

SERFF Tracking Number: NWPA-125793296 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
Company Tracking Number: NWLA-344-AO
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Death Benefit Rider
Project Name/Number: /

Filing at a Glance

Company: Nationwide Life and Annuity Insurance Company

Product Name: Accelerated Death Benefit Rider SERFF Tr Num: NWPA-125793296 State: Arkansas LH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40112

Sub-TOI: L08.000 Life - Other

Co Tr Num: NWLA-344-AO

State Status: Approved-Closed

Filing Type: Form

Co Status: Approved

Reviewer(s): Linda Bird

Authors: Amy Burchette, Andrea

Disposition Date: 08/29/2008

Sgobbo, Sandra Davies, Cindy

Malloy, Clara Pollard, Carrie

Ruhlen, Georgia Sollars, Drema

Wallace, Leslie Hernandez

Date Submitted: 08/28/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form is being filed concurrently in our state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/29/2008

State Status Changed: 08/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Form NWLA-344-AO, Accelerated Death Benefit Rider

Form NWLA-369-AO, Accelerated Death Benefit Rider Disclosure Form

Form LAA-0108AR; Application for Accelerated Death Benefit Rider

NAIC #92657

SERFF Tracking Number: NWPA-125793296 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
Company Tracking Number: NWLA-344-AO
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Death Benefit Rider
Project Name/Number: /

Enclosed for filing, subject to your approval, are forms NWLA-344-AO; Accelerated Death Benefit Rider, NWLA-369-AO; Accelerated Death Benefit Rider Disclosure Form and form LAA-0108AR; Application for Accelerated Death Benefit Rider. These are new forms and will not replace any existing form.

These forms will be used with any new and existing 2001 CSO Whole Life, Universal Life, and Variable Universal Life Products.

This Accelerated Death Benefit Rider will be made available to an Insured who has a non-correctable terminal illness and has a life expectancy of 12 months or less.

The Owner of a policy is the only person that can apply for accelerated benefits under this rider. If necessary, we will obtain signed acknowledgement of concurrence of payment from all assignees, irrevocable beneficiaries, or other interested parties.

The rider will be applied for at the time benefits are requested and an Application/Claim Form and Rider Disclosure Form is requested. Once all necessary medical information is received, processed, and approved, a rider and Rider Data Page will be sent to the Owner.

A one-time Administrative Expense Charge will be imposed; the charge will be stated on the Rider Date Page. The current Administrative Expense Charge is \$250, which can increase or decrease based upon actual expense experience. The Rider Disclosure Form will be completed with our current Administrative Expense Charge when sent to the Owner.

Any benefit payment will be treated as a discounted payment of the policy's death benefit less adjustments as listed in the rider. There are no rider premiums associated with this benefit. The rider itself has no Cash Surrender Values nor any loan values.

Forms NWLA-344-AO and LAA-0108AR have been written in a readable fashion and attained Flesch scores of 50 and 45.1 respectively; however, when combined with the policy, you have our assurance the score is greater than 50 for form LAA-0108AR. The Disclosure Form, NWLA-369-AO, is excluded from the Flesch readability scoring.

SERFF Tracking Number: NWPA-125793296 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
Company Tracking Number: NWLA-344-AO
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Death Benefit Rider
Project Name/Number: /

Thank you in advance for your attention to this filing. Please call if there are any questions.

Clara J. Pollard
NF Regulatory Filings &
Operations Team, 1-33-102
Phone: (614) 249-4507
Fax: (614) 249-2112
E-Mail: pollarc@nationwide.com

Enclosures:

1. Filing Fee via EFT
2. Form NWLA-344-AO, Accelerated Death Benefit Rider
3. Form NWLA-369-AO, Accelerated Death Benefit Rider Disclosure From
4. Form LAA-0108AR, Application for Accelerated Death Benefit Rider
5. Accelerated Death Benefit Rider Data Page
6. Actuarial Memorandum
7. Statement of Variability

