



# Protect Your Legacy

## Complete Information Helps Us Honor Your Final Wishes.

At Nationwide®, fulfilling our commitment to you and your beneficiaries is our top priority. And when it's time for us to locate and make a benefit payment to your beneficiaries, we want to be sure we have the right people. To ensure that we do, we need a few very important things, based on the kind of beneficiary you designate

### For an individual:

- Legal first and last name
- Address
- Social Security number
- Date of birth
- Benefit allocation
- Relationship to annuitant

### For an entity (charity, nonprofit organization, etc.):

- Complete name
- Address
- Phone number
- Benefit allocation
- Taxpayer identification number (TIN)

### For a trust:

- Trustee name
- Trust number
- Address
- Title page, trustee and successor trustee designation page, and the signature page
- Taxpayer identification number (TIN)

### Confidentiality and security of your personal information:

- Nationwide is committed to protecting your personal and beneficiary information
- We follow all data security laws using physical, technical and procedural safeguards
- Access to your information is limited to only those who need it to do their jobs

If you live in a community property state (AZ, CA, ID, LA, NV, NM, PR, TX, WA or WI) and you have named someone other than your spouse as the beneficiary of this insurance policy, please review the Spousal Consent section of the Application for Change of Beneficiary Designation Form to determine whether spousal signature is required. Note: Use of the term "spouse" on this form refers to the person to whom the owner is legally married, or the policy owner's domestic partner or equivalent as recognized and allowed by federal law, or by state law in your state of residence.

## The Details Are So Important To Carrying Out Your Wishes.

Complete and accurate information is crucial for us to pay out the designated benefits to the intended beneficiaries. Without it, a benefit could be paid to the wrong person or entity, or it could be escheated (turned over) to the state. It only takes a few moments to ensure that we have the correct information — giving you the peace of mind that comes from knowing your beneficiaries will receive the legacy you meant to leave them.

If you have any questions about this form, our specialists will be happy to help you. Please call us at 800-848-6331, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Products issued by Nationwide Life Insurance Company or Nationwide Life and Annuity Insurance Company, Columbus, Ohio. The general distributor for variable products is Nationwide Investment Services Corporation, member FINRA.

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# Application for Change of Beneficiary Designation

Nationwide Life Insurance Company

Nationwide Life and Annuity Insurance Company

PO Box 182835, Columbus, OH 43218-2835

To Avoid Delays In Processing, All Pages Must Be Returned Phone: 800-848-6331 • Fax: 888-677-7393 • nationwide.com

## 1. General Information (please print)

### Owner's Information:

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SSN: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insured's Name (please print): \_\_\_\_\_

NOTE: please see Pages 3 and 4 of this application for important information

## 2. Primary Beneficiary(ies) (required)

Allocations must equal 100%. Fractional allocations will not be accepted, (i.e 1/3). (Please print)

NOTE: All changes will be recorded for the Primary Insured, unless otherwise noted below. Additional beneficiaries may be included on another sheet of paper if necessary.

This designation is for:  Primary Insured  Joint Insured/Insured Spouse  Other: \_\_\_\_\_  
(name of Insured or Rider)

### 2a. Individuals:

1. Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
SSN: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_  
Street Address (  Same as Owner): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
SSN: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_  
Street Address (  Same as Owner): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
SSN: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_  
Street Address (  Same as Owner): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2b. Entities:

4.  Estate<sup>1</sup>  Trust<sup>2</sup>  Creditor<sup>3</sup>  Funeral Home<sup>3</sup>  Other (please specify): \_\_\_\_\_  
Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
TIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: notes 1, 2, and 3 are on the next page

## 2. Primary Beneficiary(ies) (required) (continued)

### 2b. Entities (continued):

5.  Estate<sup>1</sup>  Trust<sup>2</sup>  Creditor<sup>3</sup>  Funeral Home<sup>3</sup>  Other (please specify): \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary

Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%

TIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

6.  Estate<sup>1</sup>  Trust<sup>2</sup>  Creditor<sup>3</sup>  Funeral Home<sup>3</sup>  Other (please specify): \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary

Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%

TIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup>The Executor(s) or Administrator(s) of the Estate of the Insured

<sup>2</sup>Please include a copy of the pages from your trust that contain the following information: the title of the trust, date established, trustee name(s), and signature(s)

