



**1. General Information (please print)**

This section does not need to be completed if this form is submitted with a new contract application.

**Owner's Information:**

Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_  
 SSN/TIN: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_  
 Street 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.

**Joint Owner's Information (if applicable):**

Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

**2. Definitions**

**The use of the term Insured on this form is defined as:**

For contracts where a death benefit is payable upon the death of the Annuitant, Insured means Annuitant.

For contracts where a death benefit is payable upon the death of the Owner, Insured means Owner.

**3. Beneficiaries: Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.**

**3a. Primary Beneficiaries: Designate allocations for all OR  pay all Primary Beneficiaries equally.**

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

### 3. Beneficiaries (continued)

**3b. Contingent Beneficiaries:** Designate allocations for all OR  pay all Contingent Beneficiaries equally.

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

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

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

### 4. Important Information

You **must** list **all** of your Primary and Contingent Beneficiary designations. This Additional Beneficiaries form must be signed and will supersede any and all previous beneficiary designations

- Spousal Protection and/or Joint Option (Spousal Continuation) require the Primary Beneficiary to be the spouse or Contract Owner at 100%. Contingent Beneficiary changes are permitted
- Please be aware, the beneficiaries designated will have rights to the contract only upon the death of the Insured, based upon the type of beneficiary and percentage allocation indicated on this form
- Providing your beneficiaries social security number will help expedite the beneficiary claim process and will ensure that Nationwide can properly identify your beneficiary

### 5. Signature(s) (required)

**Owner:**

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

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

**Joint Owner** (if applicable):

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

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