



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.nationwidefinancial.com

**LIMITED POWER OF ATTORNEY**  
 FOR The BEST OF AMERICA<sup>®</sup> LIFE CONTRACTS

Re: Contract # \_\_\_\_\_ (Each contract must have a separate POA)

I appoint \_\_\_\_\_ as my Limited Attorney in Fact (herein referred to as  
 (Producer of Record)  
 Holder) for the limited purposes of allocating future contributions and exchanging among investment options within  
 the above referenced contract.

The power created by this document is effective when it is received and recorded by the Company. It is revoked  
 when written notice is received and recorded by the Company and is automatically terminated when the Holder  
 ceases to be a currently licensed and appointed representative of the Company or the Agent of record for the  
 Contract.

The power is personal to the Holder and may only be delegated strictly for purposes of administrative processing by  
 representatives authorized by the Attorney-in-Fact by written notification to the Company. The power is not  
 available for use by any person or organization providing market timing advice.

I and the Holder agree, for ourselves, our heirs, the legal representative of our estates, their successors and  
 assigns, to release the Company from any liability for action in reliance on instructions given pursuant to the Limited  
 Power. We jointly and severally agree to indemnify the Company for and against any claim, liability or expense  
 arising out of any action by the Company in reliance of such instructions.

_____	_____
Print Policy Owner Name	Social Security Number
_____	_____
Policy Owner Signature	Print Producer Name
_____	_____
Daytime Telephone Number	Producer's Telephone Number
_____	_____
Date	Producer's E-Mail Address