



Customer Profile for Fixed Annuity Products

Nationwide Life Insurance Company
 Nationwide Life and Annuity Insurance Company

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 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.

Owner

1 Owner Type Individual Entity (e.g., trust/corporation)

2 Owner 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 (if any)

5 Joint Owner Name

6 Date of Birth (MM DD YYYY)

Nationwide Product

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

Owner's Current Wages Social Security Guaranteed Annuity Payments
 Spouse/Partner's Wages Pension Plan Payments Regular Distributions from Investments
 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? (e.g.: increase in out-of-pocket medical expenses, etc.?) Yes No
If Yes, please explain in Financial Professional's Statement

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 CD's Life Insurance Real Estate Stocks, Bonds & Mutual Funds None

13 Liabilities

Existing liabilities and obligations (this includes existing financial liabilities and obligations you consider to be significant; for example: mortgage, large credit card debt balances, auto or student loans, and permanent life insurance premiums)

Type of Liability	Current Balance	Monthly Payment	Term of Liability (circle either "years" or "months")
<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	<input type="text"/> YY/ MM
<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	<input type="text"/> YY/ MM
<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	<input type="text"/> YY/MM
<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	<input type="text"/> YY/MM
<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	<input type="text"/> YY/MM

- 14 Total Net Worth
- a Checking/Savings (after purchase of this annuity) \$.00
 - b All other liquid assets (after purchase of this annuity)
e.g.: money market funds, securities that can be sold without surrender or penalties, qualified assets if 60 or over, etc. \$.00
 - c Total non-liquid assets excluding primary home
e.g.: life insurance, annuities in surrender period, investment real estate, employer-based retirement plans (if under age 59), etc. \$.00
 - d Total debt excluding mortgage on primary home \$.00
 - e Total Net Worth *a plus b plus c, minus d* \$.00
- 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.

Financial Objectives/Considerations

- 21 Objectives
- a How will this annuity help you meet your objectives? all that apply
 - Immediate Income
 - Tax Deferral
 - Principal Protection
 - Fee Reduction
 - Non-Assignability
 - Lump Sum Death Benefit
 - Lifetime Income
 - Multiple Index Options
 - Pass on to Beneficiaries
 - Higher Index Rate/ Index Credit Potential
 - b Does the consumer intend to apply for means-tested government benefits including, but not limited to, Medicaid, Medi-Cal or Veterans' Aid and Attendance Benefit? Yes No
 - c **If yes to b:** Name of the 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

Immediate Income Income Rider Required Minimum Distribution

Leave to Beneficiary Lump Sum Penalty-free or Systematic Withdrawals

Life Expectancy/Stretch Payments

23 Risk Tolerance for this Annuity one

Conservative - Low Risk: Want to preserve minimal risk, even if that means the account does not generate significant returns for this Annuity

Moderate - Medium Risk: Willing to accept some risk for higher return, even though that may mean losing some principal

Aggressive - Large Risk: Willing to accept maximum risk to seek maximum returns

Funding Source and Replacement

24 What is the source of funds for this annuity? all that apply

Savings, Checking, CD Annuity^b Defined Contribution Plan^{a,b} (e.g., 401k, 403b)

Stocks, Bonds and Mutual Funds^b Life Insurance^b Defined Benefit Plan^{a,b} (e.g., pension)

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

b *A registered representative who is currently licensed with a broker dealer may be required to assist you with the liquidation of your portfolio to fund the purchase of the fixed annuity. If the Financial Professional who recommended the purchase of the fixed annuity compared your existing portfolio to the fixed annuity, they must be a registered representative of a broker dealer or an investment advisor representative of a registered investment advisor. If the recommendation was made by an insurance-only Financial Professional, additional information and existing account documentation may be required to confirm the recommendation to purchase the fixed annuity.*

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. If not, leave this section blank. Please complete a copy of this section for each contract being replaced.*

a Carrier

b Replaced Contract Issue Date (MM DD YYYY)

c Current Fixed Interest Rate for Annuity . %

d Minimum Guaranteed Fixed Interest Rate . %

Potential Penalty

e Mortality and Expense Charge . %

f Surrender Charge Period Remaining years

g Surrender Charge (% and subsequent \$ amount) . % \$.00

h Additional Charges .00
e.g.: Market Value Adjustment, Administrative Fee, Bonus Recapture

Riders

i Guaranteed Death Benefit? Yes No

j **If yes,** Death Benefit Rider Fee: . % Benefit Amount: \$.00

k Living Benefit? Yes No

l **If yes,** Living Benefit Rider Fee . % Benefit Base: \$.00

Guaranteed Income

27 Are you purchasing a Nationwide living benefit rider? Yes No

If yes:

a Expected age income will begin using this rider

b Guaranteed annual income amount from Nationwide as illustrated \$

.00

c Guaranteed annual income amount at age indicated from all replaced annuity contract's living benefit rider(s). *If not applicable, leave blank.*

.00

28 Are you purchasing a Nationwide SPIA? Yes No

If yes:

a Nationwide SPIA Guaranteed Income Amount

\$.00

b Total guaranteed annuitization amount from all replaced contracts for the same selected payment option and frequency as Nationwide SPIA

.00

If amounts in 27c or 28 b are 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 fund 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:

P4 If you answered "yes" to Questions 10e, 17, 18, 19, 20, or 25 provide more detail:

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

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

Yes N/A

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

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

I have received and reviewed the applicable disclosures for this product

Yes

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

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 (i) compensation, (ii) type of products the Financial Professional is licensed to sell and (iii) 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

X

Owner Signature

Date

X

Joint Owner Signature (if applicable)

Date

Financial Professional's Acknowledgment and Signature

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

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

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 Acknowledgements 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 of the account(s) used to fund this annuity Yes

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

X

Financial Professional Signature

Date