



Nationwide®

Loan, Partial Surrender and Dividend Withdrawal Request

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

Skip the paperwork: Submit this form electronically at nationwide.com for quicker handling

Contact us: For questions about this form call 800-848-6331

1. Enter Policy Owner Information

First Name: _____ Last Name: _____ Policy Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

2. Select a Policy Loan Option (Whole Life, Universal and Variable Life)

Please review the Important Details and Disclosures beginning on Page 4 before making a selection.

Select one option:

☐ Maximum Loan Available

☐ Loan in the amount of \$_____ (or the maximum available if less)

For Indexed Universal Life policies only.

Select One: ☐ Declared Rate Policy Loan ☐ Alternative Policy Loan

3. Select a Partial Surrender Option

Please review the Important Details and Disclosures beginning on Page 4 before making a selection.

Select one option:

☐ Maximum Withdrawal

☐ Partial Surrender (Universal and Variable Life only)

Amount requested: \$_____ (or the maximum available if less)

For Variable Life policies only:

Select one: ☐ Preferred ☐ Regular

4. Select a Dividend Withdrawal (Whole Life only)

Please review the Important Details and Disclosures beginning on Page 4 before making a selection.

Select one option:

☐ Surrender of Paid-Up Additions for available cash value

☐ Surrender of Accumulated Dividends

Enter withdrawal amount:

☐ Maximum Available ☐ Amount requested: \$_____ (or the maximum available if less)

IMPORTANT: This request may cause a taxable event.

5. Enter Tax Withholdings

Nationwide will withhold 10% of the taxable gain and forward that amount to the Internal Revenue Service if you don't make an election or don't provide a taxpayer identification number to us on page 1. See Important Details and Disclosures on Page 4 for more information.

Please select one:

- ☐ I DO NOT want to have Federal Income Tax withheld from my lump sum proceeds.
- ☐ Please withhold this percent: _____ %

6. Select a Payment Method

☐ Direct Deposit

You are authorizing a one-time Automated Clearing House (ACH) credit (direct deposit) to the bank account provided on this form. Funds must be deposited to a U.S. Institution. See Important Details and Disclosures on Page 4 for more information.

Select an account type¹:

- ☐ **An Account on File** - Verify account information below
- ☐ **New Checking Account²** - Provide account information below
- ☐ **New Savings Account²** - Provide account information below

¹If there is no account on file, or you don't provide account information, we'll mail a check to the address on file.

²New account information will replace the account information on file for this policy. This will affect any existing scheduled withdrawals. If you do not want to replace the account information on file, call 800-848-6331 to make other payment arrangements.

☐ Check here if this is a commercial bank account

A commercial bank account is one that is owned by an entity (company, trust, etc.) rather than an individual person.

NOTE: If the bank account is owned by a company or trust, additional documentation is required.

Bank Account Holder Name (must be Policy Owner): _____

Financial Institution Name: _____

Transit/ABA Routing Number: _____ (Can ONLY begin with 0, 1, 2 or 3)

Account Number: _____

☐ Mail a check to the address on file

7. State Fraud Disclosures

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

8. Certify Taxpayer ID

I certify that under penalties of perjury that:

1. The Taxpayer Identification Number or Social Security Number listed on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. 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
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
(FATCA does not apply as this is a U.S. account)

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.

9. Sign and Date

I have read the Important Details and Disclosures beginning on Page 4.

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.

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

Owner: _____ **SSN required:** _____

Signature: _____ **Date:** _____

Joint Owner (if applicable):

Full Name (please print): _____ **SSN required:** _____

Signature: _____ **Date:** _____

Other (select one): ☐ Officer^{1,2} ☐ Assignee^{1,2} ☐ Irrevocable Beneficiary²

¹ Title required: _____ ² SSN required: _____

Full Name (please print): _____

Signature: _____ **Date:** _____

For trusts, we require a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust including but not limited to the legal Trust name and effective date, Trustees(s) authorized to act on the behalf of the Trust including any successor Trustees(s), and the Trust's tax identification number.

If an officer signature is required, please include a corporate resolution.

Spousal Consent (if applicable; see the Community Property Spousal Consent section on page 4 to determine applicability):

I have read and understand the community property disclosure found on this form. I agree that this disclosure applies to me and I consent to the distribution requested and waive any rights that I may have to such Life Insurance Policy under applicable community property laws.

Signature: _____ **Date:** _____



Nationwide®

Loan, Partial Surrender and Dividend Withdrawal Request Important Details and Disclosures

PLEASE RETAIN THIS PORTION OF THE FORM FOR YOUR RECORDS.

Submit to Nationwide



Upload Online: Log in to nationwide.com and select the “Forms” option to submit this request online.

Don't have an Online account? Follow these steps:

1) Visit nationwide.com 2) Click “Log in” 3) Click “Life insurance” in the drop down 4) Click “Sign up”



Submit by regular mail:

Nationwide Life Insurance Company
PO Box 182835
Columbus, OH 43218-2835

Submit by overnight mail:

Nationwide Life Insurance Company
1-LC-D4
1 Nationwide Plaza
Columbus OH 43215-2239



For More Information: Call 800-848-6331

General Information

- **Form Status:** If any information on this form is unclear or incomplete, we'll communicate directly with the policy owner.
- **Index Interest Strategy:** Amounts withdrawn from an Indexed Interest Strategy will not receive any Index Segment Interest for the Index Segment interest period.

