



**Nationwide®**

## Application for Change of Beneficiary Designation

Nationwide Life Insurance Company

Nationwide Life and Annuity Insurance Company

PO Box 182835, Columbus, OH 43218-2835

To Avoid Delays In Processing, All Pages Must Be Returned Phone: 800-848-6331 • Fax: 888-677-7393 • nationwide.com

### 1. General Information (please print)

#### Owner's Information:

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ 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.

We'll send transaction status updates via email.

Insured's Name (please print): \_\_\_\_\_

### 2. Primary Beneficiary(ies) (required)

Designate allocations for all OR ☐ pay all Primary Beneficiaries equally.

Allocation to all Primary Beneficiaries must equal 100%. Fractional percentages (i.e. 1/3) will not be accepted.

**NOTE: All changes will be recorded for the Primary Insured, unless otherwise noted below. Additional beneficiaries may be included on another sheet of paper if necessary.**

Checking the irrevocable beneficiary box(es) will make your primary beneficiary(ies) irrevocable. An irrevocable beneficiary cannot be changed without the consent of named irrevocable beneficiary(ies). Additionally, certain policy changes will require the consent of your irrevocable beneficiary(ies) prior to the Company processing the requested change. See the Important Details and Disclosures starting on page 5 of this form for additional details on irrevocable beneficiaries.

This designation is for: ☐ Primary Insured ☐ Joint Insured/Insured Spouse ☐ Other: \_\_\_\_\_

#### 2a. Individuals:

1. Full Legal Name: \_\_\_\_\_ ☐ Irrevocable Beneficiary

Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%

SSN/TIN: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

Street Address ( ☐ Same as Owner): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_ ☐ Irrevocable Beneficiary

Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%

SSN/TIN: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

Street Address ( ☐ Same as Owner): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_ ☐ Irrevocable Beneficiary

Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%

SSN/TIN: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

Street Address ( ☐ Same as Owner): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. Primary Beneficiary(ies) (required) (continued)

### 2b. Entities:

4. ☐ Estate<sup>1</sup> ☐ Trust<sup>2</sup> ☐ Creditor ☐ Funeral Home ☐ Other (please specify): \_\_\_\_\_
- Entity Legal Name: \_\_\_\_\_ ☐ Irrevocable Beneficiary
- Contact Name: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%
- TIN: \_\_\_\_\_ ☐ As interest may appear<sup>3</sup>
- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Email: \_\_\_\_\_ Phone: \_\_\_\_\_
5. ☐ Estate<sup>1</sup> ☐ Trust<sup>2</sup> ☐ Creditor ☐ Funeral Home ☐ Other (please specify): \_\_\_\_\_
- Entity Legal Name: \_\_\_\_\_ ☐ Irrevocable Beneficiary
- Contact Name: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%
- TIN: \_\_\_\_\_ ☐ As interest may appear<sup>3</sup>
- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Email: \_\_\_\_\_ Phone: \_\_\_\_\_
6. ☐ Estate<sup>1</sup> ☐ Trust<sup>2</sup> ☐ Creditor ☐ Funeral Home ☐ Other (please specify): \_\_\_\_\_
- Entity Legal Name: \_\_\_\_\_ ☐ Irrevocable Beneficiary
- Contact Name: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%
- TIN: \_\_\_\_\_ ☐ As interest may appear<sup>3</sup>
- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup>The Executor(s) or Administrator(s) of the Estate of the Insured

<sup>2</sup>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 including any successor Trustee(s), and the Trust's tax identification number.

<sup>3</sup>As interest may appear permits the Funeral Home or Creditor to be paid from the death benefit and the balance, if any, to the remaining beneficiaries on the policy. Select one option, As interest may appear OR allocation percentage.

## 3. Contingent Beneficiary(ies) (optional)

Designate allocations for all OR ☐ pay all Contingent Beneficiaries equally.

Allocation to all Contingent Beneficiaries must equal 100%. Fractional percentages (i.e. 1/3) will not be accepted.

If Primary Beneficiary is deceased at the time of Insured's death, or is not in existence (if trust, corporation or other entity) at time of Insured's death, then pay contingent beneficiaries as listed below:

**NOTE: Additional beneficiaries may be included on another sheet of paper if necessary.**

### 3a. Individuals:

1. Full Legal Name: \_\_\_\_\_
- Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%
- SSN/TIN: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_
- Street Address ( ☐ Same as Owner): \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. Contingent Beneficiary(ies) (optional) (continued)

#### 3a. Individuals (continued):

2. Full Legal Name: \_\_\_\_\_  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
SSN/TIN: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_  
Street Address ( ☐ Same as Owner): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_  
Relationship to Insured: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
SSN/TIN: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_  
Street Address ( ☐ Same as Owner): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### 3b. Entities:

4. ☐ Estate<sup>1</sup> ☐ Trust<sup>2</sup> ☐ Other (please specify): \_\_\_\_\_  
Entity Legal Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
TIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

5. ☐ Estate<sup>1</sup> ☐ Trust<sup>2</sup> ☐ Other (please specify): \_\_\_\_\_  
Entity Legal Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
TIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

6. ☐ Estate<sup>1</sup> ☐ Trust<sup>2</sup> ☐ Other (please specify): \_\_\_\_\_  
Entity Legal Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Allocation (whole % only): \_\_\_\_\_%  
TIN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup>The Executor(s) or Administrator(s) of the Estate of the Insured

<sup>2</sup>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 including any successor Trustee(s), and the Trust's tax identification number.