<sup>3</sup>Cannot be an Irrevocable Beneficiary

## 3. Contingent Beneficiary(ies) (optional)

Allocations must equal 100%. Fractional allocations will not be accepted, (i.e 1/3). (Please print)

If Primary Beneficiary is deceased at the time of Insured's death, or is not in existence (if trust, corporation or other entity) at time of Insured's death, then pay contingent beneficiaries as listed below:

**NOTE: Additional beneficiaries may be included on another sheet of paper if necessary.**

### 3a. Individuals:

1. Full Legal Name: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%

SSN: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_

Street Address (  Same as Owner): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%

SSN: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_

Street Address (  Same as Owner): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%

SSN: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_

Street Address (  Same as Owner): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. Contingent Beneficiary(ies) (optional) (continued)

#### 2b. Entities:

4.  Estate<sup>1</sup>  Trust<sup>2</sup>  Other (please specify): \_\_\_\_\_  
Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
TIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
5.  Estate<sup>1</sup>  Trust<sup>2</sup>  Other (please specify): \_\_\_\_\_  
Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
TIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
6.  Estate<sup>1</sup>  Trust<sup>2</sup>  Other (please specify): \_\_\_\_\_  
Full Legal Name: \_\_\_\_\_  Irrevocable Beneficiary  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
TIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup>The Executor(s) or Administrator(s) of the Estate of the Insured

<sup>2</sup>Please include a copy of the pages from your trust that contain the following information: the title of the trust, date established, trustee name(s), and signature(s)

### 4. Important Items to Understand

Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company, are herein referred to as "the Company". Please do not send in your policy with this request. The Company waives any policy provision requiring the return of the Policy to the Company for endorsement.

#### General Information about Beneficiary Designations

- The owner(s) reserve the right to change the beneficiary unless otherwise provided for on this application (i.e. irrevocable beneficiary(ies)).
- All beneficiaries need to be restated even if they are not being changed. For example, if you are changing only the contingent beneficiary, you must restate the primary beneficiary. We will not accept forms where Section 2 is left blank. We will also not accept wording such as "same" or "no change" in Section 2 or in Section 3.
- Once the Company receives and agrees to this application, all previous beneficiary designations for this policy are revoked effective the date of this application unless the beneficiary is designated as irrevocable.
- Checking the irrevocable beneficiary box in Section 2 will designate the named beneficiar(ies) as irrevocable. An irrevocable beneficiary, once named, cannot be changed without the consent of the named irrevocable beneficiary. In addition, other policy changes may require the irrevocable beneficiary's signature prior to the Company accepting any requested change.
- If beneficiary(ies) are not specified by name (i.e. all living children), the Company is authorized to rely on an affidavit(s) from the beneficiary(ies) listed on this form or from any responsible person in determining the names of the beneficiaries at time of claim. The Company is discharged from all liability upon making settlement based on such affidavit(s).
- Any reference in this application to a beneficiary living or surviving will mean living or surviving at the time of the Insured's death.

#### 4. Important Items to Understand (continued)

- Unless otherwise designated by you on this application, Nationwide will assume that:
  - If two or more Primary Beneficiaries or Contingent Beneficiaries are designated, the proceeds shall be payable in equal shares to those Primary Beneficiaries or Contingent Beneficiaries who survive the insured.
  - If two or more Primary Beneficiaries or Contingent Beneficiaries are designated to receive the proceeds in unequal shares and any of those Primary Beneficiaries or Contingent Beneficiaries predecease the Insured, the proceeds designated for such deceased Primary Beneficiaries or Contingent Beneficiaries shall instead be paid in equal shares to those Primary Beneficiaries or Contingent Beneficiaries who survive the Insured.
  - Children include naturally born and legally adopted children of the Insured.
  - Any amounts payable to a child of less than the age of majority shall be paid to the appointed guardian of his/her property or in any other manner approved by law.

