

SERFF Tracking Number: NWFA-125984101 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 41919
Company Tracking Number: VAA-0101AO.7
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
Project Name/Number: VAA-0101AO.7

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009) SERFF Tr Num: NWFA-125984101 State: ArkansasLH

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed State Tr Num: 41919

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VAA-0101AO.7

State Status: Approved-Closed

Filing Type: Form

Co Status: Pending

Reviewer(s): Linda Bird

Authors: Todd Beshara, Grace Holland, LaToyia Martin, Leonja Merritt, Darcy Spangler, Natalie Walden

Disposition Date: 01/30/2009

Date Submitted: 01/26/2009

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: VAA-0101AO.7

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Concurrently being filed in Nationwide's state of domicile, Ohio.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/30/2009

State Status Changed: 01/30/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Nationwide Life Insurance Company

NAIC # 66869 FEIN 31-4156830 NAIC Group # 140

SERFF Tracking Number: *NWFA-125984101* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *41919*
Company Tracking Number: *VAA-0101AO.7*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Lifetime Income (L. Inc) Option 10% Reprice (2009)*
Project Name/Number: */VAA-0101AO.7*

Forms

Contract Specifications Pages

VAB-0101AO.7
VAB-0102AO.6
VAB-0103AO.6
VAB-0124AO.2
VAB-0105AO.5
VAB-0106AO.5
VAB-0134AO.1

Applications

VAA-0101AO.7
VAA-0102AO.6
VAA-0103AO.7
VAA-0107AO.6
VAA-0104AO.6
VAB-0105AO.6
VAA-0118AO.1

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced forms for general use and approval by the Department of Insurance (the "Department"). Upon state approval Nationwide will begin issuing these forms.

The above referenced forms are to be used with previously approved individual flexible purchase payment variable deferred annuity contracts that are distributed through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The base contracts are written for non-qualified issuance only, but may also be sold as (with appropriate tax endorsement) an IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401(a) (investment only), Optional Retirement Plans (ORPs), 401(k), or a Charitable Remainder Trust (CRT).

Description of the Contract Specifications Pages

SERFF Tracking Number: NWFA-125984101 State: Arkansas
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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
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Project Name/Number: /VAA-0101AO.7

The Contract Specifications Pages have been revised as follows:

- Reference to the Capital Preservation Plus Lifetime Income Option has been removed from the Options Elected portion of the Contract Specifications Pages. Upon approval of this filing, this option will no longer be offered with these products.
- The charges associated with the Lifetime Income (L.Inc) Option and the L.Inc with Spousal Continuation Option have been updated to reflect the current pricing of these options. Please see "Items Bracketed as Variable" for more information.

Description of the Applications

The applications have been revised to remove the Capital Preservation Plus Lifetime Income election section as well as any reference to this option. Upon approval of this filing, the option will no longer be offered with these products. Because an entire section of the application was removed, additional numbering and formatting changes have also been made to the application.

Nationwide is requesting further information regarding the relationship between the owner and annuitant to assist in identifying possible Stranger Owned Annuity business. This question can be found on the application under the Annuitant.

Previously Approved Contracts

Nationwide intends to use the above referenced forms in conjunction with the following previously approved contracts:

VAC-0102AO
VAC-0103AO
VAC-0104AO
VAC-0105AO
VAC-0106AO
VAC-0107AO
VAC-0116AOCV

SERFF Tracking Number: NWFA-125984101 State: Arkansas
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Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
Project Name/Number: VAA-0101AO.7

Replacement of Previously Approved Forms

Upon approval, the contract specifications pages included in this submission will replace the following previously approved contract specifications pages:

VAB-0101AO.7 will replace VAB-0101AO.6
VAB-0102AO.6 will replace VAB-0102AO.5
VAB-0103AO.6 will replace VAB-0103AO.5
VAB-0124AO.2 will replace VAB-0124AO.1
VAB-0105AO.5 will replace VAB-0105AO.4
VAB-0106AO.5 will replace VAB-0106AO.4
VAB-0134AO.1 will replace VAB-0134AO

Upon approval, the applications included in this submission will replace the following previously approved applications:

VAA-0101AO.7 will replace VAA-0101AO.6
VAA-0102AO.6 will replace VAA-0102AO.5
VAA-0103AO.7 will replace VAA-0103AO.6
VAA-0104AO.6 will replace VAA-0104AO.5
VAA-0105AO.6 will replace VAA-0105AO.5
VAA-0107AO.6 will replace VAA-0107AO.5
VAA-0118AO.1 will replace VAA-0118AO

Items Bracketed as Variable

Contract Specifications Pages

The bracketed items on the Contract Specifications Pages are customized for each contract based on the information provided by the contract owner at time of application. Charges for certain options have been bracketed to reflect the then current price for the option elected. The range bracketed shows the minimum and maximum charges allowable under the current rider. Should the charges fall outside of this range, Nationwide would be required to submit updated Contract Specifications Pages and Rider for approval.

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Company Tracking Number: VAA-0101AO.7
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
Project Name/Number: /VAA-0101AO.7

Applications

- The post office box and zip code found in the address is bracketed as well as the phone number, because these items may change over time.
- The marketing name and product identifier number in the bottom right-hand corner are bracketed as other proprietary relationships may decide to market this product.
- CDSC Schedules will reflect the option chosen.
- The underlying mutual fund options are bracketed in sections 3a, 3b, and 4b to allow fund name changes or to add/delete funds from this product.

Other Information

Nationwide certifies that, to the best of its knowledge and belief, the forms submitted comply with all of the laws and regulations of your state.

