Nationwide®

Producer Information Form
Licensing Services Division
Nationwide Life Insurance Company

PO Box 182835, Columbus, OH 43218-2835
Phone: 800-321-6064 • Fax: 877-634-5264 • nationwide.com

ALL INFORMATION IS REQUIRED UNLESS NOTED AS "If Applicable" • Please print legibly or type

1. Producer Information

Will you sell PRIMARILY in a bank, credit union, or savings and loan? ☐ Yes ☐ No

If Yes, Name of Institution: _____

Are you an Officer or Owner of a business entity/general agency? ☐ Yes ☐ No

If Yes, Name of Institution: _____

You will be appointed for Nationwide's Life and Annuity Commissionable Products, please indicate which additional products you sell:

☐ Individual Life and Annuity - Fee Based/Formally Jefferson National

☐ Group Retirement Trust

Full Name (exactly as shown on insurance license):

First: _____ Middle: _____ Last: _____

SSN: _____ Date of Birth: _____ Residential Phone: _____

Residential Address: _____

City: _____ State: _____ ZIP: _____

National Producer Number: _____ FINRA U-4 CRD Number (if applicable): _____

State(s) where business will be sold: _____

NOTE: Broker/Dealer/Firm must be licensed/appointed in the state(s) and have an existing appointment with Nationwide.

Broker/Dealer Name (if applicable): Oakwood Capital Securities Inc.

Fixed Firm (if applicable): _____

Producer's Office Address: _____

City: _____ State: _____ ZIP: _____

Business Phone: _____ Business Fax: _____

Business Cell: _____ Business Email: _____

2. Important Information - MUST BE COMPLETED BY PRODUCER

Please attach a detailed letter of explanation and provide supporting documents for any "Yes" answer to the following questions:

Question	YES	NO
1. Have you ever been convicted of, pled no contest to, or are currently under indictment or have a case pending for any felony or misdemeanor excluding minor traffic violations?	☐	☐
2. Are you currently indebted to any insurance company? Do you, or any company you control, currently have or ever had a bankruptcy, unsatisfied judgments, liens, or garnishments against you?	☐	☐
3. Have you, or any company you control, ever been the subject of any litigation, arbitration, or E&O claim, had a complaint filed against you, or have any of the above pending?	☐	☐
4. Have you ever had an appointment canceled by an insurance company for reasons other than a lack of production?	☐	☐
5. Has any Broker/Dealer, Investment Advisor firm or financial institution (bank, etc.) ever terminated your registrations or employment for any reason other than lack of production?	☐	☐
6. Have you, or any company you control, ever been suspended, barred, investigated, disqualified or disciplined by any state or federal agency or any self regulatory organization?	☐	☐

3. Signature (required)

I hereby authorize Nationwide, its affiliates and subsidiaries including its agents, to make an independent investigation of my background, references, character, past employment, education, criminal or police records, disciplinary matters including those mandated by public and private organizations, the Central Registration Depository ("CRD"), the Investment Adviser disciplinary matters including those mandated by public and private organizations, the Investment Adviser Registration Depository ("IARD"), and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for appointment.

I release Nationwide and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I affirm that all of the information provided on the foregoing statement is true, accurate and complete to the best of my knowledge. Should any of the information change, I will promptly notify Nationwide in writing.

Producer's Name (Please Print): _____

Producer's Signature: _____ **Date:** _____

NOTE: Please provide training completion certificates if you have completed Annuity Product Training, Annuity SuitabilityTraining, and/or Long-Term Care Training. Not providing these could cause a delay when new business is submitted.

4. Submission Information

Please use the following Nationwide contact information to submit this completed form. You can submit this form to Licensing Services Division via mail, fax, or email.

Standard Mailing Address:
NF Licensing
Nationwide Insurance Company
PO Box 182835
Columbus, OH 43218-2835

Overnight Mailing Address:
Nationwide Life Insurance Company
1-LC-F4
1 Nationwide Plaza
Columbus, OH 43215-2239

Fax: 877-634-5264

Email: license@nationwide.com

Questions? Contact us by phone:
NF Licensing Services Division: 800-321-6064
Private Sector Retirement Plans: 800-367-5939