Nationwide[®] Life Insurance Company Disclosure Statement

The following disclosure is provided so that the Sponsor may fully understand the financial interest of the Investment Professional(s) in the sale of Nationwide[®] Life Insurance Company contracts to the Plan (herein referred to as the Transaction).

PART	I <u>DISCLOSURE</u>						
A.	Name of Plan:						
В.	Name of Investment Professional(s):						
	_						
C.	Name of Authorized Representative:						
D.	Contract: Group Annuity Contract(s)						
E.	E. Affiliation of Investment Professional(s) with Nationwide® Life Insurance Company:						
	None.						
		to of the Improption and Direference	and (a) to recommend life and enquity				
	contracts of other insurance compa	anies by reason of any agreer	onal(s) to recommend life and annuity ment with Nationwide [®] Life Insurance				
F.	Commission paid to Investment Profession	nal(s):					
	Retireme	nt Advisor Variable Contrac	<u>:t</u>				
		N ALL NEW DEPOSITS	ON ALL ASSETS				
	4 5 6 7 8 9						
10	and Later						
		OR					
	ERIOD TRANSFERS [1 2	N ALL NEW DEPOSITS	<u>ON ALL</u> <u>ASSETS</u>				
3 aı	and Later						

Retirement Advisor Fixed Contract, Retirement Advisor Indexed Fixed Contract, Nationwide Fixed Select, or Retirement Advisor Short Term Indexed Fixed Contract

CONTRACT YEAR	ON ALL TRANSFERS	ON ALL NEW DEPOSITS	ON ALL ASSETS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10 and Later			
	OR		
PERIOD	ON ALL TRANSFERS	ON ALL NEW DEPOSITS	ON ALL ASSETS
1			
2			
3 and later			

G. Administrative Service Fee Paid to Authorized Representative:

Retirement Advisor Variable Contract

AND

Retirement Advisor Fixed Contract, Retirement Advisor Indexed Fixed Contract, Nationwide Fixed Select, or Retirement Advisor Short Term Indexed Fixed Contract

CONTRACT/PROGRAM YEAR		ON ALL NEW DEPOSITS	ON ALL ASSETS
On the first \$100,000 On the next \$650,000 On the next \$1,250,000 On the next \$3,000,000 On amounts over \$5,000,000	0.00%	0.00%	0.05%
On the first \$100,000 On the next \$650,000 On the next \$1,250,000 On the next \$3,000,000 On amounts over \$5,000,000	0.00%	0.00%	0.05%
	OR		
PROGRAM YEAR 1 2 and Later		ON ALL NEW DEPOSITS % %	ON ALL ASSETS % %
	On the first \$100,000 On the next \$650,000 On the next \$1,250,000 On the next \$3,000,000 On amounts over \$5,000,000 On the first \$100,000 On the next \$650,000 On the next \$1,250,000 On the next \$3,000,000	On the first \$100,000 On the next \$650,000 On the next \$1,250,000 On the next \$3,000,000 On amounts over \$5,000,000 On the first \$100,000 On the next \$650,000 On the next \$1,250,000 On the next \$3,000,000 On the next \$3,000,000 On amounts over \$5,000,000 On amounts over \$5,000,000 On amounts over \$5,000,000	On the first \$100,000 On the next \$650,000 On the next \$1,250,000 On the next \$3,000,000 On amounts over \$5,000,000 On the first \$100,000 On the next \$650,000 On the next \$1,250,000 On the next \$1,250,000 On the next \$3,000,000 On the next \$3,000,000 On amounts over \$5,000,000 On Amounts over \$5,000,000 On ALL TRANSFERS ON ALL NEW DEPOSITS

Nationwide pays fees to the Authorized Representative for performing certain administrative services which may include, but are not necessarily limited to; preparing proposals, assisting in the enrollment process, processing transactions, training Investment Professional(s), and communicating with Sponsors and/or Participants. These fees may be offset by certain fees paid by the Authorized Representative to Nationwide.

H. Charges: All Contract charges are disclosed in the Contra Fiduciary.	ct proposal and/or prospectus delivered to the Plan
Investment Professional(s) Signature	Date
Authorized Representative Signature	Date
Part II ACKNOWLEDGMENT AND APPROVAL BY FIDUCIAR I acknowledge receipt of the disclosure information, proposa execution of the above Transaction. I have read and unders compensation being paid to the Investment Professional a provided to the Plan and have determined that the compensation I am not affiliated with the Investment Professional or with Na compensation, directly or indirectly, in connection with the above I have authority to, and hereby approve the above Transaction	al, and prospectus, if any, prior to the approval and stand the information disclosed, and understand the ind/or Authorized Representative for their services ion being paid is reasonable. Itionwide Life Insurance Company. I will receive no ve Transaction.
Sponsor/Trustee Signature Sponsor Title	Date

APO-5174-D 3 12/2012