

Insurance Agent (Producer) Disclosure for Annuities

Nationwide Life Insurance Company Nationwide Life and Annuity Insurance Company

PO Box 182021, Columbus, OH 43218-2021 Phone: 1-800-321-6064 • Fax: **888**-634-4472 • nationwide.com

1. General Information (please print)		
Insurance Agent (Producer) ("Me", "I", "My")		
Name:		
Business/ Agency Name:	Website:	
Business Mailing Address:		
City:	State:	ZIP:
Phone: Email:		
National Producer Number (indicate states):		
Nationwide strives to provide excellent customer service to our Men Nationwide Family of Companies to contact you via telephone using a		
Customer ("You", "Your")		
Name:		
IMPORTANT DISCLOSURE - Do not sign unless you have read	and understand the infor	mation below.
2. What Types of Products Can I Sell You?		
I am licensed to sell annuities to You in accordance with state believe the confectively meets Your financial situation, insurance such actions insurance or stocks, bonds and mutual funds, also made actions insurance or stocks, bonds and mutual funds, also made actions in the confection of the confe	e needs, and financial obje ay meet Your needs.	ctives. Other financial products,
Other: How I'm Paid for My Work? It's important or You to understand how I'm paid for my work. be paid a summission or a fee. Commissions are generally paid paid to be by the consumer. If You have questions about how I'm paid to be by the consumer. If You have questions about how I'm paid to be by the consumer. If You have questions about how I'm paid by the insurance company.	Depending on the particuto Me by the insurance compaid please ask Me	ılar annuity You purchase, I may ompany while fees are generally

2. The Types of Products Can I Sell You? (cor	ntinued)
Such as fixed amount, an hourly rate, or a perce	ntage of your payment), which are usually paid directly by the
Other, describe:	
NOTE: If you have questions about the above compen	nsation I will be paid for this transaction, please ask me.
·	om the transaction (sometimes called "non-cash" compensation), t, or other incentives from the insurance company or other sources.
Additional Disclosures, including any consulting, advising	or financial planning agreement, if applicable or required:
Ire	
gignate	
3. Signature(s) (regured)	
By signing, You acknowled what You have read and und	erstand the information provided to You in this document.
Customer: School Sight	
Signature side of the side of	Date:
Agent/Producer 200	erstand the information provided to You in this document. Date:
Signature.	Date: