



1. Accounts to be Transferred (please print)

Is this transfer going into a new or existing contract? New Contract Existing Contract No. _____

1a. Account Information "as titled at the surrendering company"

Owner's Information (required):

Full Name: _____ SSN/TIN: _____

Joint Owner's Information (if applicable):

Full Name: _____ SSN/TIN: _____

Annuitant's Information (required if different than owner):

Full Name: _____ SSN/TIN: _____

Joint Annuitant's Information (if applicable):

Full Name: _____ SSN/TIN: _____

1b. Surrendering Company Information (Use a separate form for each surrendering company or plan type.)

NOTE: Providing a Post Office Box (PO Box) or leaving this section blank will delay processing.

Surrendering Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax/Email: _____

2. Non-Qualified Annuity or Life Policy Authorization for 1035 Tax-Free Exchange

Only for life or annuity contracts.

- Please confirm the availability of these options with the surrendering company.
- To ensure timely processing, please include an account statement.
- Accurate account numbers and estimated transfer amounts are crucial to the timely transfer of assets to Nationwide.

1. Account Number*: _____

Is this Beneficially Owned? Yes No (If **yes**, Section 7 is required)

I wish to liquidate and transfer (select one):

Full Exchange, estimated amount of: \$ _____

Partial Exchange, in the amount of: \$ _____ OR _____%

100% of the available Penalty-Free Amount (This amount is subject to change based on the product provisions.)

2. Account Number*: _____

Is this Beneficially Owned? Yes No (If **yes**, Section 7 is required)

I wish to liquidate and transfer (select one):

Full Exchange, estimated amount of: \$ _____

Partial Exchange, in the amount of: \$ _____ OR _____%

100% of the available Penalty-Free Amount (This amount is subject to change based on the product provisions.)

*If you are listing a Nationwide Annuity Contract number the Nationwide Annuity Internal Transfer Disclosure Form is required

Important Information:

- For the purpose of this form, the receiving company, Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company, will be referred to as ("The Company").
- Partial Exchange is applicable to Annuity Contracts Only.
- If your contract is issued as part of a partial 1035 exchange that is completed on or after October 24, 2011, and a distribution or surrender was made from either contract within 180 days after the exchange, the IRS may treat the distribution or

2. Non-Qualified Annuity or Life Policy Authorization for 1035 Tax-Free Exchange (continued)

surrender either as (a) 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 (b) 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 determined under (a) and (b) 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 distribution meets certain defined exceptions.

- Because the IRS has not issued guidance as to what factors or circumstances will determine the ultimate tax treatment of a distribution or surrender from either contract within 180 days after the exchange, Nationwide will tax report the distribution as a distribution from the actual contract from which it originated. Please consult your prospectus and/or contract for more information and discuss any tax consequences concerning any contemplated transactions with a professional tax advisor.

3. Tax-Qualified Retirement Accounts Request for Direct Rollover/Transfer

- Please confirm the availability of these options with the receiving company.
- To ensure timely processing, please include an account statement.
- Accurate account numbers and estimated transfer amounts are crucial to the timely transfer of assets to Nationwide.

1. Account Number: _____ Same as SSN

Is this Beneficially Owned? Yes No (If **yes**, Section 7 is required)

NOTE: Nationwide will not accept a transfer of an active loan.¹

Transfer from:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Traditional IRA Mutual Fund | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Roth IRA ² | <input type="checkbox"/> Roth IRA Mutual Fund ² | <input type="checkbox"/> 457(b) |
| <input type="checkbox"/> Simple IRA | <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) | |
| <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Other: _____ | |

I wish to liquidate and transfer (select one):

Full Transfer, estimated amount of: \$ _____

Partial Transfer, in the amount of: \$ _____ OR _____%

100% of the available Penalty-Free Amount (This amount is subject to change based on the product provisions.)