Section 2 - Policy Loan Options

- **Review:** When considering a loan, or for details on the maximum loan amount available, carefully review the loan provisions of your policy and/or prospectus.
- **Alternative Loans:** For products allowing Alternative Policy Loans, if neither option is checked the loan will be issued as a Declared Rate Policy Loan.
 - **Availability:** Alternative Policy Loans are currently **NOT** available for the following:
 - any Indexed UL policies issued in New York
 - any Protector policies
 - any Nationwide YourLife Indexed UL Accumulator or Nationwide Marathon Indexed UL Accumulator policies
 - any Nationwide YourLife Indexed UL or Nationwide Marathon Indexed UL policies, EXCEPT policies dated prior to 3/16/2015
- **Whole Life policies:** Premiums must be paid current for Whole Life policies in order to process a loan request.
- **Benefit Reduction:** Loans may reduce and potentially eliminate your death benefit and any long-term care benefits, if applicable.
- **Lapse:** Loans make it more likely your policy may enter the grace period and lapse if future premium payments and loan interest payments are not made. A lapse means your death benefit coverage will be canceled.
- **Loan interest:** Loan interest is due on each policy anniversary. Any loan interest that is not paid when due will increase your overall loan balance.
- **Medicaid:** Receipt of a loan may adversely affect your eligibility for Medicaid or other government entitlements. Please consult a financial advisor.
- **Tax:** Loan proceeds may be taxable at your death if the loan is not repaid.
- **Illustration:** Consider consulting your financial professional and/or tax advisor to help you decide if a policy loan is the right choice for you. You may contact us at 800-848-6331 to request an inforce illustration demonstrating the impact a loan could have on your policy.

Section 3 - Partial Surrender Options

- **Maximum Withdrawal:** There may be a \$25 fee for each withdrawal, based upon your product. Please refer to your prospectus for additional details.
- **Partial Surrender on Universal Life Policy:** If your policy is Back End Load, Front End Load and UL Protector product and has a Death Benefit Option 1, then a \$25 fee will be deducted from your policy's Specified Amount and Accumulated Value. If your policy has Death Benefit Option 2, then a \$25 fee will be deducted from your policy's Accumulated Value. This fee is not currently assessed on any other product.

- **Partial Surrender on Variable Life Policy:** 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.
- **Benefit Reduction:** May reduce and potentially eliminate your death benefit and any long-term care benefits, if applicable.
- **Medicaid:** Receipt of a cash withdrawal may be taxable and may also adversely affect your eligibility for Medicaid or other government benefits or entitlements. Please consult a financial advisor.

Section 5 - Federal Tax Withholding

- **Tax Liability:** 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.
- **Tax Penalty:** 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.
- **Advice:** Consult your tax advisor concerning possible tax implications as a result of this transaction.

Section 6: Direct Deposit (ACH)

- **Date of Deposit:** The deposit to your checking or savings account will normally occur up to four (4) business days after the date of the withdrawal from the life insurance policy.
- **Account Verification:** In processing your One-Time ACH credit transaction, Nationwide uses consumer information to verify ownership of the receiving bank account to reduce the possibility of fraud. If there is an inconsistency in the information you have provided to us and the authorized bank account holder's information, a paper check will be mailed to the address of record.
- **For Commercial Bank Account Owners Only:** Each of Nationwide and the Commercial Bank Account Owner identified on this form agree to be bound by Nacha Operating Rules and acknowledges that the origination of ACH transactions to this account must comply with applicable U.S. Law.
 - **Corporate Account Ownership:** Where the owner of the account is a corporation, please provide a corporate resolution or a letter from the company or bank confirming the individual who is authorized to sign checks on behalf of the company. This authorized person must sign this form as the bank account owner.
 - **Trust Ownership:** Where the owner of the account is a trust, please provide a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust including but not limited to the legal Trust name and effective date, the Trustee(s) authorized to act on behalf of the Trust (generally and with respect to the trust account indicated on this form) including any successor Trustee(s), and the Trust's tax identification number.
- **Owner Authorization:** By signing this form, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically credit (deposit) and/or correct by electronic debit (withdrawal) any refund or payment due to you to the bank account listed on this form as allowed by U.S. law. You also authorize your bank to credit or debit your account accordingly.
- **Joint Account Owners:** If this bank account is a joint account, authorization by one bank account owner constitutes authorization by all bank account owners - whether a current owner of this account or added after this authorization is signed.

Community Spousal Property Consent

For Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin:

- **Community Property States:** If you live in one of the community property states listed above, your spouse may have rights to the benefits of this Policy under state law.
- **Tax Consultation:** If you are unsure of whether these laws apply to you, consult with your legal or tax advisor to determine whether a spousal signature is required on this form. Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company disclaim any responsibility for determining the applicability of community property laws or the validity of the requested distribution.
- **Spouse Definition:** The term "spouse" refers to the person to whom the owner is legally married, or the policy owner's domestic partner or equivalent as recognized and allowed by federal law, or by state law in your state of residence.