

Financial Time Horizon (continued)

- 14 Do you reside in a nursing home? Yes No
- 15 Do you have a reverse mortgage? Yes No
- 16 If yes to question 15, Are you using proceeds from the reverse mortgage to fund this policy? Yes No

NOTE: Skip questions 17, 18, and 19 when applying for a Term Policy.

- 17 Financial products you own or have previously owned *all that apply*
 Annuity CDs Life Insurance Real Estate Stocks, Bonds and Mutual Funds None
- 18 Federal Tax Bracket 0% 10% 12% 22% 24% 32% 35% 37%
- 19 Risk Tolerance for this Policy Conservative - Low Risk: Want to preserve minimal risk, even if that means the account does not generate significant returns for this Policy
✓ one
- Moderate - Medium Risk: Willing to accept some risk for higher return, even though that may mean losing some principal
- Aggressive - Large Risk: Willing to accept maximum risk to seek maximum returns
The risk tolerance indicated above takes into account my tolerance for non-guaranteed elements, such as variability in premium, cash value, death benefit and increase in charges/fees.

Funding Source and Replacement

- 20 What is the source of funds for this life policy? *all that apply*
- | | |
|--|---|
| <input type="checkbox"/> Single Premium Immediate Annuity | <input type="checkbox"/> Money from a Canceled Life |
| <input type="checkbox"/> Employer Retirement Account | <input type="checkbox"/> Fixed Insurance Policy or Fixed Annuity Contract |
| <input type="checkbox"/> Variable Insurance Policy or Variable Annuity Contract* | <input type="checkbox"/> Checking/Savings/CDs |
| <input type="checkbox"/> Premium Finance Loan | <input type="checkbox"/> Brokerage Account/Money Market* |
| <input type="checkbox"/> Other (Please reference source type in P4) | |

*A registered representative who is currently licensed with a broker dealer may be required to assist you with the liquidation of your portfolio to fund the purchase of the fixed life insurance. If the producer who recommended the purchase of the life insurance compared your existing portfolio to the life insurance, they must be a registered representative of a broker dealer or an investment advisor representative of a registered investment advisor. If the recommendation was made by an insurance-only producer, additional information and existing account documentation may be required to confirm the recommendation to purchase the life insurance.

- 21 Have any of these sources been held for less than 13 months? Yes No
If yes, please provide a statement for each prior account (excluding checking and savings) and reference in Producer Statement question P4.

Complete entire page unless you have complete Life Financial Supplement to Application for Personal Life Insurance.

PERSONAL EARNED INCOME (Annual - Current Year)			
1. Salaried		2. Self-Employed	
a Salary	\$ <input type="text"/>	a 1) Gross Sales or Services	\$ <input type="text"/>
b Bonus and Commissions	\$ <input type="text"/>	2) Less Cost of Goods Sold	\$ <input type="text"/>
c Other (describe)		3) Less Business Expenses	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	4) Adjusted Gross Income	\$ <input type="text"/>
d TOTAL COMPENSATION (a+b+c)	\$ <input type="text"/>	b Other (describe)	
e Spouse's Earned Income (if applicable)	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
		c NET EARNINGS (a+b)	\$ <input type="text"/>

PERSONAL UNEARNED INCOME (Annual - Current Year)			
1. Dividends	\$ <input type="text"/>	4. Other (describe)	
2. Interest	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3. Rents	\$ <input type="text"/>	5. TOTAL	\$ <input type="text"/>

PERSONAL WORTH (Current Market Value)				
ASSETS		LIABILITIES		Remaining Term
1. Cash in Savings, Stocks, Bonds	\$ <input type="text"/>	1. Unpaid Interest and Taxes	\$ <input type="text"/>	<input type="text"/> Years
2. Notes and Accounts Receivable	\$ <input type="text"/>	2. Notes and Accounts Payable	\$ <input type="text"/>	<input type="text"/> Years
3. Life Insurance Cash Values	\$ <input type="text"/>	3. Loans on Life Insurance	\$ <input type="text"/>	<input type="text"/> Years
4. Real Estate - Residence	\$ <input type="text"/>	4. Mortgage or Liens on Real Estate-Residence	\$ <input type="text"/>	<input type="text"/> Years
5. Real Estate - Other (not included above)	\$ <input type="text"/>	5. Mortgage or Liens on Real Estate-Other	\$ <input type="text"/>	<input type="text"/> Years
6. Net Business Interest (not included above)	\$ <input type="text"/>	6. Other Long-Term Debt	\$ <input type="text"/>	<input type="text"/> Years
7. Personal Property	\$ <input type="text"/>	7. Other Liabilities (describe)		<input type="text"/> Years
8. Other Assets (describe)		<input type="text"/>	\$ <input type="text"/>	<input type="text"/> Years
<input type="text"/>	\$ <input type="text"/>	8. TOTAL LIABILITIES	\$ <input type="text"/>	<input type="text"/> Years
9. TOTAL ASSETS	\$ <input type="text"/>			
PERSONAL NET WORTH (TOTAL ASSETS minus TOTAL LIABILITIES)			\$ <input type="text"/>	

