



Nationwide®

Annuity Customer Suitability Questionnaire for Fixed 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

Important Information: Complete this form when purchasing a new annuity contract with Nationwide. The information collected on this form is used to determine if recommendations appropriately match your financial needs. Please include this form with your Nationwide Annuity Application, as well as the most recent statement for all associated accounts from a security and/or insurance product for exchange or replacement.

1. Customer Information (Please print)

Name: _____ Date of Birth: _____
SSN: _____ Phone: _____
Email: _____

Marital Status and Employment Status

Easily missed, but must be completed

Joint Owner's Name (if applicable): _____

SSN: _____ Phone: _____
Email: _____

Marital Status: Single Married Divorced/Separated Widowed

Employment Status: Employed Self Employed Homemaker Student Retired
 Disabled Unemployed Other: _____

If employed or self employed, please provide the following information:

Name of Employer: _____ Occupation/Job Title: _____

Annual Household Income

This should be a total of ALL household income, not just limited to spouses. It should include *anyone* who is living in the house. Must mark "Net" or "Gross"

Financial Information - Person (If using a non-natural owner, please provide annuitant information in space below.)

Annual Household Income (include all household income, i.e. spouse) \$:	Income Tax Bracket: <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 5% <input type="checkbox"/> 35% <input type="checkbox"/> 10% <input type="checkbox"/> >35% <input type="checkbox"/> 15%	Annual Expenses: \$:	Approximate Total Net Worth: \$: (Retirement accounts, real property, and other investments that have CDSC or fees. Do not include the client's residence)	Liquid Assets after Annuity Purchase: \$: (Checking, savings, money market funds, and securities that can be sold without penalties)
<input type="checkbox"/> Gross OR <input type="checkbox"/> Net				

Assets: The total assets listed in this table (liquid and non-liquid) should equal the **Total Net Worth** listed above. The total Non-Liquid Assets listed below should equal the **Liquid Assets after Annuity Purchase** above.

Liquid Assets		Non-Liquid Assets	
Asset Type	Current Value	Asset Type	Current Value
Checking Account		Fixed Annuity in Surrender Period	
Savings Account		Variable Annuity in Surrender Period	
CD		Mutual Funds (B shares)	
Fixed Annuity (penalty-free)		Life Insurance	
Variable Annuity (penalty-free)		Other:	
Stocks		Other:	
Bonds		Other:	
Mutual Funds (A & C shares)			
Other:			
Total:	0.00	Total:	0.00

See attached statement

FAF-0109AO.7

Financial Information—Entity- This section is a continuation from the previous page (section 1). It should only be completed if the owner of the contract is a non-natural entity (trust, corporation, etc).

Investment Objectives

Must be completed. The client should check all objectives that apply to the sale of this product

Investment Experience

Easily missed, but must be completed, **Note:** there is an option for "none"

Risk Tolerance

Easily missed, but must be completed. This must be the risk tolerance for this particular product/source of funds, not the client's overall risk tolerance

Source of Funds

Indicate where the funds for this contract are currently held (if multiple, please be sure to select all that apply). Providing a statement is always recommended, may be requested, statement must always be produced upon request

1. Customer Information (continued)

Financial Information - Entity (If the contract owner is a **non-natural entity**, please complete the information below.)
 Gross Annual Revenue or Income: \$ _____ Net Annual Revenue or Income: \$ _____
 Total Entity Assets: \$ _____ - Total Entity Liabilities: \$ _____ = Total Entity Net Worth: \$ **0.00**

2. Investment Experience & Objectives

Investment Objectives:

- Current Income
- Discretionary Income
- Future Income
- Expected Start Date: _____
- Estate Planning
- Tax Deferral
- Accumulation
- Child's Education
- Safety of Principal
- Other: _____

Investment Experience:

- Annuities
- Life Insurance
- CD's
- Stocks
- Bonds
- Mutual Funds
- None
- Other: _____

Investment Time Horizon:

- < 1 Year
- 1-5 Years
- 6-10 Years
- > 11+ Years

Liquidity Needs:

- < 1 Years
- 1-5 Years
- 6-10 Years
- > 11+ Years
- No Liquidity Needs

Immediate Annuity OR Liquidity Feature

Investment Time Horizon

This refers to how long the client plans to remain invested in the product

Liquidity Needs

This refers to when the client plans on taking money out of the product (income rider, penalty-free withdraw, etc.)

