



How to Complete Guide Customer Profile for Fixed Annuity Products

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

PO Box 182021, Columbus, OH 43218-2021
Phone: 800-848-6331 • Fax: 888-634-4472 • nationwide.com

Complete this questionnaire when you are recommending a Nationwide annuity contract to the customer. We will review the information provided to determine if the recommendation is suitable based on the information provided by the customer either on this form or as a separate document. The term "this annuity" refers to the annuity you have recommended for the customer.

Print clearly in **ALL CAPITALS** in black ink. Round cents to the nearest dollar.

Owner

1 Owner Type Individual Entity (e.g., trust/corporation)

2 Owner Name

3 Date of Birth (MM DD YYYY) *Leave blank if Owner type is Entity*

4 Employment a Employed Self-Employed Retired Not Employed
If employed or self-employed are selected, complete questions b and c

b Employer Name

c Occupation

4. Please provide further clarification regarding the client's unemployment and what's his/her future income plan on Page 4 Financial professional statements.

Joint Owner (if any)

5 Joint Owner Name

6 Date of Birth (MM DD YYYY)

Nationwide Product *See product disclosures for details. For state-specific questions, please call us at 800-321-6064*

7 Premium Amount \$.00

8 Surrender Period Length: years Year 1 Surrender Charge: %

9 Benefit Rider? No Rider Enhanced Death Benefit Living Benefit Rider Fee(s): %

8. The surrender charge percentage during the first year of the contract.

Financial Status

10 Disposable Income a Household Income Source(s) *✓ all that apply*

Owner's Current Wages Social Security Guaranteed Annuity Payments

Spouse/Partner's Wages Pension Plan Payments Regular Distributions from Investments

Rental Income

b Annual Household Income *should equal sum of all sources above* \$.00

c Annual Living Expenses *including all household expenses* \$.00

d Disposable Income *b minus c* \$.00

e Do you anticipate a significant change to your future disposable income during the surrender charge period? (e.g.: increase in out-of-pocket medical expenses, etc.?) Yes No
If Yes, please explain in Financial Professional's Statement

10b. This should be a total of ALL household income, including both partners.

10c. Total Annual Living expenses - includes the owner's rent, mortgage payments, utilities, phone/internet, food, transportation.

11 Federal Tax Bracket 0% 10% 12% 22% 24% 32% 35% 37%

12 Financial products you own or have previously owned *✓ all that apply*

Annuity CD's Life Insurance Real Estate Stocks, Bonds & Mutual Funds None

13. Total Liabilities in this section must equal total debt entered in 14.d plus the primary residence mortgage.

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. Please Note: All of these figures are meant to show what the client's financials would look like after the purchase of the Nationwide annuity.

14b. If the client is younger than 59.5, please include their qualified assets in 14.c instead of this question.

14c. The value of the annuity being purchased should be included in Total Non-Liquid Assets.

14d. Each type of Liability included in Total debt calculation should be listed in section 13.

14e. The value of the annuity being purchased should be included in Total Net Worth.

15. How many annuities are currently owned in the household - including the Nationwide contract being purchased.

14 Total Net Worth

| | |
|--|-----------------------------|
| a Checking/Savings (after purchase of this annuity) | \$ <input type="text"/> .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. | \$ <input type="text"/> .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. | \$ <input type="text"/> .00 |
| d Total debt excluding mortgage on primary home | \$ <input type="text"/> .00 |
| e Total Net Worth <i>a plus b plus c, minus d</i> | \$ <input type="text"/> .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

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. Mark where the funding for this contract is coming from (if multiple, please be sure to select all that apply).

24 What is the source of funds for this annuity? all that apply

Savings, Checking, CD Annuity^b Defined Contribution Plan^{a,b} (e.g., 401k, 403b)

Stocks, Bonds and Mutual Funds^b Life Insurance^b Defined Benefit Plan^{a,b} (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. Sources directly funding this proposed annuity. If funds moved from retirement plan to brokerage account, please disclose

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. Inherited/beneficially-owned annuity contracts used to purchase new annuity contracts are considered replacements and should be treated as such for suitability purposes. The submission should reflect a replacement and the existing and proposed products should be compared accordingly.

