



# Corporate Insurance Markets Consent to Electronic Delivery of Policy Documents

Nationwide Life Insurance Company  
Nationwide Life and Annuity Insurance Company  
Corporate Insurance Markets  
One Nationwide Plaza, 1-11-08  
Columbus, OH 43215-2220  
1-877-351-8808  
www.bestofamerica.com

This Consent form is in reference to:

**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

This Consent to Electronic Delivery of Policy Documents (“Consent”) is made by and between Nationwide Life Insurance Company, Nationwide Life and Annuity Insurance Company (collectively, “Nationwide”) and \_\_\_\_\_ (“Policy Owner”).

### A. Policy Documents

The Policy Owner hereby agrees to accept from Nationwide electronic delivery of the following policy documents:

- Premium payment confirmations
- Fund transfer confirmations
- Annual statements
- Periodic statements

The Policy Owner further agrees that policy documents transmitted electronically by Nationwide to the electronic address designated below by the Policy Owner are in lieu of all other forms of communication, including regular U.S. Mail delivery. The Policy Owner accepts that electronic delivery of policy documents by Nationwide is sufficient to meet all reporting requirements under the Policy. Paper copies of any and all electronically delivered policy documents are available on request.

The Policy Owner understands and agrees that this Consent does not involve or include the transmittal of any policy data other than the policy documents specifically listed above.

### B. Transmittal of Policy Documents

Nationwide will use its best efforts to assist the Policy Owner in communicating and receiving electronic communication related to the retrieval and storage of policy documents. The Policy Owner is responsible at all times to notify Nationwide in writing of any and all changes associated with the transmittal of policy documents. The Policy Owner agrees that it will hold Nationwide harmless with respect to any e-mail changes caused by the Policy Owner’s failure to provide current and valid information for the receipt of policy documents.

Designated electronic transmittal e-mail address(es) of the Policy Owner:

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### C. Systems Requirements

The Policy Owner agrees to communicate and receive electronic policy documents using the Adobe Acrobat PDF format, or any format agreed upon by Nationwide. However, the Policy Owner agrees that it will hold Nationwide harmless with respect to any system failure regardless of the cause of such system failure. Furthermore, Policy Owner represents that the information system that it is intending to use for receipt of policy documents currently conforms to the following requirements:

#### Windows

- Intel® Pentium® processor
- Microsoft® Windows® 95 OSR 2.0, Windows 98, Windows Millennium, Windows NT®\* 4.0 with Service Pack 5 or 6, Windows 2000, or Windows XP
- 32 MB of RAM (64 MB recommended)
- 150 MB of available hard-disk space
- Additional 70 MB of hard-disk space for Asian fonts (optional)
- CD-ROM drive
- Internet Explorer 4.0.1 or later required for Windows NT users

or

#### Macintosh

- PowerPC® processor
- Mac OS software version 8.6\*, 9.0.4, 9.1, or Mac OS X\*
- 32 MB of RAM (with virtual memory on) (64 MB recommended)
- 150 MB of available hard-disk space
- Additional 70 MB of hard-disk space for Asian fonts (optional)
- CD-ROM drive

### D. Revocation of Consent

This Consent may be revoked unilaterally by the Policy Owner or Nationwide with ten days prior written notice to the other party. Upon revocation of this Consent, Nationwide will communicate all policy documents via regular U.S. Mail to the last known designated address of the Policy Owner, unless previously instructed otherwise by the Policy Owner.

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Name of Policy Owner: \_\_\_\_\_

Executed by: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Assignee (if applicable): \_\_\_\_\_

Executed by: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Administrator/Producer Office: \_\_\_\_\_

Executed by: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

NATIONWIDE LIFE INSURANCE COMPANY

Executed by: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_