Risk Tolerance: What is your risk tolerance for this account? Select the answer that most closely matches your situation.

- Low ↑ ↓ High
- Conservative:** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
 - Moderately Conservative:** I am willing to accept low risk to my initial principal, including low volatility to seek a modest level of portfolio returns.
 - Moderate:** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
 - Moderately Aggressive:** I am willing to accept high risk to my initial principal, including high volatility to seek high returns over time, and understand I could lose a portion of the money invested.
 - Aggressive:** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested.

3. Source of Funds

Fixed Annuity

Variable Annuity²

Life Insurance

Mutual Fund²

Retirement Plan²

Type: _____ Previous Employer OR Current Employer

Brokerage Account²

Tax Qual: _____ Time Held: _____ Months Years Orig Prod Type: _____

Savings/Checking/MMA/CD

Tax Qual: _____ Time Held: _____ Months Years Orig Prod Type: _____

Other²: _____

If selected, must state source of funds: _____

² 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 producer who recommended the purchase of the fixed annuity compared your existing portfolio to the fixed annuity, they must be licensed with a broker dealer acting in a fiduciary capacity to you, pursuant to a written agreement, and be a Registered Investment Advisor, an Investment Advisor Representative or an associated person of a Registered Investment Advisor. Additional information and existing account documentation may be required to confirm the recommendation to purchase the fixed annuity, the recommendation was made by an insurance-only producer.

Source of Funds- If funds are coming from an annuity, life insurance, pension, or any securities-based product we will require a full, recent statement.

Retirement Plan Type

This refers to the type of employer sponsored plan such as 401k, Pension, 403b, etc.

If 'IRA' is listed in these areas, it will be NIGO

A common mistake in this section: **IRA is NOT a product type.** IRAs can be held in many different products (eg. Mutual funds, brokerage account, annuity, etc.)

Product Information- If anything in this section is not applicable, it still needs to be completed with N/A. Make sure the correct CDSC is entered as they vary by state.

4. Product Information (Purchasing a fixed annuity product)

Enhanced Death Benefit
This should only be marked "yes" only if the rider is elected

Living Benefit
This should only be marked "yes" only if the rider is elected

Fixed Annuity Product Being Purchased											
Product Name											
Total Premium	\$										
CDSC Schedule	Completed years: 0 % 1 % 2 % 3 % 4 % 5 % 6 % 7 % 8 % 9 % 10 % 11 % 12+ %										
Administrative Fees	\$	OR %									
Rider Fees	\$	OR %									
Enhanced Death Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Living Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of living benefit:										
Have you executed an exchange in the last 36 months (60 months in CA or MN)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:										
Do you have a reversed mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$										

Living Benefit
This is commonly missed. Must complete the name of the rider (eg, HP365 with bonus)

5. Replacement Information

Will this fixed annuity be funded by a replacement or exchange from a life insurance or annuity contract? Yes³ No
³ If yes, please complete the "Contract or Policy Under Consideration for Replacement or Exchange" columns. Please note, when completing the information in this section, boxes cannot be left blank. If the question or charge is not applicable, please respond with N/A.

If "yes" is checked, the replacement information grid must be completed. If anything in this section is not applicable, it needs to be completed with N/A. If there is only one contract being replaced or exchanged, only complete the first column. If more than 2 contract, use additional page 3. Note: This is not a side by side comparison

Contract or Policy Under Consideration for Replacement or Exchange	Contract 1	Contract 2
Contract/Policy Number		
Contract/Policy Type		
Contract/Policy Issue Date		
Contract/Policy Value	\$	\$
Current Interest Rate		%
Minimum Guaranteed Interest Rate*		
Years of CDSC Remaining		
CDSC Schedule (% per year)		
CDSC Amount	\$	\$
Mortality & Expense Charge		%
Administrative Fees	\$	OR \$
Rider Fees	\$	OR \$
Guaranteed Death Benefit	\$	\$
Living Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Living Benefit type <input type="checkbox"/> GMIB <input type="checkbox"/> GMAB <input type="checkbox"/> GMWB <input type="checkbox"/> GMIB <input type="checkbox"/> GMAB <input type="checkbox"/> GMWB	

Replacement Information
This section must be filled out if the contract is a replacement or otherwise. Please also make sure to provide a full, recent statement for the product being replaced

*If 3% or greater, please provide a letter of instruction that the client acknowledges they are foregoing a percentage guaranteed return in exchange for the market potential of the New Heights contract. Although the potential exists with the New Heights contract, there is no guaranteed growth equal to that offered by their current contract. Please ensure both the client and the advisor sign and date the letter of instruction.

