



Mail To: **Nationwide Life Insurance Company**  
**Nationwide Life and Annuity Insurance Company**  
 P.O. Box 182835  
 Columbus, OH 43218-2835  
 1-800-547-7548  
**www.bestofamerica.com**

**LIFE FINANCIAL SUPPLEMENT**  
 to Application for **BUSINESS** Life Insurance  
*(May be used in lieu of a copy of most recent formal financial statement.)*

Financial justification is necessary for applications which exceed \$1,000,000. (May also be necessary on lesser amounts.) A copy of the most recent financial statement is preferred.

Proposed Insured's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 First Middle Last

Occupation/Title \_\_\_\_\_

1. Name of Company \_\_\_\_\_

2. Address of Company \_\_\_\_\_

3. Organization Type:  C Corporation  S Corporation  LLC  Partnership  Sole Proprietorship  Other \_\_\_\_\_

4. Purpose of Organization/Type of Business \_\_\_\_\_

5. Insured's Percent of Ownership \_\_\_\_\_ %

6. Insured's Annual Earned Compensation: Salary \_\_\_\_\_ Commission \_\_\_\_\_ Bonus \_\_\_\_\_ Other \_\_\_\_\_

7. Current Company Book Values: Assets \$ \_\_\_\_\_ Liabilities \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_

8. CURRENT COMPANY MARKET VALUE 9. COMPANY NET PROFIT (Before Taxes & Bonuses)

Market Value \$ \_\_\_\_\_ This Year (Estimated) \$ \_\_\_\_\_

Market Value of Insured's Last Year (\_\_\_\_\_) \$ \_\_\_\_\_

% of Ownership \$ \_\_\_\_\_ Year Before Last (\_\_\_\_\_) \$ \_\_\_\_\_

10. What other Stockholders, Partners, or Key Persons are also being insured in favor of the Company? (Give names and positions.) \_\_\_\_\_

11. PURPOSE OF BUSINESS INSURANCE (Indicate and furnish details.)

**EXECUTIVE BENEFIT PLAN FUNDING** (Indicate plan purpose and premium contribution.)

Deferred Compensation - Annual Contribution \$ \_\_\_\_\_  Bonus - Annual Contribution \$ \_\_\_\_\_

Other \_\_\_\_\_ - Annual Contribution \$ \_\_\_\_\_

**KEY PERSON** - What is the Proposed Insured's position or function in the Company? What special skills, knowledge, or abilities does he/she possess which makes the insurance necessary? How will these funds be utilized? \_\_\_\_\_

**STOCK REDEMPTION / BUY AND SELL**

a. Is there a written agreement:  
 In effect? (Attach a signed copy, if available.)  
 Contemplated? (Give expected finalization date: \_\_\_\_\_, \_\_\_\_\_)

b. How is the business being valued in the agreement? (Book Value? Market Value? Etc.) \_\_\_\_\_

c. Who are other participants and their percentages? \_\_\_\_\_

**BUSINESS LOAN** (Include a copy of the loan agreement, if available.)

a. Name and address of lender: \_\_\_\_\_

b. Amount of Loan \$ \_\_\_\_\_ c. Date of Loan \_\_\_\_\_

d. The repayment terms are: \_\_\_\_\_

e. The purpose of the loan is: \_\_\_\_\_

f. Is the lender *requiring* the insurance?  Yes  No g. If issued, will the policy be assigned?  Yes  No

h. Any bankruptcies in the past 7 years?  Yes  No If "yes", give details below.

i. Are there any suits pending or judgments against you at this time?  Yes  No If "yes", give details below.

Details: \_\_\_\_\_

I understand that Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company will rely on the above statements in determining the need and justification for the insurance applied for and I represent that all answers are true and accurate statements to the best of my knowledge and belief as of the date of application for life insurance.

Date \_\_\_\_\_ Signature of Proposed Insured \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
 (If someone other than the Proposed Insured)

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_



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**LIFE FINANCIAL SUPPLEMENT**  
 to Application for **PERSONAL** Life Insurance  
*(May be used in lieu of a copy of most recent formal financial statement.)*

Financial justification is necessary for applications which exceed \$1,000,000. (May also be necessary on lesser amounts.) A copy of the most recent financial statement is preferred.

Proposed Insured's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 First Middle Last

Occupation \_\_\_\_\_ Employer or Self-Employed Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Type of Business \_\_\_\_\_

**PERSONAL EARNED INCOME (Annual)**

For: Calendar Year Ended \_\_\_\_\_ OR Calendar Year To End \_\_\_\_\_ (estimated)

- |  |  |
|--|--|
| <p><b>1. Salaried</b></p> <p>a. Salary \$ _____</p> <p>b. Bonus or Commissions \$ _____</p> <p>c. Other (Describe) _____<br/>\$ _____</p> <p>d. <b>TOTAL COMPENSATION</b><br/>(a plus b plus c) \$ _____</p> <p>e. Spouse's Earned Income \$ _____</p> | <p><b>2. Self-Employed</b></p> <p>a. 1) Gross Sales or Services \$ _____</p> <p>2) Less Cost of Goods Sold \$ _____</p> <p>3) Less Business Expenses \$ _____</p> <p>4) Adjusted Gross Income \$ _____</p> <p>b. Other (Describe) _____<br/>\$ _____</p> <p>c. <b>NET EARNINGS</b> (a plus b) \$ _____</p> |
|--|--|

**PERSONAL UNEARNED INCOME (Annual)**

- |   |   |
|---|---|
| <p>1. Dividends \$ _____</p> <p>2. Interest \$ _____</p> <p>3. Rents \$ _____</p> | <p>4. Other (Describe) _____<br/>\$ _____</p> <p>5. <b>TOTAL</b> \$ _____</p> |
|---|---|

**PERSONAL WORTH (Current Market Value)**

- | <b>ASSETS</b>  | <b>LIABILITIES</b>                                       |
|--|--|
| 1. Cash in Savings, Stocks, Bonds \$ _____             | 1. Unpaid Interest and Taxes \$ _____                    |
| 2. Notes and Accounts Receivable \$ _____              | 2. Notes and Accounts Payable \$ _____                   |
| 3. Life Insurance Cash Values \$ _____                 | 3. Loans on Life Insurance \$ _____                      |
| 4. Real Estate - Residence \$ _____                    | 4. Mortgage or Liens on Real Estate - Residence \$ _____ |
| 5. Real Estate - Other (Not Included Above) \$ _____   | 5. Mortgage or Liens on Real Estate - Other \$ _____     |
| 6. Net Business Interest (Not Included Above) \$ _____ | 6. Other Long-Term Debt \$ _____                         |
| 7. Personal Property \$ _____                          | 7. Other Liabilities (Describe) _____<br>\$ _____        |
| 8. Other Assets (Describe) _____<br>\$ _____           | 8. <b>TOTAL LIABILITIES</b> \$ _____                     |
| 9. <b>TOTAL ASSETS</b> \$ _____                        |  |

**PERSONAL NET WORTH** (TOTAL ASSETS minus TOTAL LIABILITIES) \$ \_\_\_\_\_

**PURPOSE OF PERSONAL INSURANCE**

- Estate Conservation (Taxes)     Income Replacement     Other \_\_\_\_\_  
 Retirement Funding     Debt Cancellation

Explanation: \_\_\_\_\_

10. Any bankruptcies in the past 7 years?     Yes     No    If "yes", give details below.

11. Are there any suits pending or judgments against you at this time?     Yes     No    If "yes", give details below.

Details: \_\_\_\_\_

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Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
 (If someone other than the Proposed Insured)

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_