



Please make check payable to:

Nationwide Life Insurance Company

Send Variable Annuity Application and check to:
Individual Investment Products
P.O. Box 182021, Columbus, Ohio 43218-2021
1-800-848-6331

ANNUITY APPLICATION

DESIGNATED ANNUITANT (Print Name) _____

Sex ☐ M ☐ F

ADDRESS _____

BIRTHDATE

MO.	DAY	YEAR

SOC. SEC. NO.

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OCCUPATION _____

EMPLOYER _____

CONTRACT OWNER _____

ADDRESS _____

Tax I.D. or Soc. Sec. No.

BIRTHDATE _____

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BENEFICIARY (Print Name) _____

RELATIONSHIP _____

CONTINGENT BENEFICIARY _____

RELATIONSHIP _____

ANNUITY PURCHASE PAYMENTS:

First Purchase Payment \$ _____ submitted herewith. A copy of this application duly signed by the agent will constitute receipt for such amount. If this application is declined, there will be no liability on the part of the Company, and any sums submitted with this application will be refunded.

The Contract Owner intends to make subsequent purchase payments in the amount of \$ _____ on a

☐ monthly ☐ quarterly ☐ semi-annual ☐ annual basis Billing # _____

PURCHASE PAYMENT ALLOCATION:

(whole percentages only, must total 100%)

*Underlying mutual funds shown below designated by an ** may include restrictions and/or charges, please review the underlying fund prospectus carefully. Consult your prospectus for reference to share class.*

% Aberdeen Global Unconstrained Fixed Income Fund
% Aberdeen U.S. Multi-Cap Equity Fund
% American Century Income & Growth Fund
% American Century Short Term Government Fund
% American Century Ultra Fund
% Delaware High-Yield Opportunities Fund
% Dreyfus Appreciation Fund, Inc.
% Dreyfus Intermediate Term Income Fund
% Dreyfus S&P 500 Index Fund
% Federated Bond Fund
% Federated High Yield Trust
% Fidelity Advisor Balanced Fund
% Fidelity Advisor Equity Income Fund
% Fidelity Advisor Growth Opportunities Fund
% Fidelity Asset Manager 50%
% Fidelity Equity-Income Fund
% Fidelity Magellan® Fund
% Fidelity Puritan Fund

% Fidelity VIP Overseas Portfolio
% Franklin Mutual Shares Fund
% Invesco Mid Cap Growth Fund
% Lazard U.S. Small-Mid Cap Equity Portfolio
% MFS® Strategic Income Fund
% Nationwide Bond Fund
% Nationwide Dynamic U.S. Growth Fund
% Nationwide Fund
% Nationwide Government Money Market Fund
% Nationwide Inflation-Protected Securities Fund
% Nationwide S&P 500® Index Fund
% Neuberger Berman Sustainable Equity Fund
% NVIT Investor Destinations Aggressive Fund
% NVIT Investor Destinations Conservative Fund
% NVIT Investor Destinations Moderate Fund
% NVIT Investor Destinations Moderately Aggressive Fund
% NVIT Investor Destinations Moderately Conservative Fund

% NVIT Multi-Manager International Growth Fund
% Templeton NVIT International Value Fund
% Oppenheimer Global Fund/VA
% Virtus Strategic Allocation Fund
% Wells Fargo Intrinsic Value Fund

% Fixed Account

ANNUITY COMMENCEMENT DATE:

The First Day of _____

CHECK CONTRACT TYPE:☐ IRA ☐ SEP IRA ☐ SIMPLE-IRA☐ 401(a) ☐ 401(k) ☐ ROTH IRA

Year for which contribution applied _____

REMARKS:**OPTIONAL ANNUITY FORM ELECTED:**

Unless otherwise indicated, I hereby elect the Life Annuity Option.

☐ Life Annuity ☐ 120 or ☐ 240 Monthly Payments and life. ☐ Joint and Last Survivor Annuity.

Second Person _____

Birthdate

MO.	DAY	YEAR

 Relationship _____Will the annuity applied for replace existing annuity or life insurance? ☐ Yes ☐ No. If yes, explain:

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief and agree that this application shall be a part of any annuity contract issued by the Company.

I UNDERSTAND THAT ANNUITY PAYMENTS AND SURRENDER VALUES, WHEN BASED UPON INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT. RECEIPT OF A CURRENT VARIABLE ANNUITY PROSPECTUS IS HEREBY ACKNOWLEDGED.

☐ Please send me a copy of the Statement of Additional Information to the prospectus.SIGNED AT _____ ON _____
(Date)OWNER/DESIGNEE _____ WITNESS _____
(Signature of Owner/Designee) (Print Agent Name and No.)AGENT'S PHONE # _____
(Signature of Agent)AGENT: Do you have reason to believe the Contract applied for is to replace existing annuities or insurance owned by the annuitant? ☐ Yes ☐ No

General Agent _____ Branch Office Location _____

City _____ State _____ Zip _____ Telephone _____