



Nationwide®

Customer Profile for Fixed Annuity Products

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

PO Box 182021, Columbus, OH 43218-2021

Phone: 800-848-6331 • Fax: 888-634-4472 • nationwide.com

Complete this questionnaire when you are recommending a Nationwide annuity contract to the customer. We will review the information provided to determine if the recommendation is suitable based on the information provided by the customer either on this form or as a separate document. The term "this annuity" refers to the annuity you have recommended for the customer.

Print clearly in ALL CAPITALS in black ink. Round cents to the nearest dollar.

Enter Owner Information

Owner's Information:

1. Type: ☐ Individual ☐ Entity (e.g., trust/corporation) Entity Name: _____
2. First Name: _____ Last Name: _____
3. Date of Birth: _____ (MM DD YYYY) Leave blank if Owner type is Entity
4. Employment: a. ☐ Employed ☐ Self-Employed ☐ Retired ☐ Not Employed
If employed or self-employed are selected, complete questions b and c
- b. Employer Name: _____
- c. Occupation: _____

Joint Owner's Information:

5. First Name: _____ Last Name: _____
6. Date of Birth: _____ (MM DD YYYY)

Nationwide Products *See product disclosures for details. For state-specific questions, please call us at 800-321-6064*

7. Premium Amount: \$ _____ .00
8. Surrender: Period Length: _____ years Year 1 Surrender Charge _____ %
9. Benefit Rider: ☐ No Rider ☐ Enhanced Death Benefit ☐ Living Benefit Rider Fee(s): _____ %

Financial Status

10. Disposable Income a. Household Income Source(s) ☒ all that apply
- | | | |
|--|--|---|
| <input type="checkbox"/> Owner's Current Wages | <input type="checkbox"/> Social Security | <input type="checkbox"/> Guaranteed Annuity Payments |
| <input type="checkbox"/> Spouse/ Partner's Wages | <input type="checkbox"/> Pension Plan Payments | <input type="checkbox"/> Regular Distributions from Investments |
| <input type="checkbox"/> Rental Income | | |
- b. Annual Household Income *should equal sum of all sources above* \$ _____ .00
- c. Annual Living Expenses *including all household expenses* \$ _____ .00
- d. Disposable Income *b minus c* \$ _____ .00
- e. Do you anticipate a significant change to your future disposable income during the surrender charge period? ☐ Yes ☐ No
- f. If Yes, please select all that apply
- ☐ Retirement ☐ Spouse/Partner's Retirement ☐ Other: _____
- If you chose other, please provide a statement in P4*
11. Federal Tax Bracket ☐ 0% ☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37%

12. Financial products you own or have previously owned ☒ all that apply

☐ Annuity ☐ CDs ☐ Life Insurance ☐ Real Estate ☐ Stocks, Bonds & Mutual Funds ☐ None

Financial Status

13. Liabilities *debts or other outstanding financial commitments*

Secured Liabilities (e.g: Mortgage, Auto Loan, or other loan secured against some type of collateral)

Type of Liability	Current Balance	Monthly Payment	Term of Liability (either "years" or "months")
	\$ _____ .00	\$ _____ .00	_____ YY or _____ MM
	\$ _____ .00	\$ _____ .00	_____ YY or _____ MM
	\$ _____ .00	\$ _____ .00	_____ YY or _____ MM

Total Secured Liabilities \$ _____ .00

Unsecured Liabilities (e.g: Credit Card Debt, Personal Loan, Student Loan, Permanent Life Insurance Premiums)

Type of Liability	Current Balance	Monthly Payment	Term of Liability (either "years" or "months")
	\$ _____ .00	\$ _____ .00	_____ YY or _____ MM
	\$ _____ .00	\$ _____ .00	_____ YY or _____ MM
	\$ _____ .00	\$ _____ .00	_____ YY or _____ MM

