



Nationwide®

Nationwide New HeightsSM Annuity Withdrawal Form

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

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

When to use: Don't use this form to initiate Nationwide High Point 365SM lifetime income withdrawals

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

1. Enter Contract Owner Information

First Name: _____ Last Name: _____ Contract 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 Transaction Type

Choose one option:

☐ **2a. One-Time Withdrawal** (Skip to Section 3)

☐ **2b. Setup RMD/Recurring Withdrawal** (Default)

For qualified contracts, some Federal Withholding Exceptions (in Section 7) are not available in conjunction with recurring withdrawals.

Choosing this option will terminate any existing Scheduled Withdrawals, including RMDs

Setup new Recurring Withdrawal (Skip to Section 4)

Set up new Required Minimum Distribution (RMD) (Skip to Section 5)

☐ **2c. Replace or Change Existing RMD/Recurring Withdrawal**

For qualified contracts, some Federal Withholding Exceptions (in Section 7) are not available in conjunction with recurring withdrawals.

Update Existing Recurring Withdrawal (Skip to Section 4)

Update Required Minimum Distribution (RMD) (Skip to Section 5)

☐ **2d. Terminate All Existing RMD/Recurring Withdrawal(s)** (Complete sections 1, 2 and 11 only)

IMPORTANT: You may not meet IRS withdrawal requirements if you change or terminate your RMD. It's your responsibility to meet RMD requirements. Withdrawals, transfers or rollovers may be subject to Contingent Deferred Sales Charges/Surrender Charges (CDSC), Rides Fees, Market Value Adjustment (MVA) and/or recoupment of Purchase Payment Bonus as outlined in the contract.

3. Request One-Time Withdrawal

Be sure to review the Important Details and Disclosures beginning on Page 8 before making an election.

☐ **3a. Specific Amount:** \$ _____

☐ **Gross Withdrawal** (Default)

Before taxes (you select below in Section 6), charges, MVA and/or bonus adjustments

☐ **Cash Withdrawal**

The amount paid to you by check or direct deposit. Equal to the Gross Withdrawal minus taxes, any Contingent Deferred Sales Charge (CDSC), MVA and/or recoupment of unvested Purchase Payment Bonus, if applicable.

☐ **3b. Free Withdrawal: (New form required annually)**

Maximum withdrawal amount available without CDSC, MVA and/or recoupment of unvested bonus, if applicable.

☐ **3c. Full Withdrawal/Contract Surrender**

NEXT: Skip to Section 6

4. Request a Recurring Withdrawal

Be sure to review the Important Details and Disclosures beginning on Page 8 before making an election.

☐ 4a. Specific amount: \$ _____

☐ Gross withdrawal (Default)

Before taxes (you select below in Section 5), charges, MVA and/or bonus adjustments

☐ Cash withdrawal

The amount paid to you by check or direct deposit. Equal to the Gross Withdrawal minus taxes, any CDSC, MVA and/or recoupment of Unvested Purchase Payment Bonus, if applicable.

☐ 4b. Free Withdrawal: (New form required annually)

Maximum withdrawal amount available without CDSC, MVA and/or recoupment of unvested bonus, if applicable.

Enter a Start Date: _____ (MM/DD/YYYY)

(If blank, or the requested date has passed, we'll default to current business day)

Select Withdrawal Frequency (if left blank, we'll default to Monthly)

☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

¹Please note the start date is the date the withdrawal is processed. Please allow additional time to receive your funds.

NEXT: Skip to Section 6

5. Request Required Minimum Distribution

IMPORTANT: This section is applicable for IRA 403(b) and 401 contracts. Don't use this form with Nationwide Hight Point 365SM lifetime income withdrawals. Be sure to review the applicable RMD age and the Important Details and Disclosures beginning on Page 8 before making an election.

Don't use this form with Nationwide Hight Point 365SM lifetime income withdrawal.