#### Additional Information on Certain Beneficiary Designations

- **Trust/Trustee(s)** - If a Trust/Trustee(s) is named as beneficiary on this policy:
  - The Company is not responsible for the application or disposition of the proceeds of the policy by the Trustee(s). Payment to the Trustee(s) shall fully discharge the liability of the Company under the policy.
  - If the beneficiary is a testamentary trust, the Company is authorized to rely on a certified copy of the qualification and appointment of the Trustee(s) or the probating of the Will. If the beneficiary is an inter vivos or living trust, the Company is authorized to rely upon a statement from the Trustee(s) that the trust is active and in full force and effect.
  - If, within six months after the death of the Insured, the Company has not been furnished with evidence of the probating of the Will or the qualification of the trustee (if a testamentary trust), or, with evidence that the trust is no longer active and in full force and effect (if an inter vivos or living trust), the proceeds may then be paid to the Contingent Beneficiary or other Beneficiary(ies) designated to next receive the proceeds. If there are no such beneficiaries surviving the insured, the proceeds will then be paid according to the terms of the policy.
- **Executor(s), Administrator(s) or Estates** - For policies in which the Insured's Estate is the beneficiary, the Company is authorized to rely upon a certified copy of the qualification and appointment of the Executor or Administrator of the Insured's Estate. Payment of the policy's proceeds to the Executor or Administrator shall fully discharge the liability of the Company under the policy.
- **Businesses, Schools, Charities or Churches** - Select "Other" and write the entity type for this designation.
- **Funeral Homes** - Select "Other" and write "Funeral Home" for this designation. For policies where a funeral home is named as a beneficiary and you do not want the entire death benefit to be paid to the named funeral home, please indicate the name of the funeral home and include "as their interest may appear, balance, if any, to remainder beneficiary." You must identify a remainder beneficiary to receive any amount leftover after the creditor has been paid. Note that some states do not allow funeral homes to be named as beneficiaries and we may return this application if a funeral home designation is made in a state which prohibits such a designation. Also note, that some states limit the amount that can be paid to a funeral home.
- **Creditors** - Select "Other" and write "Creditor" for this designation. For policies where a creditor is named as a beneficiary and you do not want the entire death benefit to be paid to the named creditor, please indicate the name of the creditor and include "as their interest may appear, balance, if any, to remainder beneficiary." You must identify a remainder beneficiary to receive any amount leftover after the creditor has been paid.

#### Signature Requirements

**Required Signatures** - This request must be signed and dated by all persons who have ownership or other rights in the policy (all co-owners, joint owners, co-trustees, previously named irrevocable beneficiaries, etc.). Signatures must be made in ink using full legal names.

**Corporate Owned Policies** - If a corporation owns the policy, we require the signature of a corporate officer and the officer's title. We must also have a copy of the corporate resolution giving the officer the authority to change the beneficiary on file. This officer must be someone other than the Insured unless the Insured is the sole corporate officer.

**Witness Signature** - It is strongly recommended that the owner's signature on this application be witnessed by a disinterested adult who is not being named as a Beneficiary.

- In Massachusetts, the Owner's signature on this application must be witnessed by a disinterested person, over the age of 18, who is not being named as a Beneficiary.
- A witness must be present at the time the owner signs this application.

## 5. Community Property Spousal Consent

**For Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin:**

If you live in one of the community property states listed above, and you have named someone other than your spouse as your beneficiary, your spouse may have rights to the death benefit of this policy under state law even if you choose not to name them as your beneficiary. Please have your spouse sign below to waive his or her rights to any community property interest in the death benefit.

If you are unsure of whether these laws apply to you, consult with your legal or tax advisor to determine whether a spousal signature is required on this form. Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company disclaim any responsibility for determining the applicability of community property laws or the validity of the requested beneficiary change.

Note: Use of the term "spouse" on this form refers to the person to whom the owner is legally married, or the policy owner's domestic partner or equivalent as recognized and allowed by federal law, or by state law in your state of residence.

### Spousal Consent:

I, (print full legal name) \_\_\_\_\_, am aware that the owner, named above, has named someone other than me to be the beneficiary of this life insurance policy and do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the death benefit proceeds of such policy under applicable community property laws.

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 6. Acknowledgment and Signatures (required)

I hereby acknowledge that I have read and agree to the terms and conditions on page 2 and 3 of this application. I agree that this change of beneficiary is effective the date of this application and this application will have no effect on any payment made or action taken by the Company before the Company has agreed to this application.

### Owner:

Full Name (please print): \_\_\_\_\_

Signed and Witnessed in (City, State): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Joint Owner (if applicable):

Full Name (please print): \_\_\_\_\_

Signed and Witnessed in (City, State): \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Witness:

Full Name (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other (select one):**  Officer  Assignee  Trustee  Irrevocable Beneficiary

Full Name (please print): \_\_\_\_\_

**Title (required):** \_\_\_\_\_ **SSN/TIN (required):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_