Nationwide's printers use various fonts and layouts; therefore, Nationwide reserves the right to format the pages of these forms to conform to the printer's requirements. No change in language will occur, only a possible page break or page renumbering.

If you have questions regarding this filing, please contact me at 1-800-691-0023 ext. 9-9337 or via SERFF.

Company and Contact

Filing Contact Information

Natalie Walden, Specialist, Corporate

waldenn@nationwide.com

Compliance

PO Box 182455

(800) 691-0023 [Phone]

Columbus, OH 43272-8921

(614) 249-2112[FAX]

Filing Company Information

SERFF Tracking Number: NWFA-125984101 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 41919
Company Tracking Number: VAA-0101AO.7
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
Project Name/Number: /VAA-0101AO.7

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio
PO Box 182455 Group Code: 140 Company Type:
1-33-102
Columbus, OH 43272-8921 Group Name: State ID Number:
(800) 691-0023 ext. [Phone] FEIN Number: 31-4156830

SERFF Tracking Number: NWFA-125984101 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 41919
Company Tracking Number: VAA-0101AO.7
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
Project Name/Number: /VAA-0101AO.7

Filing Fees

Fee Required? Yes
Fee Amount: \$280.00
Retaliatory? No
Fee Explanation: 14 forms are being submitted. The DOI charges \$20 per form filed. 14 x 20 = 280
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$280.00	01/26/2009	25266391

SERFF Tracking Number: NWFA-125984101 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 41919
Company Tracking Number: VAA-0101AO.7
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
Project Name/Number: /VAA-0101AO.7

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/30/2009	01/30/2009

SERFF Tracking Number: *NWFA-125984101* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *41919*
Company Tracking Number: *VAA-0101AO.7*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *Lifetime Income (L. Inc) Option 10% Reprice (2009)*
Project Name/Number: */VAA-0101AO.7*

Disposition

Disposition Date: 01/30/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWFA-125984101 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 41919
 Company Tracking Number: VAA-0101AO.7
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
 Project Name/Number: /VAA-0101AO.7

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Contract Specifications Page		Yes
Form	Contract Specifications Page		Yes
Form	Contract Specifications Page		Yes
Form	Contract Specifications Page		Yes
Form	Contract Specifications Page		Yes
Form	Contract Specifications Page		Yes
Form	Contract Specifications Page		Yes
Form	Application		Yes

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 Company Tracking Number: VAA-0101AO.7
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
 Project Name/Number: /VAA-0101AO.7

Form Schedule

Lead Form Number: VAA-0101AO.7

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VAB-0101AO.7	Policy/Cont	Contract ract/Fratern Specifications Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: VAB-0101AO.6 Previous Filing #:	0	VAB-0101AO.7.pdf
	VAB-0102AO.6	Policy/Cont	Contract ract/Fratern Specifications Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: VAB-0102AO.5 Previous Filing #:	0	VAB-0102AO.6.pdf
	VAB-0103AO.6	Policy/Cont	Contract ract/Fratern Specifications Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: VAB-0103AO.5 Previous Filing #:	0	VAB-0103AO.6.pdf
	VAB-0124AO.2	Policy/Cont	Contract ract/Fratern Specifications Page al Certificate: Amendmen	Revised	Replaced Form #: VAB-0124AO.1 Previous Filing #:	0	VAB-0124AO.2.pdf

SERFF Tracking Number: NWFA-125984101 State: Arkansas
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 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
 Project Name/Number: /VAA-0101AO.7

t, Insert
 Page,
 Endorseme
 nt or Rider

VAB-0105AO.5	Policy/Cont Contract ract/Fratern Specifications Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: VAB-0105AO.4 Previous Filing #:	0	VAB-0105AO.5.pdf
VAB-0106AO.5	Policy/Cont Contract ract/Fratern Specifications Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: VAB-0106AO.4 Previous Filing #:	0	VAB-0106AO.5.pdf
VAB-0134AO.1	Policy/Cont Contract ract/Fratern Specifications Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: VAB-0134AO Previous Filing #:	0	VAB-0134AO.1.pdf
VAA-0101AO.7	Application/ Application Enrollment Form	Revised	Replaced Form #: VAA-0101AO.6 Previous Filing #:	0	VAA-0101AO.7 Bracketed John Doe.pdf
VAA-0102AO.6	Application/ Application Enrollment Form	Revised	Replaced Form #: VAA-0102AO.5 Previous Filing #:	0	VAA-0102AO.6 Bracketed

SERFF Tracking Number: NWFA-125984101 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 41919
 Company Tracking Number: VAA-0101AO.7
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Lifetime Income (L. Inc) Option 10% Reprice (2009)
 Project Name/Number: /VAA-0101AO.7

						John Doe.pdf
VAA-0103AO.7	Application/ Enrollment Form	Application	Revised	Replaced Form #: VAA-0103AO.6	0	VAA-0103AO.7 Bracketed John Doe.pdf
VAA-0107AO.6	Application/ Enrollment Form	Application	Revised	Replaced Form #: VAA-0107AO.5	0	VAA-0107AO.6 Bracketed John Doe.pdf
VAA-0104AO.6	Application/ Enrollment Form	Application	Revised	Replaced Form #: VAA-0104AO.5	0	VAA-0104AO.6 Bracketed John Doe.pdf
VAA-0105AO.6	Application/ Enrollment Form	Application	Revised	Replaced Form #: VAA-0105AO.5	0	VAA-0105AO.6 Bracketed John Doe.pdf
VAA-0118AO.1	Application/ Enrollment Form	Application	Revised	Replaced Form #: VAA-0118AO	0	VAA-0118AO.1 Bracketed John Doe.pdf

CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

<u>Parties to the Contract</u>	<u>Date of Birth</u>	<u>Additional Issuing Information</u>
Contract Owner: [John Q. Doe]	[January 1, 1956]	Contract Number: [01-000000000]
Joint Owner: [Jane M. Doe]	[December 1, 1961]	Date of Issue: [January 14, 2009]
Annuitant: [John Q. Doe]	[January 1, 1956]	Contract Type: [Non-qualified]
Co-Annuitant: [N/A]	[N/A]	Initial Purchase Payment: [\$5,000]
Contingent Owner: [N/A]	[N/A]	Annuity Commencement Date: [January 1, 2046]
Contingent Annuitant: [N/A]	[N/A]	

Minimum Requirements

Subsequent Purchase Payments: \$500
Minimum Annuity Payment Amount: \$20
Minimum Contract Value Required for Annuitization: \$2,000

STANDARD DEATH BENEFIT AND CDSC

[X] Standard Death Benefit (5-Year Anniversary) [X] Seven-Year CDSC Schedule (B-Schedule)

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.15%* Contract Maintenance Charge: \$30**

Contingent Deferred Sales Charge Table:

Number of Completed Years Measured from the Date of the Purchase Payment:	0	1	2	3	4	5	6	7 & Thereafter
CDSC Percentage***:	7%	7%	6%	5%	4%	3%	2%	0%

* The base Variable Account Charge noted above does not include charges associated with any optional features you have elected. These charges are added to the base Variable Account Charge. Remember, charges related to Lifetime Income Option (including the election of the Spousal Continuation Benefit, if elected) are assessed on the value of the Income Benefit Base and are only assessed once a year.

** The Contract Maintenance Charge is waived for the life of the contract if the Contract Value reaches \$50,000 on any Contract Anniversary.

***The CDSC Percentage changes to the next year's CDSC Percentage on the day before the Purchase Payment year is completed.]

OPTIONS ELECTED

	Added Charge		Added Charge
<u>Death Benefit Options</u>		<u>Other Options</u>	
One-Year Enhanced Death Benefit	0.20% []	Beneficiary Protector II	0.35% []
One-Month Enhanced Death Benefit	0.35% []	Lifetime Income (L.Inc) Option	[0.90-1.20]% []
		L.Inc with Spousal Continuation	[1.10-1.40]% [X]
<u>CDSC Options</u>			
No CDSC Option (C-Schedule)	0.55% []		
Four-Year CDSC Option (L-Schedule)	0.50% []		

Notes Regarding Additional Charges: For the Death Benefit Options listed above the additional charge is listed as an annual charge added to the base Variable Account Charge but is deducted from the Variable Account on a daily basis. The Beneficiary Protector II option charge is structured in the same manner, but it also is applied to the rates credited to any amounts allocated to the Fixed Account, if applicable, or the Multiple Maturity Account, if elected, resulting in a corresponding decrease to the interest credited. The Lifetime Income Option, and the Spousal Continuation Benefit, assesses the charge from the Variable Account once each year based on the value of the Income Benefit Base (see the option for details). The Spousal Continuation Benefit is only available in conjunction with the Lifetime Income Option. An "X" next to the charge denotes the option has been elected.

CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

<u>Parties to the Contract</u>	<u>Date of Birth</u>	<u>Additional Issuing Information</u>
Contract Owner: [John Q. Doe]	[January 1, 1956]	Contract Number: [01-000000000]
Joint Owner: [Jane M. Doe]	[December 1, 1961]	Date of Issue: [January 14, 2009]
Annuitant: [John Q. Doe]	[January 1, 1956]	Contract Type: [Non-qualified]
Co-Annuitant: [N/A]	[N/A]	Initial Purchase Payment: [\$5,000]
Contingent Owner: [N/A]	[N/A]	Annuity Commencement Date: [January 1, 2046]
Contingent Annuitant: [N/A]	[N/A]	

Minimum Requirements

Subsequent Purchase Payments: \$500
Minimum Annuity Payment Amount: \$20
Minimum Contract Value Required for Annuitization: \$2,000

STANDARD DEATH BENEFIT AND CDSC

[X] Standard Death Benefit (5-Year Anniversary) [X] Seven-Year CDSC Schedule (B-Schedule)

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.15%* Contract Maintenance Charge: \$30**

Contingent Deferred Sales Charge Table:

Number of Completed Years Measured from the Date of the Purchase Payment:	0	1	2	3	4	5	6	7 & Thereafter
CDSC Percentage***:	7%	7%	6%	5%	4%	3%	2%	0%

* The base Variable Account Charge noted above does not include charges associated with any optional features you have elected. These charges are added to the base Variable Account Charge. Remember, charges related to Lifetime Income Option (including the election of the Spousal Continuation Benefit, if elected) are assessed on the value of the Income Benefit Base and are only assessed once a year.

** The Contract Maintenance Charge is waived for the life of the contract if the Contract Value reaches \$50,000 on any Contract Anniversary.

[***The CDSC Percentage changes to the next year's CDSC Percentage on the day before the Purchase Payment year is completed.]