Total Unsecured Liabilities \$ _____ .00

14. Total Net Worth (After the purchase of this annuity)

Liquid Assets (e.g: money market funds, securities that can be sold without surrender or penalties, qualified assets if 60 or over, etc.)		Non-Liquid Assets (e.g: life insurance, annuities in surrender period, investment real estate, employer-based retirement plans (if under age 59), etc.)	
Asset Type:	Current Value	Asset Type:	Current Value
Checking/Savings Account:	\$ _____ .00	Primary Home:	\$ _____ .00
		Other Property:	\$ _____ .00
Certificates of Deposit:	\$ _____ .00	Retirement plans (401k, Pension, etc.):	\$ _____ .00
Stocks/Bonds/Mutual Funds:	\$ _____ .00	Stocks/Bonds/Mutual Funds:	\$ _____ .00
Annuities out of surrender period:	\$ _____ .00	Annuities in surrender period:	\$ _____ .00
Other:	\$ _____ .00	Life Insurance Cash Value:	\$ _____ .00
Other:	\$ _____ .00	Other:	\$ _____ .00
Total Liquid Assets	\$ _____ .00	Total Non-Liquid Assets	\$ _____ .00
		(a.) Total Assets (Liquid + Non-Liquid Assets)	\$ _____ .00
		(b.) Total Liabilities (Secured + Unsecured)	\$ _____ .00
		Total Net Worth (a - b)	\$ _____ .00

Financial Status

15. Number of annuities owned in household (including purchase of this annuity) _____ annuities

16. Total value of annuities owned in household (including purchase of this annuity) \$ _____ .00

17. Do you reside in a nursing home? ☐ Yes ☐ No

18. Have you executed an exchange in the past 60 months? ☐ Yes ☐ No

19. Do you have a reverse mortgage? ☐ Yes ☐ No

20. *If yes to 19:* Are you using proceeds from the reverse mortgage to fund this annuity? ☐ Yes ☐ No

If you answered "Yes" to any of questions 10e, 17, 18, and 20, please explain in the Financial Professional Statement question P4 or in additional pages.

21. Objectives

a. How will this annuity help you meet your objectives? ☒ *all that apply*

- | | | |
|---|---|---|
| <input type="checkbox"/> Immediate Income | <input type="checkbox"/> Tax Deferral | <input type="checkbox"/> Principal Protection |
| <input type="checkbox"/> Fee Reduction | <input type="checkbox"/> Non-Assignability | <input type="checkbox"/> Lump Sum Death Benefit |
| <input type="checkbox"/> Lifetime Income | <input type="checkbox"/> Multiple Index Options | |
| <input type="checkbox"/> Pass on to Beneficiaries | <input type="checkbox"/> Higher Index Rate/Index Credit Potential | |

If Immediate Income or Lifetime Income was selected, please provide detail on client's need for income in Financial Professional's Statement question P4.

b. Does the consumer intend to apply for means-tested government benefits including, but limited to, Medicaid, Medi-Cal or Veteran's Aid and Attendance Benefit? ☐ Yes ☐ No

c. If yes to b: Name of Elder Law Attorney:

22. Accessing your money from this annuity

a. How long do you plan to keep this annuity? _____ years

b. When do you anticipate taking your first distribution from this annuity? ☒ *one*

☐ < 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11+ years

c. How do you anticipate taking distributions from this annuity? ☒ *all that apply*

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Immediate Income | <input type="checkbox"/> Income Rider | <input type="checkbox"/> Required Minimum Distribution |
| <input type="checkbox"/> Leave to Beneficiary | <input type="checkbox"/> Lump Sum | <input type="checkbox"/> Penalty-free or Systematic Withdrawals |
| <input type="checkbox"/> Life Expectancy/Stretch Payments | | |

23. Risk Tolerance for this Annuity

- | | |
|---|--|
| <input type="checkbox"/> Conservative - Low Risk: | Want to preserve minimal risk, even if that means the account does not generate significant returns for this Annuity |
| <input type="checkbox"/> Moderate - Medium Risk: | Willing to accept some risk for higher return, even though that may mean losing some principal |
| <input type="checkbox"/> Aggressive - Large Risk: | Willing to accept maximum risk to seek maximum returns |