Select ONE Scheduled RMD Option below

NOTE: If you need the requested withdrawal processed and reported in the current tax year, make sure that you pick a withdrawal date that will allow for processing and reporting in the current tax year. Distributions scheduled to process between the last business day of the year and 12/31 of the year will not be tax reported in the current year.

☐ 5a. Recurring Option (calculated by Nationwide) Enter start date and frequency below:

Start Date (MM/DD/YYYY): _____

Select a withdrawal frequency (if left blank, we'll default to Annually):

☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

☐ 5b. One Time Option (new request form required annually) Enter start date and choose option below:

Withdrawal Date (MM/DD)¹: _____

☐ One time current year only (calculated by Nationwide)

☐ Current year specific amount \$ _____

☐ Past year specific amount \$ _____ for RMD year: _____

RMD Spousal Beneficiary Election

☐ My spouse is my beneficiary and is 11 or more years younger than I am. I elect to calculate my RMD based on the Joint and Last Survivor Expectancy Table method. My spouse's date of birth is: _____ (MM/DD/YYYY)

Prior Year Account Balance

Required for Nationwide to calculate your RMD if you purchased or added to your annuity this year with funds from another provider. The 12/31 account balance with my previous provider was \$ _____

403(b) balance as of 12/31/1986 \$ _____ (if applicable)

¹Please note the start date is the date the withdrawal is processed. Please allow additional time to receive your funds.

6. Enter Tax Withholdings

Nationwide will withhold 10% federal tax and any required Resident State tax, unless designated differently below. Total federal and state tax withholding cannot exceed 100%. See Important Details and Disclosures beginning on Page 8 for more information.

6a. Federal Tax Withholding

Select:

☐ No federal income tax withheld from each of my payments

If you wish to have federal income tax withheld, that is different than the default withholding rate, then the W-4R federal tax withholding form is required. The current W-4R federal tax withholding form can be found on the IRS website at IRS.gov.

Taxes will only be withheld and reported to the designated Contract Owner. If we don't receive the form and you have not elected (No federal income tax withheld), Nationwide will default to withholding taxes based on the current IRC withholding rules. The default withholding rate is 10% (20% for eligible rollovers).

IMPORTANT: Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You may not elect a withholding rate of less than the 20% or elect to have no withholding; however, you may elect a higher rate, which would require completing a W-4R federal tax withholding form. Please refer to the general instructions on the W-4R federal tax withholding form for more information.

You may be subject to tax penalties if your estimated tax payments and tax withheld are not adequate. It is always recommended to consult with a tax advisor on your specific circumstance.

6b. I elect to have State Taxes withheld from the withdrawal:

Amount to be withheld: _____ % (0%-100%) or \$ _____

State of residence for taxes¹: _____

¹To avoid mandatory state withholding, for those states that require it, you **MUST** provide a completed state tax form (located on the State's website). Nationwide doesn't provide these forms.

7. Federal Withholding Exceptions (Qualified Contracts ONLY)

This section should only be used for qualified contract owners who meet the requirements for one of the federal tax withholding exception options below.

Additional information about Federal Tax Withholding Exceptions:

- The IRS has provided exceptions stating that certain withdrawals from a qualified contract will not be subject to:
 - a 10% early withdrawal penalty for withdrawals made by individuals under 59 ½ years old; or
 - any applicable 20% mandatory federal tax withholding rate.^{1,2}
- All withdrawals will be subject to the 10% federal tax default withholding rate unless otherwise elected as described in 6a above¹
- For IRAs, there generally aren't any limitations on the amount that can be withdrawn from your annuity contract. However, by signing this form, you acknowledge that, any amounts taken from your annuity contract in excess of the IRS limits will be subject to the 10% early withdrawal penalty

To qualify for the waiver of the 10% early withdrawal penalty you must: (1) meet the IRS eligibility requirements for one of the listed exceptions; and (2) provide any additional information or documentation requested below.

Please also see the Important Details and Disclosures beginning on Page 8 for more information about IRS eligibility requirements for each of these exceptions.

