☐ Nationwide Life Insurance Company
☐ Nationwide Life and Annuity Insurance Company
P.O. Box 182835
Columbus, OH 43218-2835

FOREIGN NATIONALS OR FOREIGN TRAVEL SUPPLEMENT TO APPLICATION

I. Are you a U. S. citizen? ☐ Yes ☐ No ***(If the answer is "Yes", proceed to Part II.)***

A. If not a U. S. citizen, what is your Alien Registration Receipt Card *(green card)* number?_____
If not a U. S. citizen, advise where current citizenship is held?_____

B. If no green card, what type of Visa do you have? *(Include type, symbol and expiration date.)*_____
_____

C. When eligible, do you plan to apply for U. S. citizenship?_____

D. When eligible, do you plan to stay in the United States?_____

E. Do you own a home in the United States? ☐ Yes ☐ No
If "Yes", where? *(city and state)*_____

F. Do you own a home in a foreign country? ☐ Yes ☐ No
If "Yes", where? *(city and country)*_____

G. If married, does your family live with you? ☐ Yes ☐ No
If "No", where do they live? *(city and state/country)*_____

II. Do you plan to travel outside of the United States within the next year? ☐ Yes ☐ No

A. If "Yes", where? *(city and country)*_____

B. Purpose of travel? ☐ Business ☐ Pleasure

C. How often?_____

D. Average period of time for each trip._____

III. Are you fluent in reading and speaking the English language? ☐ Yes ☐ No

IV. List all trips outside of the United States in the past two years. *(Include name of cities and countries visited, length of stay, how often visited, dates, etc.)*_____
_____
_____

V. List all trips outside of the United States planned or anticipated. *(Include name of cities and countries visited, length of stay, dates, etc.)*_____
_____
_____

VI. List occupation duties performed outside the United States._____
_____
_____

I hereby represent that all the above statements and answers to all the above questions are complete and true, and I agree that they shall form a part of my application and become a part of any contract of insurance issued based on such application.

Dated at_____ this _____ day of _____ , _____
City, State

_____ _____
Witness Signature of Proposed Insured