2. Account Number: _____ Same as SSN

Is this Beneficially Owned? Yes No (If **yes**, Section 7 is required)

NOTE: Nationwide will not accept a transfer of an active loan.¹

Transfer from:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Traditional IRA Mutual Fund | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Roth IRA ² | <input type="checkbox"/> Roth IRA Mutual Fund ² | <input type="checkbox"/> 457(b) |
| <input type="checkbox"/> Simple IRA | <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) | |
| <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Other: _____ | |

I wish to liquidate and transfer (select one):

Full Transfer, estimated amount of: \$ _____

Partial Transfer, in the amount of: \$ _____ OR _____%

100% of the available Penalty-Free Amount (This amount is subject to change based on the product provisions.)

¹Loans are required to be paid off prior to transfer.

²Roth IRA Funds can be transferred only to another Roth IRA. After-tax contributions in an IRA are not eligible for direct rollover into qualified plans.

NOTE: Generally, third-party transfer paperwork, including the Nationwide Transfer forms are not accepted for processing these requests. To avoid delays, please contact your surrendering company to obtain their requirements. See Special Instructions section for additional information.

4. Transfer of Non-Qualified funds other than Annuity or Life Policies

1. Account Number: _____

Is this Beneficially Owned? Yes No (If **yes**, Section 7 is required)

Transfer from: Mutual Fund Shares Certificate of Deposit (CD) Brokerage Account

Investment Description: _____

I wish to liquidate and transfer (select one):

Full Exchange, estimated amount of: \$ _____

Partial Exchange, in the amount of: \$ _____ OR _____%

2. Account Number: _____

Is this Beneficially Owned? Yes No (If **yes**, Section 7 is required)

Transfer from: Mutual Fund Shares Certificate of Deposit (CD) Brokerage Account

Investment Description: _____

I wish to liquidate and transfer (select one):

Full Exchange, estimated amount of: \$ _____

Partial Exchange, in the amount of: \$ _____ OR _____%

I understand The Company will apply the funds it receives from this transfer to an annuity contract issued to me. The Company is not responsible for the tax treatment of this transfer and I am responsible for all federal, state and local taxes. I also understand that the annuity contract will not begin to earn value until The Company receives these proceeds and all other necessary paperwork in good order.

5. Special Instructions

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation.

At Maturity/Specified Date: _____

I also understand it is my responsibility to confirm with surrendering company their processing guidelines for selecting a specific transfer date. If no maturity date is given, I understand that the liquidation will be done as soon as possible. Proceeds should be transferred to Nationwide immediately following liquidation. Nationwide will send the paperwork when in good order and the surrendering company will be required to hold until the required date.

To avoid delays in the transfer of funds to Nationwide, please follow the directions below for 401 and 457 transfers and/or rollovers.

Generally, third-party transfer paperwork, including the Nationwide Transfer forms are not accepted for processing these requests. To avoid delays, please contact your current company to obtain their requirements.

• **Distribution paperwork is required**

I am forwarding Distribution paperwork to the surrendering company for processing.

A Letter of Acceptance is not required of Nationwide.

A Letter of Acceptance is required with an authorized Nationwide signature.

I am forwarding Distribution paperwork to Nationwide for an authorized signature of acceptance. Nationwide needs to request the Distribution.

Original distribution forms are required. Please send to the surrendering company address provided on page 1 of this form.

6. Return of Annuity Contract (Does not apply to partial 1035 exchanges on annuity contracts)

Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge, no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.

Contract/Policy Type at Surrendering Company: Individual Group

Select One: Variable Annuity Fixed Annuity Fixed Life Variable Life Bank

7. Beneficial Owner Information (Required if Beneficially Owned was elected in section 2 or 3)

7a. Beneficial/Inherited/Stretch Account

Decedent's Information

Name (please print) : _____

SSN: _____ DOB: _____ DOD (death certificate required): _____

NOTE: Do not complete if contract is a spousal re-registration

NOTE: If you are the Successor beneficiary, death certificates for both decedents are required

7b. Please provide the claim option elected at the prior company. If no option was elected, please provide the option being elected at Nationwide.

NOTE: For immediate annuity applications, if there is no election provided in this section, Nationwide will default your option based on the tax qualification of your contract.

