

Investment Advisor Representative (IAR) Data Sheet Licensing Services Division

Nationwide Life Insurance Company

PO Box 182835, Columbus, OH 43218-2835 Phone: 800-321-6064 • Fax: 877-634-5264 • nationwide.com

1. IAR Information

Full Namo:					
Full Name:			Date of Birth:		
Registered Investment Advisor (RI					
Business Address: City:			71D.		
Business Phone:					
Business Cell:					
Are you an Investment Advisor Re	-	Jnregistered Bank Employ	ee/Advisor?		
If an IAR, State(s) where you are					
Do you have any fee based Retirer			different firm?	🗌 Yes 🗌 No	
Are you a Registered Representati		Yes No			
If Yes, Broker/Dealer Firm:			ianatura balaw aartifiaa	that the Duelcou	
If you are also a Registered Repres Dealer has approved the outside Investment Adviser.		· · · · · · · · · · · · · · · · · · ·	-		
2. Legal/Regulatory Inform	ation				
Please check the appro	priate answer and p	provide additional docume	ntation for any YES ans	wers.	
Has any governmental or securitie rules and/or regulations?	es regulatory agency	y ever found you to be in	violation of its statutes,	□Yes □No	
Have you ever been the subject of action taken against you?	a FINRA, SEC, or B	anking complaint, investiga	ation, or had disciplinary	□Yes □No	
Have you ever been terminated for cause by a registered investment adviser, broker/dealer, or bank?				🗌 Yes 🗌 No	
Have you ever been refused an ins revoked or suspended?	urance or securities	license, or had your insura	nce or securities license	Yes No	
Are you subject to an SEC order issued to censure or place limitations on your activities?				🗌 Yes 🗌 No	
Have you ever been convicted of a felony?				🗌 Yes 🗌 No	
Have you filed a bankruptcy petition, been declared bankrupt or insolvent within the past ten years?					
Are you currently indebted to an unsatisfied judgments, liens, or gar			r have you ever had an	□ Yes □ No	
Have you ever been convicted withit or sale of any securities or investr theft, misappropriation, perjury, but conspiracy to commit such an offer	ment, the taking of urglary, any substan	a false oath, the making c	f a false report, bribery,		
3. IAR or Bank Employee/A	dvisor Signature	9			
Name: (please print)					
Signature:			Date:		
4. Submission Information					
Please submit this completed form	to Licensing Servic	es Division by mail. fax. or	Email.		
Standard Mailing Address:Overnight Mailing Address:FNF LicensingNF Licensing		Fax: 877-634-5264			
		0	Email: license@nationwi	de.com	
Nationwide Insurance CompanyNationwide Insurance CompanyPO Box 1828351 Nationwide Plaza, 1-LC-F2					
Columbus, OH 43218-2835	Columbus, OF				
Ques	tions? Contact NF L	Licensing Services Division	-		
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