Funding Source and Replacement

24. What are the sources of funds for this annuity? ✓ all that apply

- ☐ Fixed Indexed Annuity^c
☐ Savings, Checking, CD
 ☐ Fixed Annuity^c
☐ Variable Annuity^{b,c}
- ☐ Stocks, Bonds and Brokerage Account^b
☐ Life Insurance^{b,c}
☐ Defined Contribution Plan^{a,b,c} (e.g., 401k, 403b)
- ☐ Money Market^b
☐ Mutual Funds^b
☐ Defined Benefit Plan^{a,b,c} (e.g., pension)

a. Are any of the plan(s) used to fund this annuity offered through your current employer? ☐ Yes ☐ No

b. If the source of funds includes securities and the recommendation to purchase the fixed annuity was made by an insurance-only Financial Professional, the Non-Solicitation Form will be required.

c. Please provide a recent statement. If the source of funds includes an income guarantee, provide documentation of options.

25. Have any of these sources been held for less than 13 months? ☐ Yes ☐ No

If yes, provide a statement for each prior account (excluding checking and savings) and reference in the Financial Professional's Statement question P4.

26. Replacement

Complete section 26 only if this purchase is funded through the replacement of an annuity or life insurance contract. **For each replaced contract, a copy of a statement for the replaced contract is required.** If this case is not funded by a replacement, you can leave this section blank.

	Replacement One	Replacement Two	Replacement Three
a. Carrier			
b. Product Name			
c. Replaced Contract Issue Date (MM DD YYYY)			
d. Current Fixed Interest Rate for Annuity (%)			
e. Minimum Guaranteed Fixed Interest Rate (%)			
f. Mortality and Expense Charge (%)			
g. Surrender Charge Period Remaining (years)			
h. Surrender Charge (\$ amount) (e.g: all charges, fees, bonus recapture, etc.)			
i. Market Value Adjustment			
j. Guaranteed Death Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. If yes, Death Benefit Rider fee (%)			
l. If yes, Benefit Amount (\$)			
m. Living Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
n. If yes, Living Benefit Rider fee (%)			
o. If yes, Benefit Base Amount (\$)			

Guaranteed Income

27. Are you purchasing a Nationwide living benefit rider?

☐ Yes ☐ No

If yes:

a. Expected age client will begin using this rider _____

b. Guaranteed annual income amount from Nationwide as illustrated \$ _____ .00

28. Are you purchasing a Nationwide Single Premium Immediate Annuity (SPIA)?

☐ Yes ☐ No

If yes:

a. Nationwide SPIA Guaranteed Annual Income Amount \$ _____ .00

29. If you are purchasing a Living Benefit Rider or a SPIA and it's a replacement, please provide the total annual guaranteed income amount for all replaced contracts for comparison. Please provide copies of annuitization quotes when applicable.

\$ _____ .00

If amount is from multiple replaced contracts, itemize in Financial Professional's Statement question P4

Financial Professional Statement

In this section we are looking for fair and balanced advantages and disadvantages of the transaction. It is important to include any specific benefits, riders, or loss of income. Please clearly print 1-2 sentences for each answer. If additional space is required, attach additional pages. We cannot accept blanks, "N/A", or "none" as answers to questions P1, P2, P3.

P1 The primary reason(s) for recommending the new annuity contract is (are):

P2 The existing source of funds cannot meet the applicant's objectives because: (include any benefits, riders or income lost as part of the replacement. This is also required for Medicaid planning cases)

P3 The advantages of continuing the existing source of funds without changes are:

☐ Liquidity ☐ No Surrender Charges ☐ Income Rider ☐ Flexibility ☐ Lower/No Fees ☐ Higher Growth Potential
☐ Other: _____

P4 Please provide more detail if needed based on your answers to 10f, 17, 18, 20, 21a, 25, and 29:

Customer Acknowledgment and Signature If the owner is an entity, must be signed by a trustee or authorized signer

CA1. I am replacing an annuity with a 3% or greater guaranteed minimum interest rate.

