

NATIONWIDE LIFE INSURANCE COMPANY
 NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

P.O. Box 182835, Columbus, Ohio 43218-2835

MILITARY STATUS QUESTIONNAIRE

NAME	DATE OF BIRTH
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THIS SECTION TO BE COMPLETED BY APPLICANTS CONTEMPLATING MILITARY SERVICE.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you plan to enlist or make application for or have knowledge of being drafted into the military service?.....
(If yes, give full details.)_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you in any ROTC unit?
(If yes, give service affiliation, years in program and whether you will accept a commission if offered.)_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you now or do you intend to become a cadet at any military service academy?.....
(If yes, give full details.)_____ | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS: _____

THIS SECTION TO BE COMPLETED BY MILITARY PERSONNEL ON ACTIVE DUTY OR IN THE RESERVE OR NATIONAL GUARD.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you now on active duty?
(If yes, give service, branch, unit, rank, or grade, primary duty including MOS and station.)_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If not on active duty, are you a member of the Active Reserve, Inactive Reserve or National Guard?
(If yes, give service, branch, unit, rank and primary duty including MOS and unit priority.)_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been alerted for or requested active duty?.....
(If yes, give full details.)_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you received or requested any special training or schooling for the military?.....
(If yes, give full details.)_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you been alerted or volunteered for, expect, or have any foreknowledge of, duty outside the Continental United States?
(If yes, give full details including country(ies) of destination.)_____ | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS: _____

(IF DUTIES INVOLVE AVIATION, ALSO COMPLETE THE MILITARY AVIATION QUESTIONNAIRE.)

I hereby represent that all the statements and answers to all the above questions are true and complete to the best of my knowledge and belief. I agree that these statements and answers form a part of my application and become a part of any contract of insurance issued on such application.

Signed at _____, on _____, _____
City/State
Month/Day
Year

Witness
Signature of Proposed Insured