



LIFE DISBURSEMENT

Section 1 - General Information - COMPLETE FOR ALL REQUESTS

This service request is for the following policy: (Complete one form for each policy.)

Policy Number _____ on the life of _____

Type of Policy: Traditional Life Universal Life Capital Defender Variable Universal Life

Section 2 - Policy Loan - Section 1, 2, 5, 6 & 7 must be completed

I request:

- The maximum loan available. Use the Cash Value only as security for the loan.
- The maximum loan available. Use the Cash Value AND the present value of the dividends as security for the loan.
- A loan to net an amount of \$ _____ , or the maximum available, if less (Variable Universal Life Only).
- A loan to net an amount of \$ _____ , or the maximum available amount, if less.

Section 3 - Full or Partial - Policy Surrenders - Sections 1, 3, 5, 6 & 7 must be completed

Full Surrender of Policy - Send policy. (If not available, give explanation.) _____

1. The surrender and termination will be effective on the date this request is received at the Company's Home Office
2. The policy shall become null and void upon receipt of this request for surrender and termination.
3. If on EFT billing, please contact Nationwide's Home Office to cancel withdrawal prior to sending form.

DO NOT DELAY We will delay surrender to the anniversary date to include dividends unless otherwise instructed.

DO NOT DELAY We will delay surrender pending issue of the new policy unless otherwise indicated.

Partial Surrender (Universal Life Only)
Amount Requested: \$ _____ To include \$25 fee Not to include \$25 fee

Partial Surrender (Variable Universal Life Only)
Amount Requested: \$ _____

(Please Check One)

- Total Withdrawal from Surrender - Single Check
- Total Withdrawal from Surrender*

***If your proceeds are eligible and exceed the current applicable minimum set by the Company, an interest bearing checking account will be opened for you and you will promptly receive your personalized checks. You may immediately utilize all or a portion of those funds by writing your checks against that account. The funds in the account, meanwhile, will earn interest at a competitive rate with no service fees or charges.**

If a complete policy surrender is being requested on this form, such surrender shall not take effect until this form is received by Nationwide's Home Office. When so received, the Company's liability under the policy, except for payment of the cash surrender value, shall cease and terminate. In consideration of the payment of the cash surrender value, the undersigned (on p. 3 section 7) acknowledges that all rights, claims, benefits, and demands under the policy are fully satisfied and that Nationwide Life Insurance/Nationwide Life & Annuity Insurance Company is hereby released from any and all liability

NOTE: This transaction could cause taxable income to you.



Section 4 - Dividend Withdrawal (Traditional Life Only) - Sections 1, 4, 6, & 7 must be completed

EXISTING dividends are to be applied as follows:

- ALL, or the maximum amount not presently being held as security for a loan, are to be surrendered in cash.
- \$ _____ to be surrendered in cash, or the maximum available, if less.
- \$ _____ to be used to (be specific) _____
- To purchase Paid up Additional Insurance (The "HEALTH QUESTION" must be completed.)

HEALTH QUESTION: To the best of your knowledge and belief, since the date of the application for the above policy, has the insured had any illness or injuries; consulted or been treated by any physician; or been a patient or under treatment in any hospital, clinic, or similar facility?

If "YES" please attach details to this form. (e.g. Name and address of doctor and description of illness or injury.)