Company and Contact

Filing Contact Information

Clara Pollard, Sr. Analyst pollarc@nationwide.com
One Nationwide Plaza (614) 249-4507 [Phone]
Columbus, OH 43215

Filing Company Information

Nationwide Life and Annuity Insurance CoCode: 92657 State of Domicile: Ohio
Company
One Nationwide Plaza Group Code: 140 Company Type:
1-10-03
Columbus, OH 43215 Group Name: State ID Number:
(800) 882-2822 ext. [Phone] FEIN Number: 31-1000740

SERFF Tracking Number: NWPA-125793296 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
Company Tracking Number: NWLA-344-AO
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Death Benefit Rider
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: state of domicile, Ohio
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life and Annuity Insurance Company	\$50.00	08/28/2008	22185125

SERFF Tracking Number: NWPA-125793296 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
Company Tracking Number: NWLA-344-AO
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Death Benefit Rider
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/29/2008	08/29/2008

SERFF Tracking Number: NWPA-125793296 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
Company Tracking Number: NWLA-344-AO
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Death Benefit Rider
Project Name/Number: /

Disposition

Disposition Date: 08/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWPA-125793296 State: Arkansas
 Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
 Company Tracking Number: NWLA-344-AO
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Accelerated Death Benefit Rider
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Actuarial Memo and Statement of Variability		No
Form	Accelerated Death Benefit Rider		Yes
Form	Accelerated Death Benefit Rider Data Page		Yes
Form	Disclosure Form for Accelerated Death Benefit Rider		Yes
Form	Application for Acceleratd Death Benefit Rider		Yes

SERFF Tracking Number: NWPA-125793296 State: Arkansas
 Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
 Company Tracking Number: NWLA-344-AO
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Accelerated Death Benefit Rider
 Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NWLA-344-AO	Policy/Cont	Accelerated Death Benefit Rider	Initial		50	NWLA-344-AO.pdf
	NWLA-344-AO	Data/Declaration Pages	Accelerated Death Benefit Rider Data	Initial		0	NWLA-344-AO data pages.pdf
	NWLA-369-AO	Other	Disclosure Form for Accelerated Death Benefit Rider	Initial		0	NWLA-369-AO disclosure.pdf
	LAA-0108AR	Application/Enrollment Form	Application for Accelerated Death Benefit Rider	Initial		45	LAA-0108AR.pdf

**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215-2220**

ACCELERATED DEATH BENEFIT RIDER

Important Notice

The receipt of accelerated death benefits may be taxable. Accelerated Death Benefit Payments may also adversely affect the recipient's eligibility for Medicaid and other government provided benefits. Assistance and advice should be obtained from a personal tax advisor and social services agencies prior to receipt of any such payments.

The base Policy Specified Amount, Cash Value, Indebtedness, required Premium, if any, and any other Policy charges will be reduced if an accelerated death benefit is paid. If a nonforfeiture option, such as Extended Term Insurance or reduced paid-up insurance, is available in the Policy and is elected after an accelerated death benefit is paid, it will be based on the remaining reduced Cash Value.

General Information Regarding this Rider

This Accelerated Death Benefit Rider ("Rider") and the application for it are made part of the Policy on the Rider Effective Date.

To the extent any provisions contained in this Rider are contrary to or inconsistent with those of the Policy to which it is attached the provisions of this Rider will control the Policy accordingly. Non-defined terms shall have the meaning given to them in the Policy.

This Rider provides for an accelerated death benefit paid to the Policy Owner when the Insured has a life expectancy of 12 months or less resulting from a non-correctable terminal illness. This Rider has no cash value and no loan value. The Policy will be subject to reductions that reflect the Unadjusted Payment as of the Rider Effective Date. These reductions will be made to the base Policy Specified Amount, Cash Value, Indebtedness, required Premium, if any, and any other Policy charges in effect at the time the request for payment is processed under this Rider. If a nonforfeiture option, such as Extended Term Insurance or reduced paid-up

insurance, is available in the Policy and is elected after an accelerated death benefit is paid, it will be based on the remaining reduced Cash Value.

