



Mail To: **Nationwide Life Insurance Company**
Nationwide Life and Annuity Insurance Company
 P.O. Box 182835
 Columbus, OH 43218-2835
 1-800-547-7548
 www.bestofamerica.com

**NATIONWIDE PRE-AUTHORIZED
 PAYMENT REQUEST
 LIFE PRODUCT PREMIUMS**

I hereby authorize Nationwide Life Insurance Company (hereafter called the "Company") to initiate debit entries to my checking/savings account indicated below and the Financial Institution named below (hereafter called the "Financial Institution") to debit the same such account. It is required that this form be received and recorded at least 10 business days prior to the first Financial Institution debit.

Financial Institution Name: _____

Financial Institution Address: _____
Street Address

City

State

Zip

Account Number: _____ Transit/ABA Number: _____

- *Checking (*Attach a pre-printed Voided Check. Starter Checks will not be accepted.*)
- *Savings (*Attach a Voided Deposit Slip. Must be pre-printed with name and address.*)

Monthly Deduction \$ _____ Monthly Draft Date _____

Policy Owner Name: _____ Social Security Number: _____

Policy Number: _____

Policy Owner Signature: _____ Date: _____

Payor Signature: _____ Date: _____
(IF NOT THE OWNER)

This authority is to remain in full force until the Company and the Financial Institution have received written notification from me of its termination or upon debit of my last scheduled premium payment, whichever occurs first.

***SEE REVERSE SIDE FOR INSTRUCTIONS**

FAILURE TO PROVIDE NECESSARY DOCUMENTS MAY LEAD TO A DELAY IN THE INITIAL COLLECTION OF PRE-AUTHORIZED PAYMENTS.

NATIONWIDE PRE-AUTHORIZED PAYMENT REQUEST INSTRUCTIONS

- Provide voided check if premiums will be deducted from a checking account. Check must be pre-printed with name and address of bank account holder.
- When submitting a company check, provide letter from company or bank confirming authorization of individual to sign on company checks.
- Provide voided savings deposit slip if premiums will be deducted from a savings account. Deposit slip must be pre-printed with name and address of bank account holder. If pre-printed deposit slip is not available, a copy of bank statement or letter from bank confirming account number and name is required.
- Ensure that both bank and account to be debited can accommodate Pre-Authorized Payments.
- Supply the policy number for Pre-Authorized Payment if submitted after the contract is issued.
- Deductions for life policy premium payments will be taken out each month on the contract's monthly anniversary date.
- Unless requested otherwise, deductions for new contracts on Pre-Authorized Payment will begin three months after the policy is issued. Three months of minimum premium is required at issue.
- Submit completed form to:

Nationwide Life Insurance Company
Life Service Center
P.O. Box 182835
Columbus, OH 43218-2835