



Nationwide Life Insurance Company
 Nationwide Life and Annuity Insurance Company
 P.O. Box 182835, Columbus, OH 43218-2835
 Hereinafter referred to as *Nationwide*
 www.nationwidefinancial.com

Customer Contact Information

Nationwide: 1-800-243-6295
 Waddell & Reed: 1-866-221-1100
 TDD: 1-800-238-3035
 Fax: 1-888-677-7393

Loan, Partial Surrender and Dividend Withdrawal Request

Section 1: Nationwide Life Insurance Policy Information – Must be completed

Please review the form in its entirety and complete sections 1, 2, 3 and 5.

Please contact our Customer Service Center at 1-800-243-6295 to receive answers to your questions and learn more about the options available.

Waddell & Reed customers please contact 1-866-221-1100. TDD services are available by calling 1-800-238-3035. Customer Service Representatives are available to assist you Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

Policy Number(s): _____

Policy Owner(s): _____

Daytime Phone Number: (_____) _____ E-mail Address: _____

Insured(s): _____

Please select one:

Policy Loan

- Maximum Loan Available.** Use cash value only as security for the loan.
- Maximum Loan Available.** Use the cash value AND the present value of the dividends (if applicable) as security for the loan. (Traditional Life Only)
- A loan in the amount of \$ _____, or the maximum available, if less.**

Partial Surrender

- Partial Surrender (Universal Life Only)**
 Amount Requested \$ _____, or the maximum available, if less

Note: If your policy is a Back End Load, Front End Load and UL Protector product and has a Death Benefit Option 1, then a \$25.00 fee will be deducted from your policy's Specified Amount and Accumulated Value. If your policy has Death Benefit Option 2, then a \$25.00 fee will be deducted from your policy's Accumulated Value. This fee is not currently assessed on any other Universal Life products.

- Partial Surrender (Variable Only)**
 Amount Requested \$ _____, or the maximum available, if less

Any partial surrender may reduce the death benefit for the policy. Please refer to your product prospectus for more information.

Select one: Preferred Regular

* If your policy allows a preferred partial surrender and it is selected above, the policy's Specified Amount will not be reduced. If one of the above options is not selected and your policy provides both options, the partial surrender will be processed as a regular partial surrender and the policy's Specified Amount may be reduced.

Dividend Withdrawal (Traditional Life Only)

- ALL, or maximum amount not presently being held as security for a loan, are to be surrendered in cash.**
- \$ _____ to be surrendered in cash, or the maximum available, if less.**
- \$ _____ to be used to (be specific) _____**
- To purchase Additional Paid Up Insurance.**

Section 2: Method of Distribution – Must be completed

Direct Deposit

Financial Institution

(____) _____

Financial Institution Phone Number

JOHN DOE 123 FIRST AVE. ANYTOWN, USA 12345	00-0/00	1001
PAY TO THE ORDER OF _____	DATE _____	\$ _____
DOLLARS _____		
YOUR FINANCIAL INSTITUTION ANYTOWN USA 12345		
FOR _____		
▪:123456780▪:012345678901 ▪ 0101		

You must include a voided check if depositing to your checking account. If depositing to your savings account, a letter from your bank/financial institution will be required. The deposit to your checking or savings account will normally occur four (4) business days after the date of the withdrawal from your life insurance policy. Please note that deposit slips are not acceptable.

Note:

- If no check (or letter from your bank/financial institution) is included, the distribution will automatically be mailed to the owner's address of record.
- **The checking/savings accountholder must be the same as the Policy Owner.**

Mail distribution to Owner's address of record

Mail distribution to alternate address (This option will be made payable to the Policy Owner.)

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Check if new address

Section 3: Federal Tax Withholding Instructions – Must be completed

You may owe Federal Income Tax on any portion of a surrender or partial surrender that represents a gain. You may also be responsible for payment of Federal Income Tax on the portion of your lump sum payment. You may be subject to tax penalties under the Estimated Tax Payment rules if your combined payments of estimated tax and withholding are not adequate.

IMPORTANT:

Please indicate your tax election below. **If an election is not made, Nationwide will withhold 10% of the taxable gain and forward that amount to the Internal Revenue Service.** If a taxpayer identification number is **not** furnished to Nationwide, then Nationwide **will withhold 10% of the taxable gain** and forward the withheld amount to the IRS.

Please select one:

I DO NOT want to have Federal Income Tax withheld from my lump sum proceeds.

I WANT to have withheld 10% of the gain from my proceeds.

Instead of 10%, please withhold this percent: _____%.

Section 4: Taxpayer ID Certification

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Certification – Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or that I am exempt from backup withholding, and
- (3) I am a U. S. person (including a U.S. resident alien).

You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report interest or dividends on your tax return.

Section 5: Signatures (Must complete signatures and provide SSN or TIN)

It is hereby expressly represented that no person, firm, or corporation other than the undersigned has any interest in this policy, and that no proceedings of insolvency or bankruptcy have been instituted or are pending against the undersigned.

_____ Signature of Owner	_____ Date	_____ Date of Birth	_____-_____ Social Security Number
_____ Signature of Co-Owner	_____ Date	_____ Date of Birth	_____-_____ Social Security Number
_____ Signature of an Officer (if owned by a Corporation)	_____ Date	_____ Title	_____ Taxpayer Identification Number
_____ Signature of Assignee	_____ Date	_____ Title	_____ Taxpayer Identification Number
_____ Signature of Producer/Witness	_____ Producer's Number	(_____)_____ Producer's Telephone Number	

Note:

- For trusts, a trust certification or copy of the trust agreement is required to be on file.
- If an officer signature is required, please include a corporate resolution.
- Premiums must be paid current for Whole Life policies in order to process a loan request.
- This transaction could cause taxable income to you.
- By taking a loan, your policy may lapse if future premium payments and loan interest payments are not made.
- Loan interest is due at least on each policy anniversary date.

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If any information contained on this form is unclear or incomplete, Nationwide will correspond directly with the policy owner or insurance professional.