We will pay the Accelerated Death Benefit Payment only once per Policy to which it is attached.

Right to Examine

To be certain you are satisfied with this Rider, you have a 10-day "free look." Within 10 days of receipt of the Accelerated Benefit Payment, you may return the payment to our Home Office, listed on the face page of the Policy, or representative who delivered it. We will then void this Rider as if it had never been in force. If you exercise the Right to Examine, you may not apply for this Rider again at a later date.

Defined Terms Used in this Rider

Some policies to which this Rider may be attached use the term "Cash Value" to describe the accumulated dollar value of the Policy, while others use the term "Accumulated Value." For purposes of this Rider, the term "Cash Value" also means "Accumulated Value" as defined in the base Policy.

The following definitions apply to coverage under this Rider.

Accelerated Death Benefit Payment – This is the actual benefit amount you will receive under this Rider if the Eligibility and Conditions for Payment section is satisfied.

Eligible Specified Amount – The Specified Amount of the base Policy (excluding any riders) in effect when the request for payment under this Rider is processed.

Requested Percentage – The percentage of Eligible Specified Amount you request to be accelerated. The Requested Percentage is stated on the Rider Data Page.

Rider Effective Date – The Rider Effective Date is the date a claim for an Accelerated Death Benefit Payment has been approved by us. The Rider Effective Date is shown on the Rider Data Page.

Unadjusted Payment – The Requested Percentage multiplied by the Eligible Specified Amount.

Premium

There is no required Premium or monthly deductions for this Rider.

Eligibility and Conditions for Payment

If the Insured dies before the Accelerated Death Benefit Payment is paid, no payment will be made under this Rider. However, this provision will not apply to any payment made by us before receiving written notice of the Insured's death at our Home Office listed on the face page of the Policy.

In order to receive any benefits under this Rider, all the following conditions must be satisfied:

1. this Rider is only available for coverages on the life of the primary Insured under the base Policy, persons insured under riders are not eligible. A Policy with more than one living primary Insured is not eligible for this benefit unless agreed to by us;
2. your application for benefits under this Rider must be received at our Home Office in a written form satisfactory to us;
3. we must receive evidence satisfactory to us, including, but not limited to certification from a physician licensed in the United States, that the Insured has a non-correctable terminal illness. This non-correctable terminal illness must result in the Insured having a remaining life expectancy of 12 months or less as of the Rider Effective Date. The licensed physician shall not be any Insured, Policy Owner, Beneficiary, or a relative thereof. We reserve the right to obtain additional medical opinions at our expense. If the additional medical opinion(s) differ from the opinion of the

Insured's physician, then the opinion of an additional physician acceptable to both parties will serve as the final determinant of whether this condition is satisfied;

4. this Rider only attaches to the base Policy (excluding riders) of a permanent plan of life insurance. We reserve the right, at our sole discretion, to exclude certain plans of permanent insurance from eligibility for this Rider;
5. the permanent Policy to which this Rider is attached:
 - a. must have been in force for more than two years. In addition, any amount of coverage subject to a Incontestable Period is not eligible for this Rider;
 - b. must have at least two years remaining from the Rider Effective Date until the Maturity Date of the Policy; and
 - c. must be in force other than as Extended Term Insurance or reduced paid-up insurance;
6. we reserve the right to require the base Policy Specified Amount be at least \$50,000 on the Rider Effective Date;
7. after accounting for reduction based on the Unadjusted Payment, the Specified Amount of the Policy must be greater than or equal to the minimum Specified Amount stated in the Policy Data Pages;
8. we must receive a signed acknowledgment of concurrence with the payment from all assignees, irrevocable beneficiaries, or other interested parties as determined by us; and
9. this benefit is not available if:
 - a. the law requires this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or

- b. a government agency requires this benefit in order to apply for, obtain, or keep a government benefit or entitlement.

Benefit Provided by this Rider

This Rider provides for a lump sum advance payment to the Policy Owner of a portion of the Death Benefit Proceeds of the Policy to which it is attached, subject to the terms and conditions described herein.