¹The IRS does not waive the 20% mandatory federal tax withholding for a Terminally Ill Distribution. Terminally Ill Distributions will be subject to the 20% mandatory federal tax withholding rate

²IRAs are not subject to the 20% mandatory withholding

You may only select one option below per withdrawal:

☐ **7a. Qualified Birth or Adoption Distributions (QBAD)** - Only available in conjunction with a one-time withdrawal.

By checking this box, I certify that this distribution meets the IRS requirements for a QBAD from my qualified contract. QBADs are not subject to 20% mandatory federal tax withholding or the 10% IRS additional tax penalty for those under 59 ½.

_____ Number of children adopted or born (If you leave this field blank and the withdrawal amount is greater than \$5,000, your withdrawal will not be processed.)

7 Federal Withholding Exceptions (Qualified Contracts ONLY) (continued)

- ☐ **7b. Terminally Ill Distribution** - Available in conjunction with either a one-time withdrawal or recurring withdrawals.
- By checking this box, I certify that this distribution meets the IRS eligibility requirements for a Terminally Ill Distribution. A distribution for Terminal Illness is not subject to the 10% IRS additional penalty tax for those under 59 ½. A distribution for Terminal Illness is subject to the 20% mandatory federal tax withholding. I also understand that I will be required to submit the Terminal Illness Physician Certification Form in addition to this distribution form.
- ☐ **7c. Disaster Recovery Distribution** - Available in conjunction with either a one-time withdrawal or recurring withdrawals.
- By checking this box, I certify that this distribution meets the IRS eligibility requirements for a Disaster Recovery Distribution. A Disaster Recovery Distribution is not subject to 20% mandatory federal tax withholding or the 10% IRS additional penalty tax for those under 59 ½.
- ☐ **7d. Eligible Distribution to a Domestic Abuse Victim (EDDAV)** - Only available in conjunction with a one-time withdrawal.
- By checking this box, I certify that this distribution meets the IRS eligibility requirements for an EDDAV from my qualified contract. EDDAVs are not subject to 20% mandatory federal tax withholding or the 10% IRS additional penalty tax for those under 59 ½.
- ☐ **7e. Emergency Personal Expense Distribution (EPED)** - Only available in conjunction with a one-time withdrawal.
- By checking this box, I certify that this distribution meets the IRS eligibility requirements for an EPED from my qualified contract. EPEDs are not subject to 20% mandatory federal tax withholding or the 10% IRS additional penalty tax for those under 59 ½.

8 Select Payment Method (please select one of the five options below)

- ☐ **8a. Direct Deposit**
- You are authorizing a one-time or recurring 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 beginning on page 8 for more information.
- Select account type¹:
- ☐ **On File** Verify account information below
- ☐ **New Checking Account²** Provide account information below
- ☐ **New Savings Account²** Provide account information below
- ☐ **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 Contract Owner): _____

(For commercial accounts, please provide the name of the commercial bank account holder as well as the party authorized to sign for this account)

Financial Institution Name: _____

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

Account Number: _____

¹If there is no account information 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 contract. 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.

8. Select Payment Method (please select one of the five options below)

☐ 8b. Digital Payment via the J.P. Morgan Concourse Platform

This payment option is only available for payments made to you for \$50,000 or less.

The digital payment option does not require you to provide banking information directly to Nationwide. Payment will be facilitated via a third party digital payment platform called J.P. Morgan Concourse.³

Once your withdrawal is processed, you will receive an email from Nationwide (donotreply@jpmorgan.com) to facilitate your payment. Depending on your withdrawal amount, you may be able to select from several payment acceptance methods (such as ACH or Zelle). Additional account information will be entered into the J.P. Morgan Concourse platform.

First-time users will be prompted to register prior to collecting payments. Payments must be accepted within seven days of receipt. If you do not accept your digital payment, a check will be mailed to your address of record.

Email Address (Required): _____

To protect against fraud, we may request additional information to verify your email address.

