



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

1. Enter Contract Owner Information

Owner's Information:

Name: \_\_\_\_\_ Contract 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.

Joint Owner's Name (if applicable): \_\_\_\_\_

2. Enter Trust Information

Trust Name: \_\_\_\_\_ State Trust Established: \_\_\_\_\_

Date of Trust AND Date of Any Amendments to Trust: \_\_\_\_\_

Trust Tax Identification (SSN/TIN): \_\_\_\_\_

Current Trustee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Current Trustee Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

NOTE: If more than two trustees, please attach additional sheet with trustee names, addresses, telephone numbers and signatures

Settlor/Grantor Name(s): \_\_\_\_\_ State Law that Governs Trust: \_\_\_\_\_

Original Trustee Name (if applicable): \_\_\_\_\_

Successor Trustees (if applicable): \_\_\_\_\_

Applicable powers, limitations and/or restrictions of trustee(s) in dealing with trust assets. If no restrictions or limitations are imposed, please state the same below.

Type of Trust: [ ] Irrevocable [ ] Revocable (If "Revocable" selected, list persons below with power to revoke)

Person with Power to Revoke: \_\_\_\_\_

Person with Power to Revoke: \_\_\_\_\_

If the trust has more than one trustee, select one (Required):

[ ] Must Act in Unison [ ] May Act independently [ ] Other (Only designated trustees may bind trust, list names)

Person with Power to Bind: \_\_\_\_\_

Person with Power to Bind: \_\_\_\_\_

### 3. Review Certification

Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company are referenced throughout as “Nationwide”.

**As trustee(s) for the trust named in Section 2, I/we acknowledge and agree that:**

- I/we have the authority to make this certification.
- The trust agreement to which this certification applies is in existence, and in full force and effect and has not been revoked, modified or amended in any way that would cause the representations in this document to be incorrect.
- The trust is not supervised by a court.
- Under the trust agreement and applicable law, I/we have full authority to give Nationwide instructions regarding the purchase, surrender, encumbrance, management or disposition of life insurance policies, annuity contracts or income products.
- Unless we advise Nationwide in writing to the contrary, any one trustee may individually act or execute any documents on behalf of and bind the trust.
- If any of the current trustees resign, the trust is responsible for naming a new trustee. Nationwide may rely on the authority of one (1) or more successor trustees without proof of their succession.
- I/we do not hold Nationwide responsible for any tax consequences due to the purchase or surrender of this life insurance policy or annuity contract or income product, and confirm that I/we understand the tax requirements for this investment.
- Nationwide will not assume any responsibilities other than its contractual obligations as the issuer of a life insurance policy, annuity contract or income product.
- The information contained in this document is correct, and the trustees understand and agree that Nationwide will rely on this information for all purposes relating to issuing and maintaining a life insurance policy, annuity contract or income product where the trust named in Section 2 is the owner and/or beneficiary.
- Nebraska Domiciled Trust Only: I have attached a list of the name of each beneficiary and the relationship to the grantor, settler or testator as required under R.R.S. Neb. § 30-38,102 et seq.

### 4. Review 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.  
(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.

### 5. Submit to Nationwide



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



**Submit by Fax:** Fax to 888-634-4472

**For More Information:** Call 800-848-6331

**6. Sign and Date (required)**

The undersigned, on behalf of the trust, agree(s) to indemnify and hold harmless Nationwide from any and all liabilities and expenses, including attorneys' fees, for claims, judgments, surcharges, or settlement amounts for acting on transaction requests of the types specified above or otherwise relying on this certification/affidavit. Each trustee will be jointly and severally liable for performing the obligations stated above. Such obligations and this indemnification will survive termination of the trust and will be binding upon all heirs, successors, or assigns. The undersigned agree(s) to promptly inform Nationwide, in writing, of any amendment to the trust, any change in the composition of the trustees, or any other event that could affect the representations made in this document. I/we understand that Nationwide will rely on this certification/affidavit until it receives signed written notice of any changes as noted above.

**Current Trustee:**

Name (please print): \_\_\_\_\_ SSN/TIN (Required): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Co-Trustee (if applicable):**

Name (please print): \_\_\_\_\_ SSN/TIN (Required): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Notary (Required in IA, MI, MN, MS, NE, NV, RI, SD, TN, and VT)**

This section is only required if the Trust was created under the laws of one of the following states: Iowa, Michigan, Minnesota, Mississippi, Nebraska, Nevada, Rhode Island, South Dakota, Tennessee, and Vermont). See Section 2 for "State Law that Governs Trust."

**Signature of Trustee:**

**Witnessed by Notary:**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the person named therein and who executed the foregoing, and acknowledged to me that they voluntarily executed the same.

**Notary Information:**

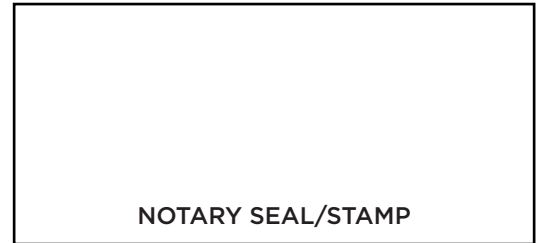
Witness my hand and official seal.

Printed Name: \_\_\_\_\_

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

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

My commission expires: \_\_\_\_\_



**Signature of Co-Trustee:**

**Witnessed by Notary:**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the person named therein and who executed the foregoing, and acknowledged to me that they voluntarily executed the same.

**Notary Information:**

Witness my hand and official seal.

Printed Name: \_\_\_\_\_

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

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

My commission expires: \_\_\_\_\_

