



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

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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<sup>b</sup>    Defined Contribution Plan<sup>a,b</sup> (e.g., 401k, 403b)

Stocks, Bonds and Mutual Funds<sup>b</sup>    Life Insurance<sup>b</sup>    Defined Benefit Plan<sup>a,b</sup> (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 25 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   .  % or \$    .00

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



- 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  No

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 23, 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 \_\_\_\_\_