#### 4. Community Property Spousal Consent

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

If you live in one of the community property states listed above, and you have named someone other than your spouse as your beneficiary, your spouse may have rights to the death benefit of this policy under state law even if you choose not to name them as your beneficiary. Please have your spouse sign below to waive his or her rights to any community property interest in the death benefit.

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 beneficiary change.

Note: Use of the term "spouse" on this form 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.

##### Spousal Consent:

I, (print full legal name) \_\_\_\_\_, am aware that the owner, named above, has named someone other than me to be the beneficiary of this life insurance policy and do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the death benefit proceeds of such policy under applicable community property laws.

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 5. 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.

#### 6. Acknowledgment and Signatures (required)

I hereby acknowledge that I have read and agree to the terms and conditions of this application. I agree that this change of beneficiary is effective the date of this application and this application will have no effect on any payment made or action taken by the Company before the Company has agreed to this application.

##### Owner:

Full Name (please print): \_\_\_\_\_

Signed and Witnessed in (City, State): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

##### Joint Owner (if applicable):

Full Name (please print): \_\_\_\_\_

Signed and Witnessed in (City, State): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

##### Witness:

Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other (select one):** ☐ Officer ☐ Assignee ☐ Trustee ☐ Irrevocable Beneficiary

Full Name (please print): \_\_\_\_\_

Title (required): \_\_\_\_\_ SSN/TIN (required): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Nationwide®**

## Application for Change of Beneficiary Designation Important Details and Disclosures

PLEASE RETAIN THIS PORTION OF THE FORM FOR YOUR RECORDS.

### Submit to Nationwide



**Upload Online:** Log in to [nationwide.com](https://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](https://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

Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company, are herein referred to as “the Company”. Please do not send in your policy with this request. The Company waives any policy provision requiring the return of the Policy to the Company for endorsement.

### General Information about Beneficiary Designations

- The owner(s) reserve the right to change the beneficiary unless otherwise provided for on this application (i.e. irrevocable beneficiary(ies)).
- The same person/entity cannot be designated as both a Primary and a Contingent Beneficiary since the Contingent beneficiary is intended to receive the benefits if all Primary beneficiaries predecease the Insured or if the entity is no longer in existence.
- All beneficiaries need to be restated even if they are not being changed. For example, if you are changing only the contingent beneficiary, you must restate the primary beneficiary. We will not accept forms where Section 2 is left blank. We will also not accept wording such as “same” or “no change” in Section 2 or in Section 3.
- Once the Company receives and agrees to this application, all previous beneficiary designations for this policy are revoked effective the date of this application unless the beneficiary is designated as irrevocable.
- If beneficiary(ies) are not specified by name (i.e. all living children), the Company is authorized to rely on an affidavit(s) from the beneficiary(ies) listed on this form or from any responsible person in determining the names of the beneficiaries at time of claim. The Company is discharged from all liability upon making settlement based on such affidavit(s).
- Any reference in this application to a beneficiary living or surviving will mean living or surviving at the time of the Insured's death.
- State law limits the policy proceeds amount Nationwide can pay to a minor beneficiary in their individual capacity. If the policy proceed amount exceeds state law limits, Nationwide can only pay the proceeds to a court-appointed guardian/conservator of the minor's estate. Please contact your legal advisor for options when naming a minor beneficiary in order to avoid court intervention.
- Unless otherwise designated by you on this application, Nationwide will assume that:
  - If two or more Primary Beneficiaries or Contingent Beneficiaries are designated, the proceeds shall be payable in equal shares to those Primary Beneficiaries or Contingent Beneficiaries who survive the insured.
  - If two or more Primary Beneficiaries or Contingent Beneficiaries are designated to receive the proceeds in unequal shares and any of those Primary Beneficiaries or Contingent Beneficiaries predecease the Insured, the proceeds designated for such deceased Primary Beneficiaries or Contingent Beneficiaries shall instead be paid in equal shares to those Primary Beneficiaries or Contingent Beneficiaries who survive the Insured.
  - Children include naturally born and legally adopted children of the Insured.
  - If Allocation percentages are entered individually, those allocations will override instructions to share equally.