I acknowledge that I am foregoing a percentage guaranteed return in exchange for growth potential of the annuity contract being purchased. Although the potential may exist, there is no guaranteed growth equal to that offered by the current contract

☐ Yes ☐ N/A

CA2. I acknowledge the guaranteed income amount for the contracts I'm replacing will be given up for the Nationwide contract I am purchasing

☐ Yes ☐ N/A

CA3. I have received and reviewed the applicable disclosures for this product

☐ Yes

CA4. I understand that a penalty may apply if I need to access my funds. If I am purchasing an immediate annuity contract, I may be permanently converting my premium into an income stream.

☐ Yes ☐ No

Sign and Date

By signing this form, I acknowledge the following:

- My Financial Professional explained (1) the various product features and potential consequences of the annuity, (2) how compensation is paid for the sale of the annuity contract, and (3) any impact of replacing an existing product
- My Financial Professional provided me with a (1) product summary, (2) an Acknowledgment explaining (a) compensation, (b) type of products the Financial Professional is licensed to sell and (c) other carrier annuities that the Financial Professional has authorization to sell, and (3) a replacement Acknowledgment, if applicable
- I understand and accept that the annuity I am purchasing may include non-guaranteed elements such as changes in interest rates, monthly income, availability of options, account value, death benefits, fees, or premium limits
- Before purchasing the annuity, I provided the necessary information required by my Financial Professional to thoroughly assess my current financial situation which resulted in this product recommendation which I believe to be suitable and in my best interest according to my financial needs and objectives
- I confirm to the best of my knowledge that all the information provided is true and complete

Owner:

Signature: _____ Date: _____

Joint Owner (if applicable):

Signature: _____ Date: _____

Financial Professional's Acknowledgment and Signature

- FA1. Did you inform the customer of the potential consequences of the sales transaction (including any impact of replacing an existing product) and provide them with the basis of your recommendation including Nationwide's most recent product summary which discloses the product features that could have an impact on the customer's decision to purchase this product? ☐ Yes ☐ No
- FA2. If the new Nationwide annuity is a replacement, do you believe the Nationwide annuity would substantially benefit the consumer in comparison to the replaced product over the life of the product? ☐ Yes ☐ N/A
- FA3. In your professional opinion based on the information the customer provided, do you believe the annuity product recommended is suitable and in the customer's best interest, as compared to other annuity or financial products that you are appropriately designated and licensed to offer and is based on your evaluation of relevant suitability information and reflects the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under similar prevailing circumstances? ☐ Yes ☐ No

By signing this form, I acknowledge the following:

- To the best of my knowledge and belief, the information provided on this Customer Profile questionnaire (Customer Suitability Questionnaire) is true and complete, was obtained prior to the purchase of the annuity and a final, signed and dated copy was provided to the customer along with any additional product or regulatory disclosures
- I only considered the customer's interests when making the recommendation to purchase this annuity and the recommendation was not influenced by any compensation or incentives that I or anyone affiliated with me, would receive
- I will, upon Nationwide's request, provide to Nationwide accurate and complete information of the documentation used to support the basis of my recommendation and all required documentation and Acknowledgments provided to the customer

Financial Professional Type:

- ☐ Insurance Only Financial Professional *Attach non-solicitation form based on question 24, if needed*
- ☐ Registered Representative ☐ Investment Advisor Representative

If Registered Rep. or Investment Advisor Rep: CRD or IARD #: _____

I have provided the applicable disclosures for this product to my client ☐ Yes

I have attached a recent statement for each account used to fund this annuity ☐ Yes
Please note, if a statement is not provided, additional follow ups and delays may occur

If applicable, I have included the annuitization quote for each replaced contract with guaranteed annuitization ☐ Yes

Financial Professional:

Full Name (please print): _____

Signature: _____ Date: _____