Non-Qualified Distribution Option(s) (select one):

Life Expectancy of Original Beneficial Owner

Tax Qualified Distribution Option(s) (select one):

Deferred:

NOTE: The following options are for dates of death after 12/31/2019.

10-Year Required Distribution Option

Spousal Delay of Required Distribution

Life Expectancy of Eligible Original Beneficial Owner (Select which qualification applies)

Spouse of Decedent

Beneficial Owner is older than or less than 10 years younger than the decedent

Beneficial Owner is disabled/chronically ill (additional documentation required)

Beneficial Owner is the minor child of decedent (This payout will be revised to the 10-Year Required Distribution Option upon reaching age of majority.)

NOTE: Nationwide will not pay insurance proceeds to minors. A court appointed guardian of the estate, conservator, custodian under a state's Uniform Transfer to Minors Act or a trust are customary recipients of funds payable on behalf of a minor. Please contact your legal advisor for options to satisfy your objectives and facilitate the timely availability of monies intended for the minor's benefit.

Immediate:

10-Year Required Distribution Option

7c. Life Expectancy Option Detail

(Required if Life Expectancy option was chosen for Non-Qualified or Tax Qualified Options)

12/31 prior year balance of your portion \$ _____

Did the distributions start at the prior company? Yes No

Withdrawal total for current year \$ _____

8. Where to Invest

Not all accounts allow for additional payments and/or changes in allocations. Please refer to your prospectus and/or contract to determine whether additional transfers are accepted.

Deposit to existing Nationwide annuity account number: _____

Money will be applied according to the annuity's existing allocations unless different allocations are selected below.

Allocate transferred money as indicated below.

Investment Options	%
Must be in whole percentages and total 100%	100%

9. Submission Instructions

When sending transfer paperwork and a transfer check to Nationwide, please make the check payable to Nationwide Financial for benefit of (FBO) the client.

Regular Mail:
 Nationwide Financial
 ATTN: Transfer Team
 P.O. Box 182021
 Columbus, Ohio 43218-2021

Overnight Mail:
 Nationwide Financial
 3400 Southpark Place, Suite A
 Attention: DSPF-F4
 Grove City, Ohio 43123-4856

10. Disclosure for Non-Qualified Annuities

- I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value to Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company (collectively "The Company"). The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by The Company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned contract. Other than the above mentioned owner, no person, firm or corporation other than myself and the insurer that issued the above numbered contract(s) has an interest in said contract(s). No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that The Company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by The Company.
 - I authorize the surrendering company to send the proceeds directly to The Company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by The Company. The Company is not liable for changes in market value that may occur before the proceeds are received by The Company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by The Company, no value will accrue or be earned on The Company contract.
 - If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.
 - I authorize The Company to rely upon the cost basis information provided by the surrendering company, but agree that The Company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred.
- I acknowledge that The Company provides this form and participates in this transaction as an accommodation to me. The Company does not give tax or legal advice and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other regulations.
- I agree that if The Company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, The Company may reassign ownership of the policy/contract back to me.

11. Taxpayer ID Certification

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.

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.

12. Signature(s) (required)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please do not forget to sign, date, and **mail the original form**. We cannot move forward without it!

- I wish to waive any conservation that may be in effect (not electing this option could delay transfer time).
- I authorize a representative of Nationwide to receive transfer status information including, but not limited to, current status, good order requirements, cost basis, and processing time.

Owner:

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

Signature (required): _____ Date (required): _____

Joint Owner (if applicable):

Name (please print): _____

Signature: _____ Date: _____

A Medallion STAMP (Securities Transfer Agents Medallion Program) signature guarantee is an authentication of a signature in the form of a stamp or seal by a bank, a stock exchange member or another acceptable guarantor. A notary's stamp or seal is not a Medallion STAMP, therefore a notarized signature will not be accepted. You can obtain a Medallion STAMP signature guarantee from a commercial bank, savings bank, credit union, or broker/dealer authorized to provide Medallion STAMP signature guarantees. Medallion STAMP signature guarantees will not be accepted by fax.

Medallion STAMP Signature Guarantee