



**APPLICATION FOR NATIONWIDE FIXED SELECT ANNUITY CONTRACT
MADE TO
NATIONWIDE LIFE INSURANCE COMPANY
(Nationwide)
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215
1-800-255-7566**

APPLICANT'S NAME Trustees or Custodian of the ABC Plan for the Exclusive Benefit of it's Participants and their Beneficiaries

(Exact Name of Applicant, e.g., ABC Company, Inc. or Trustees of XYZ Company, Inc. Retirement Trust)

(The "Applicant"), applies to be the Contract Owner of a Guaranteed Fund Fixed Dollar Annuity Contract (the "Contract") underwritten by Nationwide Life Insurance Company ("Nationwide").

Contract Type: Pooled Fixed Contract

The applicant applies for the attached Group Annuity Contract(s) as specified above.
The applicant approves and accepts the terms of the Contract.
The applicant certifies that to the best of its knowledge:

1. The applicant has the authority to enter into the Contract.
2. The applicant's plan qualifies under:

- Section 401
- Section 457(b)
of the Internal Revenue Code.

Not all Contract Types will be available for all Plan types.

3. The Applicant, if a sole proprietorship or partnership or if a trustee representing a Plan established or maintained by a sole proprietorship or partnership:
 - a. is or represents a Plan established or maintained by a financially sophisticated law, accounting, investment banking, pension consulting, or investment advisory firm with financial/business knowledge and experience, capable of adequately representing its interests and those of its employees; or
 - b. has obtained the advice of an independent, expert financial or business advisor having no affiliation or material business relationship with Nationwide, and capable of adequately representing the interest of the applicant and its employees.
 - c. The Plan covers only (i) the employees of an employee benefit plan established or maintained by a single employer or employers under common control or (ii) the employees of any employer which contributes to a plan established or maintained by an employee organization or (iii) the employees of any employer which contributes to a plan maintained by more than one employer which is not established by an employee organization.
4. This Contract is a permissible investment under the applicant's plan.
5. The Applicant acknowledges and agrees that withdrawals and/or transfers from the Contract may be subject to a market value adjustment, and the Applicant will review the Contract for further details on when a market value adjustment will apply.

If Nationwide fails to accept this Application, the amount of deposit will be refunded without interest.

STATE INSURANCE FRAUD WARNINGS

NOTICE TO MA RESIDENTS ONLY: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

NOTICE TO MD RESIDENTS ONLY: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Signed at: _____ this _____ day of _____
(City, State)

Replacement Information

- Yes No Do you have existing life insurance or annuity contracts?
 Yes No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

(Applicant Official Signature) (Date)

Title (Trustee, If Applicable) (Date)

(Title)

Primary Registered Representative Replacement Information

- Yes No Are you aware of any existing annuities or insurance owned by the applicant?
 Yes No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

(Signature of Licensed Agent) (License No.) (Date)

(Title)

(Signature of Licensed Agent) (License No.) (Date)