Producer Acknowledgment and Signature

23 Producer Type: Insurance Only Producer *Attach non-solicitation form based on question 20, if needed*

Registered Representative Investment Advisor Representative

If Registered Rep. or Investment Advisor Rep.: CRD or IARD #:

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24 I have attached a recent statement and/or inforce life insurance illustration for each of the account(s) used to fund this policy. Yes

25 Did you inform the customer of the potential consequences of the sales transaction (including any impact of replacing an existing product) and provide them with the basis of your recommendation including providing the customer with a product illustration, preliminary information or proposal and Nationwide's current version of the product summary which discloses both the advantages and disadvantages of the product features that could have an impact on the customer's decision to purchase this product? Yes No

26 In your professional opinion based on the information the customer provided, do you believe the life insurance product recommended is suitable and in the customer's best interest, as compared to other life insurance or financial products that you are appropriately designated and licensed to offer and is based on your evaluation of relevant suitability information and reflects the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under similar prevailing circumstances? Yes No

27 Did you inform the customer on how you will be compensated and provide the customer with the required compensation disclosures? Yes No

By signing this form, I acknowledge the following:

- To the best of my knowledge and belief, the information provided on this Customer Suitability and Best Interest Fixed Life Product questionnaire (Customer Suitability Questionnaire) is true and complete, was obtained prior to the purchase of the life insurance policy and a final, signed and dated copy was provided to the customer
- I only considered the customer's interests when making the recommendation to purchase this life insurance policy and the recommendation was not influenced by any compensation or incentives that I or anyone affiliated with me, would receive
- I made a reasonable effort to obtain information from the customer concerning the customer(s)' financial status, tax status, financial objectives and other information considered reasonable, including, but not limited to, the information provided in this Customer Suitability Questionnaire
- I reviewed the customer's financial situation, time horizon and personal needs and have determined that the customer has the financial ability to meet the financial commitments under the policy
- I completed Nationwide's product training and believe I am knowledgeable of the product for which I am recommending to the customer
- I did not use the title or designation of "financial planner," "financial advisor," or any similar title without being appropriately licensed or certified to provided securities or other non-insurance financial services
- I will, upon Nationwide's request, provide to Nationwide accurate and complete information of the documentation used to support the basis of my recommendation and all required documentation and disclosures provided to the customer

X.....
Producer Signature

.....
Date

Customer Acknowledgment and Signature

If the Owner is an Entity, must be signed by a Trustee or Authorized Signer

28 I am replacing a whole life insurance policy for a universal life insurance policy and acknowledge that the universal life insurance policy contains nonguaranteed elements and upfront policy fee charges. Yes N/A

29 I received the Acceleration of Death Benefit (ADB) Disclosure Statement and understand that if I need to activate the ADB rider to help pay for long term care or terminal illness expenses, it will decrease any future death benefit that would have been be paid to my beneficiaries under the policy being purchased. Yes N/A

30 I understand that surrender charges and certain policy adjustments may apply if I need to access my policy's cash value. Yes No

By signing this form, I acknowledge the following:

- My producer explained 1) the various product features and potential consequences of the sales transaction, including the advantages and disadvantages, 2) how compensation is paid for the sale and servicing of the policy, and 3) any impact of replacing an existing product. My producer also provided me with a product summary and illustration, preliminary information or proposal, compensation disclosure and certain other product or regulatory disclosures.
- I understand and accept that the policy I am purchasing includes nonguaranteed elements such as changes in interest rates, charges and/or fees. If the application was signed in New York, I received a copy of the New York Regulation 210 Initial Disclosure for Nonguaranteed Elements
- Before purchasing the policy, I provided the necessary information required by my producer to thoroughly assess my current financial situation which resulted in this life insurance product recommendation. I attest that I can afford the premium payments illustrated and have a need for the insurance that I have applied for
- I confirm to the best of my knowledge that all the information provided is true and complete and that my decision to purchase this policy was either (i) based on my producer's recommendation or, (ii) I made the decision to purchase at my own discretion

X.....
Owner Signature Date

X.....
Joint Owner Signature (if applicable) Date