Mail To: Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company
P.O. Box 182835
Columbus, OH 43218-2835
Fax To: 614-249-2235 or process online at: www.nationwidefinancial.com
Contact us at:1-800-543-3747 with any questions

REQUEST FOR SUB-ACCOUNT (FUND) CHANGES

Policy Number _____ Policy Owner _____

SECTION 1: Current Allocations

A) This method is to be used when processing the current allocation(s) NOTE: You may select only ONE method ("Fund to Fund Transfer" or "End Result")

☐ **Fund to Fund Transfer:** Moves some or all out of an existing Fund into another Fund.

Amount (% or $)	"FROM" Fund Name	Amount (% or $)	"TO" Fund Name
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____

☐ **End Result:** Automatically moves all current value to funds selected below. Must be whole percentages and total 100%.

Percent	Fund Name	Percent	Fund Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		100%	Allocations Must Equal 100%

SECTION 2: Future Allocations

Future premium payments, loan repayments, loan interest credits, or any other transfers from the General Account, will be allocated as listed below.

Percent	Fund Name	Percent	Fund Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		100%	Allocations Must Equal 100%

☐ Please process to match the "End Result" request in Section 1.

The undersigned hereby requests that Nationwide Life Insurance Company or Nationwide Life and Annuity Insurance Company process the above changes. All requests received (in good order) at Nationwide's Home Office prior to the NY Stock Exchange close are processed same day. I understand that Asset Rebalancing and/or Dollar Cost Averaging Programs currently on file or in the future will not be changed, unless otherwise noted.

_____ _____ _____
Signature of Policy Owner(s) or Producer (If limited power of attorney on file) Daytime Telephone for Signor Date

_____
Printed Name (Name from above)

*Some restrictions and short term trading fees may apply. Consult your prospectus and any supplements for further details.