26 Replacement Complete section 26 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 . %

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

When the surrendering source of funds is an annuity, the producer should fully complete section 26 to be able to compare the replacing annuity with the new contract at Nationwide. If more than one replaced contract, please complete another copy of this section for each additional replacement.

If anything in this section is not applicable, it still needs to be filled out with N/A.

Guaranteed Income

27c. Complete if replacing a product with income rider or if replacing income from a defined benefit plan and purchasing an income rider with Nationwide, at the client's expected age when taking income (entered in 27.a).

27 Are you purchasing a Nationwide living benefit rider? Yes No

If yes:

a Expected age income will begin using this rider

b Guaranteed annual income amount from Nationwide as illustrated \$.00

c Guaranteed annual income amount at age indicated from all replaced annuity contract's living benefit rider(s). *If not applicable, leave blank.* \$.00

28b. Complete with annuitization amount if an annuity replacement and purchasing a SPIA with Nationwide, with the same selected payment option and frequency.

28 Are you purchasing a Nationwide SPIA? Yes No

If yes:

a Nationwide SPIA Guaranteed Income Amount \$.00

b Total guaranteed annuitization amount from all replaced contracts for the same selected payment option and frequency as Nationwide SPIA \$.00

If amounts in 27c or 28 b are from multiple replaced contracts, itemize in Financial Professional's Statement question P4

Financial Professional Statement

In this section we are looking for fair and balanced advantages and disadvantages of the transaction. It is important to include any specific benefits, riders, or loss of income. Please clearly print 1-2 sentences for each answer. If additional space is required, attach additional pages. We cannot accept blanks, "N/A", or "none" as answers to questions P1, P2, P3.

P1 The primary reason(s) for recommending the new annuity contract is (are):

P2 The existing source of fund cannot meet the applicant's objectives because: (include any benefits, riders or income lost as part of the replacement. This is also required for Medicaid planning cases)

P3 The advantages of continuing the existing source of funds without changes are:

P4 If you answered "yes" to Questions 10e, 17, 18, 19, 20, or 25 provide more detail:

Complete all customer acknowledgments on page 4.

Customer Acknowledgment and Signature *If the owner is an entity, must be signed by a trustee or authorized signer*

I am replacing an annuity with a 3% or greater guaranteed minimum interest rate. Yes N/A

I acknowledge that I am foregoing a percentage guaranteed return in exchange for growth potential of the annuity contract being purchased. Although the potential may exist, there is no guaranteed growth equal to that offered by the current contract

Please have the client acknowledge if giving up income from an annuity or from a Defined Benefit Plan.

I acknowledge the guaranteed income amount for the contracts I'm replacing will be given up for the Nationwide contract I am purchasing Yes N/A

I have received and reviewed the applicable disclosures for this product Yes

I understand that a penalty may apply if I need to access my funds. If I am purchasing an immediate annuity contract, I may be permanently converting my premium into an income stream. Yes No

By signing this form, I acknowledge the following:

- My Financial Professional explained 1) the various product features and potential consequences of the annuity, 2) any compensation is paid for the sale of the annuity contract, and 3) any impact of replacing an existing product

- 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

Please note signatures should be on or before the application signature date.

Alterations/corrective fluid use must be initialed and dated by client.

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 N/A

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

Please note an additional non-solicitation form should be submitted if the agent is an insurance-only producer when the source of funds is securities based.

Please provide recent, complete quarterly/annual statements for all associated accounts if the source of funds is a securities-based or insurance product. Please provide a benefit election form if the source of funds is a pension/defined benefit plan.

If replacing an annuity to purchase an immediate annuity with Nationwide, please provide an annuitization quote from the contract being replaced

Financial Professional Type: Insurance Only Financial Professional *Attach non-solicitation form based on question 24, if needed*
 Registered Representative Investment Advisor Representative
 If Registered Rep. or Investment Advisor Rep: CRD or IARD #:

have provided the applicable disclosures for this product to my client Yes
 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