☐ Linking/Brokerage # _____

Financial Professional Change Request Form

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company
PO Box 182021, Columbus, OH 43218-2021
Phone: 800-321-6064 • Fax: **877**-634-5264 • nationwide.com

If the policy/contract is currently owned by a Custodian, or is moving to a Custodial Owner, please contact us to obtain the "Custodial Owner and Account Change Form". PAGES 1 AND 2 ARE BOTH REQUIRED TO PROCESS THIS REQUEST.

1. Financial Professional Change Instructions

Please check the type of account change that applies and complete this entire section.

Select **ONE** option:

☐ **Policy Request (Transfer policies/contracts)**

NOTE: For client signed request complete sections 2,3, and 5. For Firm request complete section 6.

#1: _____

#2: _____

NOTE: For additional contracts/policies, please attach a separate page.

☐ **Plan Request**

☐ Annuity or ☐ Pensions

Case number or name): _____

(i.e. 0000 NATI00NY00K1) Complete sections 3 and 6.

☐ **Financial Professional to Financial Professional**

(Must be with the same firm.)

Previous Financial Professional's Name:

_____

SSN/TIN/NPN:

_____

If not moving all policies/contracts, please attach a list. Must be signed by Principal.

Complete sections 3 and 6.

2. Owner Information

Name: _____ SSN/TIN: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

Joint Owner's Information (if applicable):

Name: _____

3. New Primary Financial Professional Information (please print)

Your Broker Dealer/Firm needs to have an active agreement with us.

☐ **Please link this account at the firm. Add the linking number in the top right corner of this page.**

Name: _____ SSN/TIN/NPN: _____

Firm Name or Relationship name: _____ Split%*: _____%

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

4. Additional Financial Professionals

Please provide the following information for additional financial professional(s)[1] to be placed on the Policy/Contract, if applicable.

2. Name: _____ SSN/TIN/NPN: _____

   Broker Dealer/Firm Name: _____ Split%*: _____%

3. Name: _____ SSN/TIN/NPN: _____

   Broker Dealer/Firm Name: _____ Split%*: _____%

4. Name: _____ SSN/TIN/NPN: _____

   Broker Dealer/Firm Name: _____ Split%*: _____%

NOTE: Maximum of two (2) Broker Dealers/Firms permitted. For additional financial professionals, please attach a separate page.

[1]The primary financial professional will receive the financial professional copy of all policy/contract confirmations and statements.

5. Signature(s) (required)

Owner:

Name (please print): _____

Signature: _____ **Date:** _____

Joint Owner (if applicable):

Name (please print): _____

Signature: _____ **Date:** _____

NOTE: If you wish for your new financial professional to have exchange authorization on your account, please complete Fund Exchange Authorization (APO-2428 (Annuity) or VLOB-0279 (Life)) form.

6. Firm or Plan Authorization and Acknowledgments

- Single policy transfers, the signature(s) of the contract owner(s) is required unless policy is moving within the same firm[1]
- Plan/Case – Producer accepts compensation structure as it currently exists
- Transfers of policy(s)/contract(s) from Producer to Producer within the same firm require the signature of the firm Principal[1]
- Plan transfers require the signature of the plan's trustee
- If the policy/contract is Currently owner by a Custodian, or moving to a Custodial Owner, please contact us to obtain the "Custodial Owner and Account Change Form"

Authorized Signer:

Name (please print): _____ Title: _____

Signature: _____ **Date:** _____

Authorized Signer:

Name (please print): _____ Title: _____

Signature: _____ **Date:** _____

[1] Exchange authorization does not carry forward.

7. New Financial Professional Signature(s)

1. Name (please print): _____

Signature: _____ **Date:** _____

2. Name (please print): _____

Signature: _____ **Date:** _____

Please include a separate sheet for additional financial professionals.

NOTE: Account change requests in good order will be effective on the date received by Nationwide Financial. 1 Exchange authorization does not carry forward.