³The digital payment platform is powered by J.P. Morgan. J.P. Morgan will not distribute or disseminate any information provided for purposes other than facilitating your digital payment. By selecting this option you will be prompted to register to accept your payment, but no J.P. Morgan account will be created without you

☐ 8c. Mail Check to Address on File

☐ 8d. Send to my Custodial Account (My contract has a custodial firm as owner; Nationwide will issue funds per agreement)

☐ 8e. Send to a Company/Organization/Charity For Benefit of (FBO) - Provide information below

Check payable to/Name: _____

Address: _____

City: _____ State: _____ Zip: _____

9. 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.

10. 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.

11. Sign and Date (required)

I have read the Important Details and Disclosures beginning on Page 8.

I certify that all of the information I have provided in this form is accurate and true.

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/Custodian:

Name (please print): _____ SSN/TIN (required): _____

Signature: _____ Date: _____

Joint Owner (if applicable):

Name (please print): _____

Signature: _____ Date: _____

Spousal Consent (if applicable; see the Community Property Spousal Consent section on page 11 to determine applicability):

I (print full legal name) _____, 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 Annuity Contract under applicable community property laws.

Signature: _____ Date: _____

This page has been left blank intentionally.



Nationwide®

Nationwide New HeightsSM Annuity Withdrawal Form

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 “Annuity” in the drop down 4) Click “Sign up”



Submit by regular mail:

Nationwide Life Insurance Company
PO Box 182021
Columbus, OH 43218-2021

Submit by overnight mail:

Nationwide Life Insurance Company
1 - LC - F4
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 correspond directly with the contract owner.
- **If a Trust is Owner:** Please provide a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust. It should include the legal Trust name and effective date, the Trustee(s) authorized to act on behalf of the Trust including any successor Trustee(s), and the Trust's tax identification number.
- **Charges:** One time withdrawals and/or recurring withdrawals may be subject to a Contingent Deferred Sales Charge (CDSC), Market Value Adjustment (MVA) and/or recoupment of unvested Purchase Payment Bonus (PPB) in the first 8-12 years of the contract, depending on your product.
- **Market Value Adjustment (MVA):** A positive or negative adjustment may occur from these distributions as outlined in the contract.
- **Nationwide High Point 365SM Lifetime Income Benefit Rider:** If this rider is active on your contract, prior to the receiving income, any withdrawal, including a RMD, will reduce future Lifetime Income Benefit payments. Once the income phase begins, withdrawals that are greater than the available Lifetime Income Benefit Payment, including an RMD, reduce the benefit base and future lifetime income.
- **For contracts with application signed dates before March 1, 2019 that have elected the High Point 365 Lifetime Income Benefit:** This form can be used for withdrawals prior to your lifetime income phase. You can start taking lifetime income after the later of: (1) The fifth contract anniversary, or (2) The youngest covered life reaching age 50. You will need to complete the Nationwide High Point 365 Lifetime Income Benefit Administrative Form, if you wish to enter the lifetime income phase.
- **For contracts with application signed dates on or after March 1, 2019 that have elected the High Point 365 Lifetime Income Benefit with Purchase Payment Bonus:** This form can be used for withdrawals prior to your lifetime income phase. You can start taking lifetime income after the later of: (1) The first contract anniversary, or (2) The youngest covered life reaching age 50. You will need to complete the Nationwide High Point 365 Lifetime Income Benefit Administrative Form, if you wish to enter the lifetime income phase.
- **Contracts as part of a 1035 exchange:** If your contract was issued as part of a partial 1035 exchange completed on or after 10/24/2011, and a distribution/surrender was taken from either contract within 180 days after the exchange, the IRS may treat the distribution/surrender as: (1) a distribution from the proceeds transferred in the partial 1035 exchange, which would be taxable to the extent that there was income in the original contract as it was constituted immediately prior to the partial 1035 exchange, OR (2) a distribution from the contract as it was constituted at the time of the distribution or surrender. Depending on your specific circumstances, the taxable amounts could be different. The 180-day rule does not apply to an annuitization of either contract for a period of 10 or more years or during one or more lives. In addition to any income taxation, the distribution is also subject to the 10% early distribution penalty unless the it meets certain exceptions.
- **Reporting:** Because the IRS has not issued guidance about the factors that determine the ultimate tax treatment of a distribution or surrender from either contract within 180 days after the exchange, Nationwide will report the distribution as one from the originating contract. Read the prospectus for more information. If you have questions about the tax treatment of a transaction, talk to a tax professional.

