



NATIONWIDE LIFE INSURANCE COMPANY

APPLICATION FOR CHANGE OF BENEFICIARY DESIGNATION

Nationwide Corporate Insurance Markets, One Nationwide Plaza, 1-11-08, Columbus, OH 43215-2220

The following conditions/instructions have been enclosed to assist you with the completion of the attached APPLICATION FOR CHANGE OF BENEFICIARY DESIGNATION. Please read these instructions carefully before completing the application.

1. Use this form when a lump sum policy settlement is desired. For any other type of settlement information write to Nationwide Life Insurance Company Home Office, One Nationwide Plaza, 1-11-08, Columbus, OH 43215-2220.
2. This application revokes ALL previous beneficiaries for the insured specified in this application. Therefore, even if the present primary or contingent beneficiary is to remain the same, such beneficiary must be renamed on this form.
3. **REQUIRED INFORMATION:** (1) Policy number, (2) The full names of all beneficiaries designated, (3) The relationship of the beneficiaries to the insured, (4) Date this application is signed, and (5) Information as requested in sections 4, 5, and 6, below.
4. **REQUIRED SIGNATURES:** (1) The Insured; or, (2) The Owner(s), if other than the Insured; or, (3) The Joint Owner's, if a Joint Insurance Policy; or, (4) If owned by a corporation, the signature of an officer (and the officer's title), other than the Insured (please contact our home office if the corporation has only one corporate officer); or, (5) All irrevocable beneficiaries, if any. Signatures must be in blue or black ink. A witness may be required, at the discretion of the Home Office.
5. If you live in one of the following states - AK, AZ, FL, HI, ID, LA, ND, OR, RI, UT, VA, WA or WI, a full address for all beneficiaries designated is required.
6. If you live in a Community Property State - AZ, CA, ID, LA, NM, TX, WA or WI, and the owner's spouse is currently designated as a beneficiary for this policy and this spouse is not being renamed as a beneficiary, we recommend that the spouse currently listed as beneficiary sign this form. If you are no longer married to the spouse who is currently designated as a beneficiary, we request that you send a copy of your divorce decree. If your spouse is deceased, please send a copy of the death certificate.

Please read these instructions if designating one of the following as a beneficiary:

LIVING OR INTER VIVOS TRUST - Include the name(s) of the trustee(s), the full name of the trust, and the date the trust was established. Also, please provide us with a copy of page or pages of the trust showing the name and date of the trust, the names of trustor and trustee(s) and, a copy of the signature page of the trust.

TRUSTEE NAMED IN A WILL - Use the following designation: Trustee named in The Last Will and Testament of the Insured.

WILL OR ESTATE - Use the following designation: Executor or Administrator of the Estate of the Insured.

MORE THAN ONE BENEFICIARY OR CONTINGENT BENEFICIARY - If two or more beneficiaries or contingent beneficiaries are designated to receive payment, any payment to them will be made in equal shares or to the survivors in equal shares or to the last survivor. If you wish to designate two or more beneficiaries with an unequal distribution of proceeds, please contact our Home Office for assistance. Also, please contact our Home Office for assistance if this form does not have enough spaces for all of your beneficiaries.

CREDITOR OR FUNERAL HOME - When a creditor or funeral home is being designated as the beneficiary, the name and address of the creditor or funeral home must be listed as well as the following designation: "Creditor (or Funeral Home), as their interest may appear, balance if any to..."

DO NOT use the wording "and/or" when designating a beneficiary.

DO NOT use the wording "children of the insured". Either; (1) Name the child/children individually; or, (2) Specify the marriage of which the children are born to and/or adopted by. (Include the insured's and spouse's full names).

DO NOT numerically list the beneficiaries.

DO NOT designate "No change" or "Stay the same". This application will revoke all previous beneficiaries for the insured specified in this application.

DO NOT list specific dollar amounts. Please contact our Home Office for assistance if you wish to designate specific dollar amounts.



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Mail to: Nationwide Corporate Insurance Markets, One Nationwide Plaza, 1-11-08, Columbus, OH 43215-2220

Primary Insured: _____ SS#: _____ DOB: _____

In accordance with the provisions of Policy/ies No. _____, relating to change of beneficiary or contingent beneficiary, the designation of any and all such beneficiaries now or heretofore named in or endorsed on the this Policy/ies for the insured specified in this application and any election of an optional settlement provision are hereby revoked. If the Policy/ies shall become payable as a death claim, the proceeds shall be payable to:

SECTION I—For proceeds payable because of the death of the primary insured. (SEE Section II for death of Spouse, Child, Additional Insured or Joint Insured)

The Beneficiary

If Individual(s), Corporations, Creditors, or Estate:

Full Name _____
Address _____
Tax ID or SSN _____ Relationship to Insured _____

Full Name _____
Address _____
Tax ID or SSN _____ Relationship to Insured _____

Full Name _____
Address _____
Tax ID or SSN _____ Relationship to Insured _____

If Trust:

(See instructions, page 1): _____

Trustee's Address _____

Otherwise to: The Contingent Beneficiary

If Individual(s), Corporations, Creditors, or Estate:

Full Name _____
Address _____
Tax ID or SSN _____ Relationship to Insured _____

Full Name _____
Address _____
Tax ID or SSN _____ Relationship to Insured _____

Full Name _____
Address _____
Tax ID or SSN _____ Relationship to Insured _____

If Trust:

(See instructions, page 1): _____

Trustee's Address _____

