. Please provide notification to us at least 10 days in advance of when our authorization should end. Doing so allows us and your bank to take action.
- **Outstanding Balances** - If you have a balance due on your policy(ies) after the expiration or cancellation of this authorization, you authorize us to electronically debit this bank account for the outstanding balance.
- **Amount Changes** - If for any reason your scheduled payment changes by an amount greater than or equal to \$10, we'll notify you by sending you an updated summary.

Payor Information

- Designation as a Payor does not constitute acceptance of any liability on part of the Payor, or Nationwide, for services provided to the Policy Owner. The designation does not create the right to inquire or request changes on the life insurance policy.
- As a designated Payor, you are limited to receive information on billing and payment inquiries. This encompasses any information necessary for the Payor to be able to make payments on the policy to keep the policy active and in good standing.
- Any overages or refunds, if applicable, will be paid to the Policy Owner via check and sent to the address that we have on file, unless we're instructed otherwise.