OPTIONS ELECTED

	Added Charge			Added Charge	
<u>Death Benefit Options</u>			<u>Other Options</u>		
One-Year Enhanced Death Benefit	0.20%	[]	3% Extra Value*	0.30%	[]
			4 % Extra Value*	0.40%	[]
<u>CDSC Options</u>			Lifetime Income (L.Inc) Option	[0.90-1.20]%	[]
No CDSC Option (C-Schedule)	0.35%	[]	L.Inc with Spousal Continuation	[1.10-1.40]%	[X]
Four-Year CDSC Option (L-Schedule)	0.30%	[]			

*Additional charges end 7 years from the Date of Issue.

Notes Regarding Additional Charges: For the Death Benefit Option listed above the additional charge is listed as an annual charge added to the base Variable Account Charge but is deducted from the Variable Account on a daily basis. The charge for the Extra Value option is structured in the same manner, but also is applied to the rates credited to any amounts allocated to the Fixed Account, if applicable, or the Multiple Maturity Account, if elected, resulting in a corresponding decrease to the interest credited. The Lifetime Income Option, and the Spousal Continuation Benefit, assesses the charge from the Variable Account once each year based on the value of the Income Benefit Base (see the option for details). The Spousal Continuation Benefit is only available in conjunction with the Lifetime Income Option. An "X" next to the charge denotes the option has been elected.

CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

<u>Parties to the Contract</u>	<u>Date of Birth</u>	<u>Additional Issuing Information</u>
Contract Owner: [John Q. Doe]	[January 1, 1956]	Contract Number: [01-000000000]
Joint Owner: [Jane M. Doe]	[December 1, 1961]	Date of Issue: [January 14, 2009]
Annuitant: [John Q. Doe]	[January 1, 1956]	Contract Type: [Non-qualified]
Co-Annuitant: [N/A]	[N/A]	Initial Purchase Payment: [\$15,000]
Contingent Owner: [N/A]	[N/A]	Annuity Commencement Date: [January 1, 2046]
Contingent Annuitant: [N/A]	[N/A]	

Minimum Requirements

Subsequent Purchase Payments: \$1,000
 Minimum Annuity Payment Amount: \$20
 Minimum Contract Value Required for Annuitization: \$2,000

STANDARD DEATH BENEFIT AND CDSC

[X] Standard Death Benefit (1-Year Anniversary) [X] Eight-Year CDSC Schedule (B-Schedule)

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.55%*

Contingent Deferred Sales Charge Table:

Completed Years Measured										
From Date of the Purchase Payment:	0	1	2	3	4	5	6	7	8 & Thereafter	
CDSC Percentage**:	8%	7%	6%	5%	4%	3%	2%	1%	0%	

* The base Variable Account Charge noted above does not include charges associated with any optional features you have elected. These charges are added to the base Variable Account Charge. Remember, charges related to Lifetime Income Option (including the election of the Spousal Continuation Benefit, if elected) are assessed on the value of the Income Benefit Base and are only assessed once a year.

[**The CDSC Percentage changes to the next year's CDSC Percentage on the day before the Purchase Payment year is completed.]

OPTIONS ELECTED

	Added Charge			Added Charge	
<u>Death Benefit Options</u>			<u>Other Options</u>		
One-Month Enhanced Death Benefit	0.20%	[]	Beneficiary Protector II	0.35%	[]
Combination Enhanced Death Benefit Option II	0.45%	[]	3% Extra Value*	0.10%	[]
			4 % Extra Value*	0.25%	[]
			5% Extra Value*	0.40%	[]
<u>CDSC Options</u>			Lifetime Income (L.Inc) Option	[0.90-1.20]%	[]
No CDSC Option (C-Schedule)	0.25%	[]	L.Inc with Spousal Continuation	[1.10-1.40]%	[X]
Four-Year CDSC Option (L-Schedule)	0.20%	[]			

*Additional charges end 8 years from the Date of Issue.

Notes Regarding Additional Charges: For the Death Benefit Options listed above the additional charge is listed as an annual charge added to the base Variable Account Charge but is deducted from the Variable Account on a daily basis. The charge for the Extra Value options and the Beneficiary Protector II option is structured in the same manner, but also is applied to the rates credited to any amounts allocated to the Fixed Account, if applicable, or the Multiple Maturity Account, if elected, resulting in a corresponding decrease to the interest credited. The Lifetime Income Option, and the Spousal Continuation Benefit, assesses the charge from the Variable Account once each year based on the value of the Income Benefit Base (see the option for details). The Spousal Continuation Benefit is only available in conjunction with the Lifetime Income Option. An "X" next to the charge denotes the option has been elected.

CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

<u>Parties to the Contract</u>	<u>Date of Birth</u>	<u>Additional Issuing Information</u>
Contract Owner: [John Q. Doe]	[January 1, 1956]	Contract Number: [01-000000000]
Joint Owner: [Jane M. Doe]	[December 1, 1961]	Date of Issue: [January 14, 2009]
Annuitant: [John Q. Doe]	[January 1, 1956]	Contract Type: [Non-qualified]
Co-Annuitant: [N/A]	[N/A]	Initial Purchase Payment: [\$5,000]
Contingent Owner: [N/A]	[N/A]	Annuity Commencement Date: [January 1, 2046]
Contingent Annuitant: [N/A]	[N/A]	

Minimum Requirements

Subsequent Purchase Payments: \$500
Minimum Annuity Payment Amount: \$20
Minimum Contract Value Required for Annuitization: \$2,000

STANDARD DEATH BENEFIT

[X] Standard Death Benefit (Five-Year Anniversary)

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.10%* Contract Maintenance Charge: \$30**

Contingent Deferred Sales Charge Table:

Completed Years Measured								
<u>From Date of the Purchase Payment:</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7 & Thereafter</u>
CDSC Percentage***:	7%	7%	6%	5%	4%	3%	2%	0%

* The base Variable Account Charge noted above does not include charges associated with any optional features you have elected. These charges are added to the base Variable Account Charge. Remember, charges related to Lifetime Income Option (including the election of the Spousal Continuation Benefit, if elected) are assessed on the value of the Income Benefit Base and are only assessed once a year.