Accelerated Death Benefit Payment Limits

We reserve the right to limit the Unadjusted Payment and the Accelerated Death Benefit Payment such that:

- 1. the Requested Percentage does not exceed 50%;
- 2. the sum of all Accelerated Death Benefit Payments does not exceed \$250,000 for all policies in force with us;
- 3. the Accelerated Death Benefit Payment is at least \$10,000 for each Policy; and
- 4. the Policy is not disqualified as life insurance according to the Internal Revenue Code.

Charges and Adjustments

The Accelerated Death Benefit Payment is equal to the Unadjusted Payment less the following charges and adjustments as of the Rider Effective Date:

- 1. actuarial charges will be deducted from the Unadjusted Payment. These

actuarial charges include a risk charge and an interest rate discount to reflect:

- a. the premature payment of a portion of your Policy's Death Benefit Proceeds; and
 - b. Premiums and Policy charges that would have been due during the twelve month period following the Rider Effective Date for the coverage corresponding to this Unadjusted Payment;
- 2. any Indebtedness will reduce the Unadjusted Payment by an amount equal to the Requested Percentage times the amount of Indebtedness;
 - 3. if the Policy is in a grace period, the Unadjusted Payment will be reduced by any due and unpaid Premiums; and
 - 4. the Unadjusted Payment will be decreased by our Administrative Expense Charge shown on the Rider Data Page.

Effect on Policy Values

The Policy will be subject to reductions that reflect the Unadjusted Payment as of the Rider Effective Date. These reductions will be made to the Specified Amount, Cash Value, Indebtedness, required Premium, if any, and any other Policy charges in effect at the time the request for payment is processed under this Rider. If a nonforfeiture option, such as Extended Term Insurance or reduced paid-up insurance, is available in the Policy and is elected after an accelerated death benefit is paid, it will be based on the remaining reduced Cash Value.



Secretary



President

ACCELERATED DEATH BENEFIT RIDER DATA PAGE

COVERAGE INFORMATION

Policy Owner:	[John Doe]
Insured:	[John Doe]
Policy Number:	[N000000000]
Policy Date:	[January 1, 2009]
Rider Benefit Description:	Accelerated Death Benefit Rider
Form Number:	[NWLA-344-AO]
Rider Effective Date:	[July 1, 2026]

BENEFIT INFORMATION

Requested Percentage:	[XX%]
Administrative Expense Charge:	[\$250.00]
Discount Interest Rate:	[X.XX%]
Risk Charge:	[5%]
Accelerated Death Benefit Payment*:	[\$XXX]

Policy Information as of [June 30, 2026]:

[Current Modal Premium: / Current Monthly Cost of Insurance Charge:	[\$XXX] [X.XX%]]
Specified Amount:	[\$XXX]
Cash Value:	[\$XXX]
Indebtedness (outstanding loan balance):	[\$XXX]

Policy Information as of [July 1, 2026]:

[Current Modal Premium: / Current Monthly Cost of Insurance Charge:	[\$XXX] [X.XX%]]
Specified Amount:	[\$XXX]
Cash Value:	[\$XXX]
Indebtedness (outstanding loan balance):	[\$XXX]

*The Accelerated Death Benefit Payment shown is net of all applicable charges and adjustments.

DISCLOSURES

This Rider provides for an accelerated death benefit to the Policy Owner. The receipt of accelerated death benefits may be taxable. Accelerated Death Benefit Payments may also adversely affect the recipient's eligibility for Medicaid and other government provided benefits. Assistance and advice should be obtained from a personal tax advisor and social services agencies prior to receipt of any such payments.

The Specified Amount, Cash Value, Indebtedness, Premium payments, and any other Policy charges will be reduced if an accelerated death benefit is paid. If a nonforfeiture option, such as Extended Term Insurance or reduced paid-up insurance, is available in the Policy and is elected after an accelerated death benefit is paid, it will be based on the remaining reduced Cash Value.