If coming from a variable product, **Minimum Guaranteed Interest Rate** should be completed with the current rate offered in the fixed sub account

Financial Objectives and Consideration- please answer each question accordingly. If explanation is required, please provide as much detail as possible (please note: the explanations are needed with different questions when answered "yes" or "no")

6. Financial Objective & Considerations

1. Is your current income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period? Yes No

If no, explain: _____

2. Does your current income cover all your living expenses including medical? Yes No

If no, explain: _____

3. Do you expect changes to your living expenses in the future? Yes No

If yes, explain: _____

4. Do you anticipate changes in your out-of-pocket medical expenses in the future? Yes No

If yes, explain: _____

5. Do you have an emergency fund for unexpected expenses? Yes No

Please explain: _____

6. Do you reside in a nursing home or assisted living facility? Yes No

If yes, explain: _____

7. How will this fixed annuity being purchased better assist your insurance needs and financial objectives?

Lifetime Income Payout Higher Interest Rate / Index Credit Potential Penalty Free Death Benefit

Enhanced Benefits Increased Liquidity Multiple Index Options

Immediate Income Principal Protection

Other - Please explain: _____

8. How do you anticipate taking distributions from this fixed annuity? (Check all boxes that apply.)

Partial Surrenders (including penalty-free withdrawals) Income Rider

Lump Sum Wealth Transfer

RMD (required minimum distributions) N/A (death benefit)

Systematic Withdrawals N/A (single premium immediate annuity)

Other - Please explain: _____

7. Producer's Statement

Please provide a detailed statement as to the benefits and suitability of this annuity product being sold, including the customer's specific needs and intended use:

Producer's Statement- This section is important to help the suitability team understand the reason the selling agent(s) believe this product is suitable for the client. If information provided is incomplete or lacks detail, we will require a more detailed statement

8. Fixed Annuity Disclosure (continued)

Other important index calculation considerations:

Index Averaging – Some indexed annuities average an index's value either daily or monthly, rather than using the actual value of the index on a specified date. Averaging may reduce the amount of index-linked interest earned.

Interest Calculation – The way that an insurance company calculates interest earned during the term of an indexed annuity can make a big difference in the amount of interest you will earn. Some indexed annuities pay simple interest during the term of the annuity. Because there is no compounding of interest, your return will be lower.

Exclusion of Dividends – Most indexed annuities only count equity index gains from market price changes, excluding any gains from dividends. Since indexed annuities do not earn dividends, you won't earn as much as if you invested directly in the market.

Is it possible to lose money in an indexed annuity?

Yes. Many insurance companies only guarantee that you'll receive approximately 90% of the premiums you paid, plus potentially 3% interest. Therefore, if you don't receive any index-linked interest, you could lose money on your investment. One way that you could not receive any index-linked interest is if the index linked to your annuity declines. The other way you may not receive any index linked interest is if you surrender your indexed annuity before maturity. Some insurance companies will not credit you with index linked interest when you surrender your annuity early.

If You Have Questions

If you have questions about indexed annuities, you can contact the Department of Insurance for your state.

9. Customer Acknowledgement & Signature

By signing this document, I am confirming that the information provided is complete and accurate to the best of my knowledge and I believe this annuity is appropriate for my insurance needs and financial objectives.

Owner Name:

Name (please print): _____
Signature: _____ Date: _____

Joint Owner (if applicable):

Name (please print): _____
Signature: _____ Date: _____

10. Insurance Producer/Registered Representative/Investment Advisor Signature

Firm Name (please print): _____

Producer/Representative/Advisor:

Name (please print): _____
Signature: _____ Date: _____

Insurance Only Producer

If the source of funds selected in Section 3 is marked by footnote 2, the Non-Solicitation Form is required.

Registered Representative CRD# _____

Investment Advisor IARD# _____

I represent that I am acting in a fiduciary capacity to the customer(s) and have recommended the product herein in such fiduciary capacity. I am registered as required by applicable federal and state securities laws or am exempt from registration pursuant to such laws.

Investment Advisor - Investment Advisor Representative or Associated Person of
Registered Investment Advisor would mark this box and provide the IARD# for their
firm. For example, an agent with a Series 65, Series 66, registered with the SEC, or
registered with the state.

The CRD# and IARD# can be located on the FINRA broker check or SEC website