** The Contract Maintenance Charge is waived for the life of the contract if the Contract Value reaches \$50,000 on any Contract Anniversary.

***The CDSC Percentage changes to the next year's CDSC Percentage on the day before the Purchase Payment year is completed.

OPTIONS ELECTED

	<u>Added Charge</u>			<u>Added Charge</u>	
<u>Death Benefit Options</u>			<u>Other Options</u>		
One-Year Enhanced Death Benefit	0.15%	[]	Beneficiary Protector II	0.35%	[]
One Month Enhanced Death Benefit	0.35%	[]	Spousal Protection	0.20%	[]
Combination Enhanced Death Benefit	0.45%	[]	3% Extra Value*	0.20%	[]
(Greater of 1 Year Anniversary or			Lifetime Income Option (L.Inc) [0.90-1.20]%	[]	[]
5% Interest)			L.Inc with Spousal Continuation [1.10-1.40]%	[X]	[X]

*Additional charges end 7 years from the Date of Issue.

Notes Regarding Additional Charges: For the Death Benefit Options listed above the additional charge is listed as an annual charge added to the base Variable Account Charge but is deducted from the Variable Account on a daily basis. The charge for the Spousal Protection option and the Beneficiary Protector II option is structured in the same manner, but also is applied to the rates credited to any amounts allocated to the Fixed Account, if applicable, or the Multiple Maturity Account, if elected, resulting in a corresponding decrease to the interest credited. The Lifetime Income Option, and the Spousal Continuation Benefit, assesses the charge from the Variable Account once each year based on the value of the Income Benefit Base (see the option for details). The Spousal Continuation Benefit is only available in conjunction with the Lifetime Income Option. An "X" next to the charge denotes the option has been elected.

CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

<u>Parties to the Contract</u>	<u>Date of Birth</u>	<u>Additional Issuing Information</u>
Contract Owner: [John Q. Doe]	[January 1, 1956]	Contract Number: [01-000000000]
Joint Owner: [Jane M. Doe]	[December 1, 1961]	Date of Issue: [January 14, 2009]
Annuitant: [John Q. Doe]	[January 1, 1956]	Contract Type: [Non-qualified]
Co-Annuitant: [N/A]	[N/A]	Initial Purchase Payment: [\$10,000]
Contingent Owner: [N/A]	[N/A]	Annuity Commencement Date: [January 1, 2046]
Contingent Annuitant: [N/A]	[N/A]	

Minimum Requirements

Subsequent Purchase Payments: \$1,000
Minimum Annuity Payment Amount: \$20
Minimum Contract Value Required for Annuitization: \$2,000

STANDARD DEATH BENEFIT

[X] Standard Death Benefit (One-Year Anniversary)

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.50%*

Contingent Deferred Sales Charge Table:

Completed Years Measured	0	1	2	3	4	5	6	7 & Thereafter
<u>From Date of the Purchase Payment:</u>								
CDSC Percentage**:	7%	7%	6%	5%	4%	3%	2%	0%

* The base Variable Account Charge noted above does not include charges associated with any optional features you have elected. These charges are added to the base Variable Account Charge. Remember, charges related to Lifetime Income Option (including the election of the Spousal Continuation Benefit, if elected) are assessed on the value of the Income Benefit Base and are only assessed once a year.

**The CDSC Percentage changes to the next year's CDSC Percentage on the day before the Purchase Payment year is completed.

OPTIONS ELECTED

	Added Charge			Added Charge	
<u>Death Benefit Options</u>			<u>Other Options</u>		
One Month Enhanced Death Benefit	0.20%	[]	Beneficiary Protector II	0.35%	[]
Combination Enhanced Death Benefit	0.35%	[]	Spousal Protection	0.20%	[]
(Greater of 1 Year Anniversary or			Lifetime Income (L.Inc)		
5% Interest)			Option	[0.90-1.20]%	[]
			L.Inc with Spousal		
			Continuation	[1.10-1.40]%	[X]

Notes Regarding Additional Charges: For the Death Benefit Option listed above the additional charge is listed as an annual charge added to the base Variable Account Charge but is deducted from the Variable Account on a daily basis. The charge for the Spousal Protection option and the Beneficiary Protector II option is structured in the same manner, but also is applied to the rates credited to any amounts allocated to the Fixed Account, if applicable, or the Multiple Maturity Account, if elected, resulting in a corresponding decrease to the interest credited. The Lifetime Income Option, and the Spousal Continuation Benefit, assesses the charge from the Variable Account once each year based on the value of the Income Benefit Base (see the option for details). The Spousal Continuation Benefit is only available in conjunction with the Lifetime Income Option. An "X" next to the charge denotes the option has been elected.

CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

<u>Parties to the Contract</u>	<u>Date of Birth</u>	<u>Additional Issuing Information</u>
Contract Owner: [John Q. Doe]	[January 1, 1956]	Contract Number: [01-000000000]
Joint Owner: [Jane M. Doe]	[December 1, 1961]	Date of Issue: [January 14, 2009]
Annuitant: [John Q. Doe]	[January 1, 1956]	Contract Type: [Non-qualified]
Co-Annuitant: [N/A]	[N/A]	Initial Purchase Payment: [\$10,000]
Contingent Owner: [N/A]	[N/A]	Annuity Commencement Date: [January 1, 2046]
Contingent Annuitant: [N/A]	[N/A]	

Minimum Requirements

Subsequent Purchase Payments: \$1,000
Minimum Annuity Payment Amount: \$20
Minimum Contract Value Required for Annuitization: \$2,000

STANDARD DEATH BENEFIT

[X] Standard Death Benefit (One-Year Anniversary)

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.75%*

Contingent Deferred Sales Charge Table:

<u>Completed Years Measured</u>					
<u>From Date of the Purchase Payment:</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4 & Thereafter</u>
CDSC Percentage**:	7%	7%	6%	5%	0%

* The base Variable Account Charge noted above does not include charges associated with any optional features you have elected. These charges are added to the base Variable Account Charge. Remember, charges related to Lifetime Income (including the election of the Spousal Continuation Benefit, if elected) are assessed on the value of the Income Benefit Base and are only assessed once a year.

**The CDSC Percentage changes to the next year's CDSC Percentage on the day before the Purchase Payment year is completed.

OPTIONS ELECTED

	<u>Added Charge</u>		<u>Added Charge</u>
<u>Death Benefit Options</u>		<u>Other Options</u>	
One Month Enhanced Death Benefit	0.20% []	Beneficiary Protector II	0.35% []
Combination Enhanced Death Benefit	0.35% []	Spousal Protection	0.20% []
(Greater of 1 Year Anniversary or		Lifetime Income (L.Inc) Option	[0.90-1.20]% []
5% Interest)		L.Inc with Spousal Continuation	[1.10-1.40]% [X]

Notes Regarding Additional Charges: For the Death Benefit Options listed above the additional charge is listed as an annual charge added to the base Variable Account Charge but is deducted from the Variable Account on a daily basis. The charge for the Beneficiary Protector II option and Spousal Protection option is structured in the same manner, but it also is applied to the rates credited to any amounts allocated to the Fixed Account, if applicable, or the Multiple Maturity Account, if elected, resulting in a corresponding decrease to the interest credited. The Lifetime Income Option, and the Spousal Continuation Benefit, assesses the charge from the Variable Account once each year based on the value of the Income Benefit Base (see the option for details). The Spousal Continuation Benefit is only available in conjunction with the Lifetime Income Option. An "X" next to the charge denotes the option has been elected.

CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

<u>Parties to the Contract</u>	<u>Date of Birth</u>	<u>Additional Issuing Information</u>
Contract Owner: [John Q. Doe]	[January 1, 1956]	Contract Number: [01-000000000]
Joint Owner: [Jane M. Doe]	[December 1, 1961]	Date of Issue: [January 14, 2009]
Annuitant: [John Q. Doe]	[January 1, 1956]	Contract Type: [Non-qualified]
Co-Annuitant: [N/A]	[N/A]	Initial Purchase Payment: [\$10,000]
Contingent Owner: [N/A]	[N/A]	Annuity Commencement Date: [January 1, 2046]
Contingent Annuitant: [N/A]	[N/A]	

Minimum Requirements

Subsequent Purchase Payments: \$500
Minimum Annuity Payment Amount: \$20
Minimum Contract Value Required for Annuitization: \$2,000

STANDARD DEATH BENEFIT

[X] Standard Death Benefit (Return of Contract Value or Total Purchase Payments less adjustments for amounts Surrendered)

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.75%* Contract Maintenance Charge: \$30**

Contingent Deferred Sales Charge Table:

<u>Completed Years Measured</u>					
<u>From Date of the Purchase Payment:</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4 & later</u>
CDSC Percentage***:	7%	7%	6%	5%	0%

* The base Variable Account Charge noted above does not include charges associated with any optional features you have elected. These charges are added to the base Variable Account Charge. Remember, charges related to the Lifetime Income Option (including the election of the Spousal Continuation Benefit, if elected) are assessed on the value of the Income Benefit Base and are only assessed once a year.

** The Contract Maintenance Charge is waived for the life of the contract if the Contract Value reaches \$50,000 on any Contract Anniversary.

*** The CDSC Percentage changes to the next year's CDSC Percentage on the day before the Purchase Payment year is completed.

OPTIONS ELECTED

<u>Death Benefit Options</u>	Added Charge	
One-Year Enhanced Death Benefit with Spousal Protection Option	0.20%	[]
One-Month Enhanced Death Benefit with Spousal Protection Option	0.35%	[]
Combination Enhanced Death Benefit II (Greater of One-Year Anniversary or 5% Interest) with Spousal Protection Option	0.45%	[]
 <u>Other Options</u>		
Beneficiary Protector II	0.35%	[]
Lifetime Income Option (L.Inc)	[0.90-1.20]%	[X]
L.Inc with Spousal Continuation	[1.10-1.40]%	[]

Notes Regarding Additional Charges: For the Death Benefit Options listed above the additional charge is listed as an annual charge added to the base Variable Account Charge but is deducted from the Variable Account on a daily basis. The Beneficiary Protector II option charge is structured in the same manner, but also applied to the rates credited to any amounts allocated to the Fixed Account, if applicable, resulting in a corresponding decrease to the interest credited. The Lifetime Income Option, and the Spousal Continuation Benefit, assesses the charge from the Variable Account once each year based on the value of the Income Benefit Base (see the option for details). The Spousal Continuation Benefit is only available in conjunction with the Lifetime Income Option. An "X" next to the charge denotes the option has been elected.