### Additional Information on Certain Beneficiary Designations

- **Irrevocable Beneficiary** - Checking the irrevocable beneficiary box in Section 2 will designate the named beneficiary(ies) as irrevocable. An irrevocable beneficiary, once named, cannot be changed without the consent of the named irrevocable beneficiary. In addition, other policy changes may require the irrevocable beneficiary's signature prior to the Company accepting any requested change. There are two classes of beneficiaries: revocable and irrevocable.
  - You may desire or have a need for some or all your beneficiaries to be irrevocable.
  - Generally, when the policy owner makes a beneficiary irrevocable, that beneficiary is granted a vested interest in the death benefit proceeds of the life insurance policy and the vested interest cannot be impaired without the irrevocable beneficiary's consent.
  - Naming an irrevocable beneficiary limits the policy owner's ability to subsequently change some aspects of the policy or contract without prior written consent from the irrevocable beneficiary(ies).
  - An irrevocable beneficiary, once named, cannot be changed without the consent of the named irrevocable beneficiary.
  - If you have any questions regarding irrevocable beneficiary designations, contact us at 800-848-6331.
- **Trust/Trustee(s)** - If a Trust/Trustee(s) is named as beneficiary on this policy:
  - The Company is not responsible for the application or disposition of the proceeds of the policy by the Trustee(s). Payment to the Trustee(s) shall fully discharge the liability of the Company under the policy.
  - If the beneficiary is a testamentary trust, the Company is authorized to rely on a certified copy of the qualification and appointment of the Trustee(s) or the probating of the Will. If the beneficiary is an inter vivos or living trust, the Company is authorized to rely upon a statement from the Trustee(s) that the trust is active and in full force and effect.
  - If, within six months after the death of the Insured, the Company has not been furnished with evidence of the probating of the Will or the qualification of the trustee (if a testamentary trust), or, with evidence that the trust is no longer active and in full force and effect (if an inter vivos or living trust), the proceeds may then be paid to the Contingent Beneficiary or other Beneficiary(ies) designated to next receive the proceeds. If there are no such beneficiaries surviving the insured, the proceeds will then be paid according to the terms of the policy.
- **Executor(s), Administrator(s) or Estates** - For policies in which the Insured's Estate is the beneficiary, the Company is authorized to rely upon a certified copy of the qualification and appointment of the Executor or Administrator of the Insured's Estate. Payment of the policy's proceeds to the Executor or Administrator shall fully discharge the liability of the Company under the policy.
- **Businesses, Schools, Charities or Churches** - Select "Other" and write the entity type for this designation.
- **Funeral Homes** - For policies where a funeral home is named as a beneficiary and you do not want the entire death benefit to be paid to the named funeral home, please indicate the name of the funeral home and check "As interest may appear." You must designate a remainder beneficiary to receive any amount leftover after the Funeral Home has been paid. Note that some states do not allow funeral homes to be named as beneficiaries and we may return this application if a funeral home designation is made in a state which prohibits such a designation. Also note, that some states limit the amount that can be paid to a funeral home.
- **Creditors** - For policies where a creditor is named as a beneficiary and you do not want the entire death benefit to be paid to the named creditor, please indicate the name of the creditor and check "As interest may appear." You must designate a remainder beneficiary to receive any amount leftover after the creditor has been paid.

### Additional Information about Divorce Revocation

Some states have enacted legislation which may automatically revoke beneficiary designations to a former spouse, based on the presumption that, upon divorce, the policyholder no longer intends to designate a former spouse as their beneficiary. Nationwide will take these state laws into consideration when processing claims on your life insurance policy.

#### **State Divorce Revocation Disclosure:**

**INDIANA RESIDENTS:** The provisions contained in Chapter 14 of the Indiana Code (§§ 32-17-14-0.2 — 32-17-14-32) relating to transfer on death and beneficiary revocation are incorporated into this beneficiary designation in whole or in part by express reference.

**MISSOURI RESIDENTS:** The provisions contained in Sections 461.003 to 461.081, R.S. Mo. relating to nonprobate transfer on death and beneficiary revocation are incorporated into this beneficiary designation in whole or in part by express reference.

## **Signature Requirements**

**Required Signatures** - This request must be signed and dated by all persons who have ownership or other rights in the policy (all co-owners, joint owners, co-trustees, previously named irrevocable beneficiaries, etc.).

**Corporate Owned Policies** - If a corporation owns the policy, we require the signature of a corporate officer and the officer's title. We must also have a copy of the corporate resolution giving the officer the authority to change the beneficiary on file. This officer must be someone other than the Insured unless the Insured is the sole corporate officer.

**Witness Signature** - It is strongly recommended that the owner's signature on this application be witnessed by a disinterested person, over the age of 18, who is not being named as a Beneficiary. A witness must be present at the time the owner signs this application.

- For policies issued in **Massachusetts, a witness signature is REQUIRED.** The Owner's signature on this application must be witnessed by a disinterested person, over the age of 18, who is not being named as a Beneficiary.