Section 5: Required Minimum Distribution

- **Start Date:** We'll process withdrawals received on a non-business day on the next business day, unless you have a living benefit; please allow additional time for processing and delivery.
- **Charges:** If the RMD amount is higher than the free withdrawal amount available under the contract, CDSC, MVA and recoupment of the Purchase Payment Bonus, if applicable, will not apply to the RMD withdrawal calculated by Nationwide. Amounts withdrawn to satisfy the RMD for this contract will receive full Interim Strategy Earnings (ISE).
- **Withdrawals in Excess of RMD:** A CDSC may be deducted for withdrawals in excess of my RMD for this contract. If I request a withdrawal in excess of my RMD for this contract, an MVA could apply, dependent on the state in which the contract was issued. If I elected a rider with a PPB, a portion of the bonus that is not fully vested under the terms of the contract may be forfeited when a withdrawal in excess of the RMD is requested. Withdrawals in excess of my RMD may only receive a prorated portion of the ISE.
- **Responsibility:** The contract owner is responsible to make sure all RMD amounts are withdrawn timely to comply with IRS guidelines each year.
- **RMD Spousal Beneficiary Election:** I understand if I elect this option and my spouse passes away, I must notify Nationwide immediately so they can recalculate my RMD based solely on my age. This will not change the beneficiary on the account.
- **Required Minimum Distribution (RMD) Ages:** The grid below represents the required age to begin RMD's based on contract owner's date of birth:

Owner Date of Birth	Required Age
06/30/1949 or earlier	70.5
07/01/1949 - 12/31/1950	72
01/01/1951 - 12/31/1959	73
01/01/1960 and beyond	75

Section 6: Tax Withholdings

- **Tax liability:** You are liable for all federal and state income tax withholdings on the taxable portion of the withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your estimated tax withholding payments are not enough.
- **Early withdrawal penalty:** A 10% federal tax penalty may be assessed on withdrawals taken before the contract owner reaches age of 59 ½.
- **Withholdings on 403(b)/Qualified Plans:** There is a mandatory 20% withholding if the distribution is an eligible rollover distribution (ERD), unless the ERD is paid directly to an eligible retirement plan in a direct rollover. For RMDs, the mandatory withholding applies on any distribution amount in EXCESS of your RMD, if the excess qualifies as an ERD. If the distribution is not an ERD, the withholding is optional and the default tax withholding will be 10% if no election is received. Once withholding has been taken on a distribution, it cannot be reversed; however, future distributions can be changed.
- **State tax:** If the state income tax requested is less than what is required by the state, Nationwide will attempt to accommodate any request in accordance with required state specific regulations.

Section 7: Federal Tax Withholding Exceptions

The IRS Eligibility Requirements provided for each Tax Withholding exception are not meant to be a comprehensive listing of requirements and should not be used to determine if you meet the requirements to be eligible for the exception. Please consult your financial professional, tax advisor or attorney.

Qualified Birth or Adoption Distribution (QBAD): Distributions taken from an eligible retirement plan (e.g., IRA, 403(b), 401(k) and 457(b)) made during the 1-year period beginning on the date that a child is born or the date the legal adoption of a child (who has not yet reached age 18 or is physically or mentally incapable of self-support) is finalized. Before requesting a QBAD distribution, consult a financial professional, tax advisor, or attorney.