1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: [John] MI: [Q] Last Name: [Doe]
 Employer/Trust Name (if applicable): [_____
(Additional forms required. See the New Business enrollment packet.)
 Date of Birth: [01/01/1956] Sex: M F Soc. Sec. No. or Tax ID: [1][2][3][4][5][6][7][8][9]
 Street: [123 Anystreet]
 City: [Anycity] State: [Anystate] ZIP: [12345]

1b. Joint/Contingent Owner

Check **one** box only: Joint Owner *(Limited to spouses, except in HI.)*
 Contingent Owner *(Available only with Non-Qualified Contracts.)*
 First Name: [Jane] MI: [M] Last Name: [Doe]
 Date of Birth: [12/01/1961] Sex: M F Soc. Sec. No. or Tax ID: [987 - 65 - 4321]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: [_____] MI: [_____] Last Name: [_____] Relationship to Contract Owner: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1d. Spousal Protection/Co-Annuitant *(Must be age 85 or younger. No added charge. Not available with CRTs.)*

With Spousal Protection, both spouses will automatically be Primary Beneficiaries.

Same as Joint Owner
 First Name: [_____] MI: [_____] Last Name: [_____] Relationship to Contract Owner: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1e. Contingent Annuitant *(Must be age 85 or younger.)*

First Name: [_____] MI: [_____] Last Name: [_____] Relationship to Contract Owner: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]



1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.



If you elected Spousal Protection/Co-Annuitant (section 1d), provide contingent beneficiaries only.

Check one: First Name: John MI: Q Last Name: Doe
[] Primary Relationship to Annuitant: Self Allocation (whole % only): 100 %
[] Contingent Social Security Number: 123 - 45 - 6789 Date of Birth: 01/01/1956

Check one: First Name: Jane MI: M Last Name: Doe
[X] Primary Relationship to Annuitant: Wife Allocation (whole % only): 100 %
[] Contingent Social Security Number: 987 - 65 - 4321 Date of Birth: 12/01/1961

Check one: First Name: [] MI: [] Last Name: []
[] Primary Relationship to Annuitant: [] Allocation (whole % only): [] %
[] Contingent Social Security Number: [] - [] - [] Date of Birth: []

If more than three Beneficiaries, list additional names on Beneficiary Options form (in New Business Enrollment Packet).

2. Contract Information

2a. Contract Type Must specify by checking a box.

[] Non-Qualified [] SEP IRA*
[X] IRA - Tax Year: 2006 [] 401(k)*
[] Roth IRA - Tax Year: [] [] 401(a)* (Investment Only)
[] SIMPLE IRA* [] ORP 403(b)*
[] CRT* (Charitable Remainder Trust)

* Additional forms required.

2b. Transfer Authorization for Registered Representative

[] By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above.

2c. Purchase Payment

Approximate Amount: \$ 5,000 \$5,000 initial minimum for Non-Qualified and CRTs (\$3,000 for all other contract types).

Payment Submitted Via: [X] Check [] Wire [] 1035(a) Exchange* [] Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.



3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. The Nationwide Lifetime Income OptionSM (L.Inc)

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Select one or more funds from Box A, or one model from Box B.

The Nationwide Lifetime Income OptionSM (L.Inc)

No DCA 6-Month DCA 12-Month DCA

A *Whole percentages only. Must add up to 100%.*

- | | |
|-------------------------------|--|
| <input type="checkbox"/> 50 % | American Funds NVIT Asset Allocation Fund |
| <input type="checkbox"/> % | NVIT Cardinal Conservative Fund |
| <input type="checkbox"/> % | NVIT Cardinal Moderately Conservative Fund |
| <input type="checkbox"/> 50 % | NVIT Cardinal Balanced Fund |
| <input type="checkbox"/> % | NVIT Cardinal Moderate Fund |
| <input type="checkbox"/> % | NVIT Cardinal Capital Appreciation Fund |
| <input type="checkbox"/> % | NVIT Investor Dest. Conservative Fund |
| <input type="checkbox"/> % | NVIT Investor Dest. Moderately Conservative Fund |
| <input type="checkbox"/> % | NVIT Investor Dest. Moderate Fund |
| <input type="checkbox"/> % | VIP Freedom 2010 Portfolio |
| <input type="checkbox"/> % | VIP Freedom 2020 Portfolio |

= 100%

To elect asset rebalancing, please complete section 4a.

B *Elect one option only. 100% of the variable money in the contract will be allocated to option elected.*

- American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)
- Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
- Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)



Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

Nationwide Custom Portfolio

Please check the box which best describes your anticipated use of this benefit.

Immediately In _____ years Not Sure



If you want to begin immediate income, you must complete the L.Inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Spouse must be between the age of 45 and 85.) Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f.

Spousal Continuation Benefit Same as Co-Annuitant

First Name: MI: Last Name:

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:



**Complete this page if you want an Enhanced Death Benefit,
[a shorter CDSC Schedule,] or the Beneficiary Protector II Option.
Please submit all pages of the application.**

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3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only one): Standard Death Benefit
 One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
 One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.)

3d. CDSC Schedules *Includes a Standard 7-Year CDSC (B-Schedule) unless the L- or C-Schedule Option is elected.*

I elect (choose only one): 4-year CDSC (L-Schedule)
 No CDSC (C-Schedule) **Not available with L.Inc Options.**

[3e] Beneficiary Protector II *Not available in ND.*

I elect: Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Administrative Services

Asset Rebalancing – *Only the variable portion of the allocations will be rebalanced.*

Monthly Quarterly Semi-Annually Annually

Dollar Cost Averaging (DCA) – DCA these allocations from:

6-month Enhanced
 12-month Enhanced
 Interest Averaging Monthly
 Standard Fixed Account Monthly: Dollar Amount \$



4b. Purchase Payment Allocation and Disclosures *Must be whole percentages and must add up to 100%.*

*Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.*

Consult your prospectus for reference to Share Class.