Section 5 - Method of Distribution

Method of Distribution

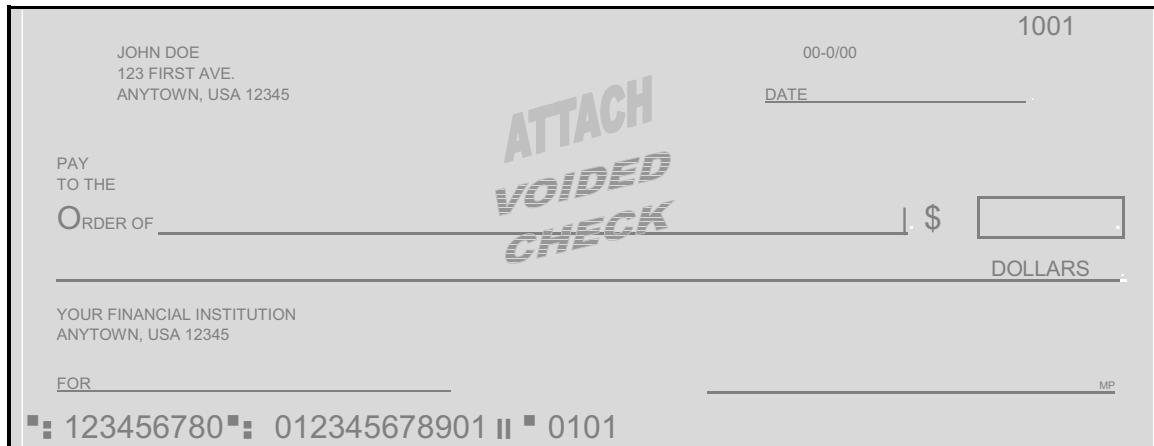
Attach

Check Here

→

- Mail distribution to owner's address on record via SECURE Account***
*If your proceeds are eligible and exceed the current applicable minimum set by the Company, an interest bearing checking account (SECURE Account) will be opened for you and you will promptly receive your personalized checks. You may immediately utilize all or a portion of those funds by writing checks against that account. The funds in the account, meanwhile, will earn interest at a competitive rate with no service fees or charges.
- Mail payment to owners address of record via single check**
- Special address as noted to the right** _____

- Direct deposit (provide information below)** _____
_____ (_____) _____
Financial Institution Name Financial Institution Phone #



You must attach a voided check if depositing to your checking account. If depositing to your savings account, a letter from your bank/financial institution will be required. The deposit to your checking or savings account will normally occur four (4) business days after the date of the systematic withdrawal from your life policy. If you change your bank/financial institution, please notify Nationwide immediately.
Note: If no check (or letter from your bank/financial institution) is included, the distribution will automatically be mailed to the owner's address on record.



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

Phone: 1-800-543-3747 (All States)
1-800-622-2421 (TTD#)
Fax: 1-614-677-6189

Section 6 - Tax Information Section - IMPORTANT PLEASE READ CAREFULLY

PART A - Withholding

You will owe Federal Income Tax on any portion of a surrender, partial surrender or exchange that represents a gain.

You will be responsible for payment of Federal Income Tax on the taxable portion of your lump sum payment. You may also be subject to tax penalties under the Estimated Tax Payment rules if your combined payments of estimated tax and withholding are not adequate.

IMPORTANT

Please indicate your tax election below. If an election is not made, we will withhold 10% of the taxable gain and forward that amount to the Internal Revenue Service.

(Note: If no taxpayer identification number is furnished we would be required to withhold 20% of the taxable gain.)

(Please Check One)

- I DO NOT wish to have Federal Income Tax withheld from my lump sum proceeds.
- Please withhold 10% if the gain from my lump sum proceeds.

PART B - Backup Withholding

Under the Interest and Dividend Compliance Act of 1983, persons owning insurance policies are required to provide the Company with certification that their taxpayer identification number (TIN) is correct. (Your TIN will either be your Social Security Number or your Employer Identification Number). If you do not provide us with certification of this number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, backup withholding from interest and other payments we make to you will be done in accordance with the requirements of the Internal Revenue Code. It is not an additional tax, since the amount withheld may be applied against any tax you owe.

If withholding results in an overpayment of taxes, a refund may be available.

- Check this box if the Internal Revenue Service has notified you that you are subject to backup withholding

Otherwise, your signature on this application is certification that the taxpayer identification number on this application is true, correct, and complete. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

PLEASE COMPLETE THIS SECTION FOR CERTIFICATION AND SIGNATURE REQUIREMENTS

Section 7 - Signature and Certifications - COMPLETE FOR ALL REQUESTS

By signing this form it is hereby expressly represented that no person, firm or corporation other than the undersigned has any interest in this policy, and that no proceedings of insolvency or bankruptcy have been instituted or are pending against the undersigned.

Signature of Owner	Date	Social Security Number	Owner's Daytime Telephone Number
Signature of an Officer, other than the insured (if owned by a Corporation)	Date	Title	Taxpayer Identification Number
Signature of Assignee and/or Irrevocable Beneficiary (if applicable)	Date	Title	Taxpayer Identification Number
Signature of Producer/Witness	Producer's Number		Producer's Telephone Number