IRS Eligibility Requirements

- A QBAD may not exceed \$5,000 per adoption or birth

Terminal Illness Distribution: Distributions taken from an eligible retirement plan (e.g., IRA, 403(b), 401(k) and 457(b)) made following the contract owner's diagnosis of terminal illness. Before requesting a terminal illness distribution, consult a financial professional, tax advisor, or attorney.

IRS Eligibility Requirements

- Terminal Illness is defined by the IRS as an illness or physical condition that will result in death within 84 months of diagnosis

- Terminal Illness Distributions require the Contract Owner to complete the Terminal Illness Physician Certification Form in addition to this form. Withdrawals cannot be processed until this document is received and determined to be in good order. Your plan may also require additional certification of terminal illness.
- The Terminally Ill Distribution must be made on or after the date a physician makes the certification that the employee has a terminal illness.

NOTE: Terminal illness does not automatically create a distributable event under a defined contribution plan (403(b), 401(k) and 457(b)). Contract owners must first qualify for a distributable event (e.g. in-service withdrawals, over age 59 ½, separation from service, etc.) under the terms of their plan. The distribution will be subject to 20% mandatory federal tax withholding.

Disaster Recovery Distribution: Distributions taken from an eligible retirement plan (e.g., IRA, 403(b), 401(k) and 457(b)) made during the 180 day period following a federally declared disaster. Before requesting a Disaster Recovery distribution, consult a financial professional, tax advisor, or attorney.

IRS Eligibility Requirements

- Contract owner must have a principal residence in the federally declared disaster area and have suffered an economic loss as a result of the federally declared disaster
- Disaster Recovery Distributions may not exceed \$22,000 per federally declared disaster

Eligible Distribution to a Domestic Abuse Victim (EDDAV): Distributions taken from an eligible retirement plan (e.g., IRA, 403(b), 401(k) and 457(b)) made during the 1-year period beginning on the date that an individual is a victim of domestic abuse by a spouse or domestic partner. Before requesting an EDDAV distribution, consult a financial professional, tax advisor, or attorney.

IRS Eligibility Requirements

- Domestic abuse is defined by the IRS as physical, psychological, sexual, emotional, or economic abuse, including efforts to control, isolate, humiliate, or intimidate the victim, or to undermine the victim's ability to reason independently, including by means of the abuse of the victim's child or another family member living in the household.
- An EDDAV may not exceed the lesser of (1) \$10,000; or (2) 50% of the participant's nonforfeitable benefit

Emergency Personal Expense Distribution (EPED): Distributions taken from an eligible retirement plan (e.g., IRA, 403(b), 401(k) and 457(b)) made to an individual for purposes of meeting unforeseeable or immediate financial needs relating to necessary personal or family emergency expenses. Before requesting a EPED distribution, consult a financial professional, tax advisor, or attorney.

IRS Eligibility Requirements

- An EPED may not exceed the lesser of (1) \$1,000 or (2) the excess of the individual's vested benefit over \$1,000 per year
- No EPEDs may be taken in the three (3) calendar years from the same contract unless any previous EPEDs have been repaid, subject to contractual limitations.

Section 8: Payment Method

- **Date of Deposit:** The deposit(s) to your checking or savings account will normally occur up to four (4) business days after the date of the withdrawal from the annuity contract.
- **Account Verification:** In processing your one-time or recurring 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, or if you fail to provide adequate account 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 (withdraw) 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.
- **Stopping Electronic Deposits:** Your authorization allows us to make one or more deposits (and/or corrections by electronic debit) to this account, unless you tell us you want to stop. To withdraw your authorization, you must notify us by calling 800-848-6331. Please provide notification to us at least 10 days in advance of when our authorization should end. Doing so allows us and your bank to take action. **NOTE TO Owner:** If you withdraw your authorization, Nationwide will cease making payments to your bank account. Your payment will continue, but instead of direct deposit, a check will be mailed to your address of record.

Digital Payment

- **Account Verification:** In processing your request to electronically transfer funds, Nationwide may use 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.

Section 11 Sign and Date:

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 Contract 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:** Use of the term "spouse" on this form refers to the person to whom the owner is legally married.