



Sections 5, 6, 7, and 8 outline potential changes to your contract as a result of a beneficiary change. Please read carefully. All pages of this form must be returned.

1. General Information (please print)

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. Primary Beneficiary Designation

3a. Individuals

Designate allocations for all OR pay all Primary Beneficiaries equally.

Allocation to all Primary Beneficiaries must equal 100%. Use only whole percentages, fractions may delay processing.
Important: When submitting the beneficiary change form you **must re-list ALL** of your Primary Beneficiary designations.

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

3. Primary Beneficiary Designation (continued)

3b. Entities:

4. Estate Trust¹ Other (please specify): _____

Entity Legal Name: _____
Allocation (whole % only): _____ % TIN: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

5. Estate Trust¹ Other (please specify): _____

Entity Legal Name: _____
Allocation (whole % only): _____ % TIN: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

6. Estate Trust¹ Other (please specify): _____

Entity Legal Name: _____
Allocation (whole % only): _____ % TIN: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____ Phone: _____

¹Please 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. Contingent Beneficiary Designation

4a. Individuals

Designate allocations for all OR pay all Contingent Beneficiaries equally.

Allocation to all Contingent Beneficiaries must equal 100%. Use only whole percentages, fractions may delay processing
Important: When submitting the beneficiary change form you **must re-list ALL** of your Contingent beneficiary designations (if applicable).

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

4. Contingent Beneficiary Designation (continued)

4b. Entities:

4. Estate Trust¹ Other (please specify): _____

Entity Legal Name: _____

Allocation (whole % only): _____ % TIN: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

5. Estate Trust¹ Other (please specify): _____

Entity Legal Name: _____

Allocation (whole % only): _____ % TIN: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

6. Estate Trust¹ Other (please specify): _____

Entity Legal Name: _____

Allocation (whole % only): _____ % TIN: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

¹Please 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.

5. Important Information for All Beneficiary Changes

- **When submitting the beneficiary change form you must re-list ALL of your Primary and Contingent Beneficiary designations (where applicable). This Beneficiary Change Request form must be signed and will supersede any and all previous Beneficiary designations.**
- 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 3 is left blank. We will also not accept wording such as "same" or "no change" in Section 3 or in Section 4.
- You are permitted to make changes to your Beneficiaries at any time according to the terms of your Contract. However, in order to receive the full benefits of the Spousal Protection and/or Joint Option (Spousal Continuation), Nationwide requires the Primary Beneficiary to be the spouse of the Contract Owner at 100%. Changes to the Contingent Beneficiaries will have no impact on these benefits.
- 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.
- 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.

6. Important Information About Beneficiary Changes on Contracts with a Living Benefit that Includes Spousal Continuation/Joint Option

Acknowledgement for New Heights® Contracts:

If I have elected a Guaranteed Lifetime Withdrawal Benefit (GLWB) Joint Option, I understand and acknowledge that designating a primary beneficiary other than my spouse will permanently **terminate the benefits** associated with the GLWB Joint Option on my contract.

- a. By removing my spouse as primary beneficiary, I am forfeiting all benefits associated with the GLWB Joint Option. Upon my death, the GLWB will terminate.
- b. If I elected the GLWB Joint Option at contract issue and I **cannot** provide proof that my marriage terminated due to divorce, dissolution, or annulment, the rider charge will continue for the life of my contract even though the benefits associated with this rider will terminate when I designate a new beneficiary(ies). The determining life (the age of the person upon which the benefit depends) provided at rider issue will not change. The GLWB allowable withdrawal percentage will not change.

Exception where Proof of Divorce is Provided: Where proof that marriage terminated due to divorce, dissolution, or annulment can be provided, the contract owner will be permitted to remove the spouse as a covered life from the GLWB Joint Option. The GLWB Joint Option cannot be removed from the contract and no future spouses can be added to take advantage of the GLWB Joint Option. Additionally, even though the covered life has changed, the GLWB allowable withdrawal percentage will not change.

Acknowledgement For all Other Contracts with a Living Benefit that includes the Joint Option

If I have elected Spousal Continuation, I understand and acknowledge that designating a primary beneficiary other than my spouse will permanently **terminate the benefits** associated with the spousal continuation on my contract.

- a. By removing my spouse as primary beneficiary, I am forfeiting all benefits associated with spousal continuation. Upon my death, the living benefit will terminate.
- b. If I elected spousal continuation at contract issue and I cannot provide proof that my marriage terminated due to divorce, dissolution, or annulment, the rider charge, will continue for the life of my contract even though the benefits associated with this rider will terminate when I designate a new beneficiary(ies). The determining life (the age of the person upon which the benefit depends) provided at rider issue will not change.

Exception where Proof of Divorce is Provided:

If proof that your marriage terminated due to divorce, dissolution, or annulment is provided PRIOR to taking any lifetime withdrawals, the spousal continuation benefit, including the charges associated with the spousal continuation benefit, will terminate and the joint determining life will be removed. However, no future spouses can be added to take advantage of spousal continuation.

7. Important Information about Beneficiary Changes with Spousal Protection associated with a Death Benefit

If I have spousal protection associated with my death benefit, I understand and acknowledge the following:

To maintain the benefit or the benefits under the rider, my spouse and I must be named as primary beneficiaries. If I change the primary beneficiary designation to anyone other than my spouse and myself, it will terminate the benefits associated with spousal protection on my contract and the following will apply:

1. When my spouse is removed as primary beneficiary, I am also removing my spouse as the named co-annuitant on my contract thereby nullifying all benefits of spousal protection associated with the death benefit. The death benefit will be payable upon the death of the annuitant.
2. If I elected the Spousal Protection Rider for an additional charge at contract issue, the rider charge for the benefit will continue for the life of my Contract even though the benefits associated with this rider will terminate when I remove my spouse as Primary Beneficiary and Co-Annuitant.
3. If the spousal protection was available on my contract at no additional cost, and I named my spouse as 100% primary beneficiary on the application, Nationwide may have added my spouse as co-annuitant on the contract to ensure I could take advantage of spousal protection upon either spouse's death. By removing my spouse as primary beneficiary, I will be removing my spouse as co-annuitant as well, and the benefits associated with spousal protection will no longer apply to my contract.
4. Once I remove my spouse from the co-annuitant role, I can neither re-add them later nor add another spouse or other party as co-annuitant.

NOTE: In the event you are submitting this change request due to the death of your spouse, this section is not applicable, and spousal protection will remain in effect.

8. 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 contract 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 contract 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 annuity contract 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 contract under applicable community property laws.

Spouse Signature: _____ **Date:** _____

9. Signature(s) (required)

Sections 5, 6, 7, & 8 outline potential changes to your contract as a result of a beneficiary change. Please read carefully before signing and submitting this form.

Owner:

Full Name (please print): _____

Signature: _____ **Date:** _____

Joint Owner (if applicable):

Full Name (please print): _____

Signature: _____ **Date:** _____