ACCELERATED DEATH BENEFIT RIDER DISCLOSURE

NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215-2220

This Accelerated Death Benefit Rider (ADBR) provides for an accelerated death benefit payment to the Policy Owner. The receipt of accelerated death benefits may be taxable. Accelerated Death Benefit Payments may also adversely affect the recipient's eligibility for Medicaid and other government provided benefits. Assistance and advice should be obtained from a personal tax advisor and social services agencies prior to receipt of any such payments.

The base Policy Specified Amount, Cash Value, Indebtedness, required Premium, if any, and any other Policy charges will be reduced if an accelerated death benefit is paid. If a nonforfeiture option, such as Extended Term Insurance or reduced paid-up insurance, is available in the Policy and is elected after an accelerated death benefit is paid, it will be based on the remaining reduced Cash Value.

BRIEF DESCRIPTION OF THE ACCELERATED BENEFIT:

The ADBR rider provides for the payment of a portion of the Policy's Death Benefit Proceeds on a discounted basis. Deductions are also made from the accelerated payment for:

- Premiums and/or any Policy charges that are overdue or would have been due on the portion of the death benefit accelerated;
- a repayment of a portion of Policy Indebtedness;
- an actuarially determined risk charge; and
- an administrative expense charge of \$[250.00].

Consult the ADBR rider form for additional details about the benefits.

CONDITIONS TRIGGERING PAYMENT OF THE ACCELERATED BENEFIT:

We must receive satisfactory evidence, including, but not limited to a certification from a physician licensed in the United States, that the Insured has a non-correctable terminal illness. This non-correctable terminal illness must result in the Insured having a remaining life expectancy of 12 months or less as of the date we approve your application for this rider.

PARTIAL LISTING OF ELIGIBILITY CRITERIA:

The ADBR rider is only attachable to a permanent base Policy. The permanent base Policy must:

- 1) be in-force for more than two years; and
- 2) have at least two years remaining until the Maturity Date; and
- 3) be in-force other than as Extended Term Insurance or reduced paid-up insurance.

On the date we approve your application for this rider, we reserve the right to require:

- 1) the base Policy Specified Amount be at least \$50,000; and
- 2) the Accelerated Death Benefit Payment be at least \$10,000 for each Policy.

EFFECT OF BENEFIT PAYMENT:

The base Policy will be subject to reductions in the Specified Amount, Cash Value, Indebtedness, required Premium, if any, and any other Policy charges, as of the date we approve your application for this rider. If a nonforfeiture option, such as Extended Term Insurance or reduced paid-up insurance, is available in the Policy and is elected after an accelerated death benefit is paid, it will be based on the remaining reduced Cash Value.



Mail To: **Nationwide Life and Annuity Insurance Company**
 Nationwide Financial – Life Operations
 Attention: Life Claims
 P.O. Box 182835
 Columbus, OH 43218-2835
 1-800-243-6295

**PART 1: APPLICATION
 FOR ACCELERATED
 BENEFIT RIDER**

1. Benefit Applied For:

Amount of Accelerated Benefit applied for: 50% (maximum) Lesser - % or \$ Amount _____

In order for the Owner of the Policy to receive an accelerated benefit payment, the Owner must provide proof acceptable to the Company that the Insured has a Terminal Illness (remaining life expectancy of 12 months or less). The Owner is responsible for obtaining and paying for the cost of all information to be provided as Proof of Loss. The Company may require additional information as it deems necessary to establish due Proof of Loss. All relevant supporting information must be received by the Company before a final determination of benefit eligibility can be made.

