

Application Supplement

Use this form to provide supplementary information for a new business application or if you have requested an annuitant change on the preceding page (page 1 of 2).

ANNUITANT MEDICAL QUESTIONNAIRE

	YES	NO
1. Have you ever had an application for insurance declined, postponed, rated up or limited?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had indications of, been treated or counseled for alcoholism, drug addiction, nervous or mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had indications of, been treated for or taken medication for high blood pressure, epilepsy, or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had indications of, been treated for or taken medication for chest pains, heart attack or other heart disorder, diabetes, kidney disorder, lung disorder, blood disorder or any cancer or malignancy?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever received treatment for or been diagnosed as having acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or received a positive result to a HIV Test?	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the past five years, have you had any disease, disorder, injury, test or operation which has not been previously mentioned?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide full details below regarding any of the above questions that contain a "Yes" response and include the full name and address of any provider of medical services.

I authorize any licensed physician or medical practitioner; any hospital, clinic, or other medical or medically related facility; any insurance company; any other organization, institution, or person who has knowledge of me to give that information to the Medical Director of the Nationwide Life Insurance Company or its reinsurers. This authorization, or a copy of it, will be valid for a period of not more than one year from the date it was signed.

Signature of Proposed Annuitant

Date

If a change is requested please forward the complete form to:

Nationwide Financial
Individual Annuity Operations

Best of America®
P.O. Box 182021
Columbus, Ohio 43218-2021
1-800-848-6331

If you are providing supplementary information for a new business application please specify in the remarks section of the application (ie. see supplement) and attach this form to the new business application.

