



Nationwide®

Licensing Services Division Producer Information 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

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: _____

Please indicate which products you sell:

Individual Annuities Individual Life Fixed Only Group Annuities Group Retirement Trust

Full Name (exactly as shown on license): _____

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

Residential Address: _____

City: _____ State: _____ ZIP: _____

National Producer Number: _____

State(s) where business will be sold: _____

NOTE: Broker/Dealer/Firm must be licensed/appointed in the state(s)

Broker/Dealer Name (if applicable): _____

FINRA U-4 Status Report CRD Number (if applicable): _____

Agency Name (if applicable): _____

Fixed Firm (if applicable): _____

Advisor'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 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 for any criminal felony or misdemeanor excluding minor traffic violations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you filed a bankruptcy petition, been declared bankrupt or insolvent within the past ten years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently indebted to any insurance company or do you now have or have you ever had any unsatisfied judgments, liens, or garnishments against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had an appointment canceled by an insurance company for reasons other than lack of production?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been suspended, disqualified or disciplined by any state, federal, or self-regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>

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 Central Registration Depository ("CRD"), 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: _____

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 182021
Columbus, OH 43218-2021

Overnight Mailing Address:

NF Licensing
Nationwide Insurance Company
5100 Rings Road, RR1-02-F6
Dublin, OH 43017

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