Insured's Name John Doe Policy No(s). N0000000000

Street Address 1 Any Street

City Any City State Any State Zip Code 00000-0000

Telephone No. (000) 0000 Birth Date _____ SS# 000-00-0000

2. Ownership, Beneficiary & Assignee Information:

The undersigned hereby agrees to the payment of the accelerated benefit shown in Section 1. I/We agree to hold the Company harmless from any liability including reasonable attorney's fees that it may incur by reason of such payment.

a. Is the Insured the Owner of this Policy? Yes No
 If no, print Owner's Name _____ (Signature required on reverse side.)

b. Is there an Irrevocable Beneficiary on this Policy? Yes No
 If yes, print Beneficiary Name _____ Beneficiary Signature _____
 Beneficiary Address _____ Phone _____

c. Is there an Assignment? Yes No Collateral \$ _____ Absolute
 Print Assignee Name _____ Assignee Signature _____
 Assignee Title _____
 Assignee Address _____ Phone _____

d. If residence is a community property state:
 Print Spouse Name _____ Spouse Signature _____
 Spouse Address _____ Phone _____

3. Insured Information:

a. Please describe the medical condition resulting in the Insured's Terminal Illness: colon cancer

b. Date the Insured first consulted a physician for this condition: 12/15/01

c. Is the Insured currently working? Yes No
 If not, date last worked _____

d. Name and Address of Attending Physician(s):
 Name: 1) Dr. John Physician 2) _____
 Address: 1 Any Street, Any City, Any State 00000-0000 _____
 Phone (000) 000-0000 (_____) _____

4. I have read this application/claim form. I understand each of the questions. All of the answers and statements on this form are complete and true to the best of my knowledge and belief.

I authorize: any licensed physician or medical practitioner; any hospital; clinic; pharmacy; or other medical or medically related facility; any insurance company; the Medical Information Bureau; or any other organization, institution or person who has knowledge of me; to give that information to the Medical Director of the Nationwide Life and Annuity Insurance Company, or its reinsurers, for the purpose of investigating claims. By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization; and I instruct any physician; health care professional; hospital; clinic; medical facility; or other health care provider to release and disclose my entire medical record without restriction. I understand that any information that is disclosed pursuant to this authorization may no longer be covered by federal rules governing privacy and confidentiality of health information. This authorization, or a copy of it, will be valid for a period of not more than one year (12 months) from the date it was signed. I understand that my authorized representative or I have a right to a copy of this authorization by sending a request to Nationwide in writing. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I understand the information obtained by use of the authorization will be used by the Company primarily to determine the eligibility for accelerated benefit payments; it will be retained in the file and may be used in subsequent related insurance transactions.

I have received the Pre-Notice form of the Fair Credit Reporting Act of 1970. I have received the Accelerated Benefit Rider Disclosure form.

If written proof of death of the Insured is received and recorded by us prior to the Rider Effective Date, this application is void; no claim for Accelerated Benefits can be made.

Signed at _____ on _____, 2003.
City State

Insured's Signature John Doe Date March 1, 2003

Policy Owner's Signature _____ Date _____
(if other than the Insured)

Agent's Signature _____ Date _____

Guardian's Signature (if applicable) _____ Date _____
(please attach guardianship documents)

TAXPAYER IDENTIFICATION NUMBER
(APPLICABLE ONLY TO THE OWNER OF THE POLICY)

Under the Interest and Dividend Compliance Act of 1983, persons owning insurance policies are required to provide the Company with certification that their taxpayer identification number is correct. (For most individuals, this is their Social Security Number.) If you do not provide us with certification of this number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, we will be forced to withhold 31% from interest and other payments we make to you (known as backup withholding). It is not an additional tax, since the amount withheld may be applied against any tax you owe. If withholding results in an overpayment of taxes, a refund may be available.

Check this box if the Internal Revenue Service has notified you that you are subject to backup withholding. Otherwise, your signature on this application is certification that the taxpayer identification number on this application is true, correct, and complete. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

IMPORTANT NOTICE

DETACH AND GIVE TO PROPOSED INSURED

PRE-NOTICE OF PROCEDURES AS REQUIRED BY THE FAIR CREDIT REPORTING ACT OF 1970

This notice is to inform you that as part of our normal underwriting procedures in connection with an application for insurance:

1. An investigative consumer report may be made whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry will include information as to character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation, with respect to you, members of your family, and others having an interest in or closely connected with the insurance transaction; and
2. You may elect to be interviewed if an investigative consumer report is prepared in connection with this application. You are entitled to receive a copy of any investigative consumer report by submitting your request in writing.
3. Upon your written request, made within a reasonable time after you receive this notice, additional information as to the nature and scope of the investigation, if one is made, will be provided. You may send corrections and requests for additional information addressed to Nationwide Life and Annuity Insurance Company, Box 182835, Columbus, Ohio 43218-2835. In the event of an adverse decision, you will be notified in writing.



