



## SERVICE PROVIDER DATA SHEET

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Firm to receive Fees \_\_\_\_\_

Firm Tax ID# \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

\_\_\_\_\_  
(Signature Service Provider)

Please return form to: NF Licensing – Private Sector Retirement Plans  
Nationwide Insurance Company  
5100 Rings Road, RR1-02-F6  
Dublin, OH 43017

Fax to: (888) 807-1421

Questions: 800-367-5939 x4351232