Mail To: **Nationwide Life and Annuity Insurance Company**
 Nationwide Financial – Life Operations
 Attention: Life Claims
 P.O. Box 182835
 Columbus, OH 43218-2835
 1-800-243-6295

**PART 2: ACCELERATED
 BENEFIT CLAIM FORM:
 STATEMENT OF
 ATTENDING PHYSICIAN**

Insured's Name John Doe Date of Birth 2/24/58
 Policy Number(s) N000000000 SS# 000-00-0000

1. Please list the primary condition(s) that would cause this person to live less than 12 months: _____

2. On what date was initial diagnosis made? _____

3. On what date was patient informed of diagnosis? _____

4. Please list all secondary diagnoses (include dates): _____

5. What treatment has been given in the past, and what was the patient's response? (include dates) _____

6. What treatment is currently being given? (include dates) _____

7. If this condition is potentially treatable by transplant (heart, lung, kidney, liver, pancreas), has the patient been evaluated to see if he/she is a viable candidate? Yes No

a. If no, why were they not referred? _____

b. If yes, what was the opinion of the transplant team? _____

c. Is this individual on a waiting list for a transplant? Yes No

8. Current height _____ Current weight _____ Weight change in past year _____

9. Please document by including copies of results of all tests that substantiate the severity of patient's illness. Examples would include results of cardiac catheterization and echo-cardiograms, x-rays showing extent of disease or metastases, pulmonary function tests, the results of HIV viral assay count for HIV disease, CD₄ cell count, and complicating infections.

10. Any other pertinent information. _____

Physician's Name (*please stamp or print*) _____ Dr. John Physician

Signature _____ *Dr. John Physician* _____ Date _____ March 1, 2003

Address _____ 1 Any Street, Any City, Any State 00000-0000

Telephone No. (_____ 000 _____) _____ 000-0000 Federal Tax ID _____ 000000000000

LAA-0108AR

SERFF Tracking Number: NWPA-125793296 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
Company Tracking Number: NWLA-344-AO
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Death Benefit Rider
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NWPA-125793296 State: Arkansas
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 40112
Company Tracking Number: NWLA-344-AO
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accelerated Death Benefit Rider
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

08/27/2008

Comments:

Attachments:

AR Cert Reg 33.pdf

AR Readability Cert.pdf

Review Status:

Bypassed -Name: Application

08/27/2008

Bypass Reason: There is no application previously approved application.

Comments:



ARKANSAS

Certificate of Compliance

Insurer Nationwide Life and Annuity Insurance Company

Form Numbers: NWLA-344-AO and LAA-0108AR

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 33, particularly Articles IV, VII, IX, and XI.

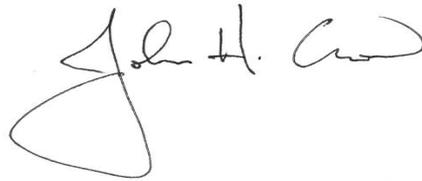
These forms also meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, appearing to read "John H. Crow". The signature is written in a cursive style with a large loop at the beginning.

John H. Crow, ChFC, CLU, FLMI
Associate Vice President
NF Compliance
Date: 08-28-08

Certification

This is to certify that the attached Accelerated Death Benefit Rider and Application
Form No. NWLA-0344AO and LAA-0108AR has achieved a Flesch Reading Score of 50 and 45.1
respectfully and complies with the requirements of Ark. Stat. Ann §§ 23-80-204 and 23-80-206(d) of the
Life and Disability Insurance Policy Language Simplification Act.



Signature

John H. Crow, Associate Vice President
Officer and Title

Nationwide Life and Annuity Insurance Company
Name of Company

Date 08/28/08