AIM Variable Insurance Funds	Nationwide Variable Insurance Trust (NVIT)	% NVIT Short Term Bond Fund
% AIM V.I. Capital Development Fund	% American Funds NVIT Asset Allocation Fund	% NVIT Technology and Communications Fund*
AllianceBernstein Variable Products Series Fund, Inc.	% American Funds NVIT Bond Fund	% NVIT U.S. Growth Leaders Fund
% AllianceBernstein Small/Mid Cap Value Portfolio	% American Funds NVIT Global Growth Fund	% Van Kampen NVIT Comstock Value Fund
American Century Variable Portfolios, Inc.	% American Funds NVIT Growth Fund	% Van Kampen NVIT Real Estate Fund
% American Century VP Mid Cap Value Fund	% American Funds NVIT Growth-Income Fund	Neuberger Berman Advisers Management Trust
% American Century VP Value Fund	% Federated NVIT High Income Bond Fund*	% AMT Short Duration Bond Portfolio
American Century Variable Portfolios II, Inc.	% Gartmore NVIT Emerging Markets Fund*	NVIT Investor Destinations Funds
% American Century VP Inflation Protection Fund	% Gartmore NVIT International Equity Fund*	% NVIT Investor Dest. Conservative Fund
Dreyfus	% Neuberger Berman NVIT Multi Cap Opportunities Fund	% NVIT Investor Dest. Moderately Conservative Fund
% Dreyfus Investment Portfolios - Small Cap Stock Index Portfolio	% Neuberger Berman NVIT Socially Responsible Fund	% NVIT Investor Dest. Moderate Fund
% Dreyfus Stock Index Fund, Inc.	% NVIT Cardinal Aggressive Fund	% NVIT Investor Dest. Moderately Aggressive Fund
% Dreyfus Variable Investment Fund - Appreciation Portfolio	% NVIT Cardinal Balanced Fund	% NVIT Investor Dest. Aggressive Fund
Fidelity Variable Insurance Products Fund	% NVIT Cardinal Capital Appreciation Fund	Oppenheimer Variable Account Funds
% VIP Energy Portfolio*	% NVIT Cardinal Conservative Fund	% Oppenheimer Capital Appreciation Fund/VA
% VIP Equity-Income Portfolio	% NVIT Cardinal Moderate Fund	% Oppenheimer Global Securities Fund/VA*
% VIP Freedom 2010 Portfolio	% NVIT Cardinal Moderately Aggressive Fund	% Oppenheimer High Income Fund/VA
% VIP Freedom 2020 Portfolio	% NVIT Cardinal Moderately Conservative Fund	% Oppenheimer Main Street Fund®/VA
% VIP Freedom 2030 Portfolio	% NVIT Core Bond Fund	% Oppenheimer Main Street Small Cap Fund®/VA
% VIP Growth Portfolio	% NVIT Core Plus Bond Fund	T. Rowe Price Equity Series, Inc.
% VIP Investment Grade Bond Portfolio	% NVIT Government Bond Fund	% T. Rowe Price Blue Chip Growth Portfolio
% VIP Mid Cap Portfolio	% NVIT Health Sciences Fund*	% T. Rowe Price Equity Income Portfolio
% VIP Overseas Portfolio*	% NVIT International Index Fund*	Van Kampen
Franklin Templeton Variable Insurance Products Trust	% NVIT Mid Cap Growth Fund	The Universal Institutional Funds, Inc.
% Franklin Income Securities Fund	% NVIT Mid Cap Index Fund	% Core Plus Fixed Income Portfolio
% Franklin Small Cap Value Securities Fund	% NVIT Money Market Fund	Passive Packaged Options (Elect only One Option. 100% of variable money in the contract will be allocated to Option elected.)
% Franklin Templeton VIP Founding Funds Allocation Fund	% NVIT Multi-Manager International Growth Fund*	<input type="checkbox"/> Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
% Templeton Foreign Securities Fund*	% NVIT Multi-Manager International Value Fund*	<input type="checkbox"/> Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)
% Templeton Global Income Securities Fund*	% NVIT Multi-Manager Large Cap Growth Fund	
Janus Aspen Series	% NVIT Multi-Manager Large Cap Value Fund	
% Forty Portfolio	% NVIT Multi-Manager Mid Cap Growth Fund	
% International Growth Portfolio*	% NVIT Multi-Manager Mid Cap Value Fund	
MFS® Variable Insurance Trust	% NVIT Multi-Manager Small Cap Growth Fund	
% MFS Value Series	% NVIT Multi-Manager Small Cap Value Fund	
	% NVIT Multi-Manager Small Company Fund	
	% NVIT Multi Sector Bond Fund	
	% NVIT Nationwide Fund	
		Nationwide Life Insurance Company
		% Fixed Account
		MVA/Guar. Term Option (GTO)
		\$1,000 minimum for each MVA/GTO Option selected.
		% 3 Year
		% 5 Year
		% 7 Year
		% 10 Year



5. State Disclosures

Notice to MN, ND, SC, SD, and TX Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuitization and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, LA, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to PR Residents: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Notice to OK Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

6. Contract Owner Signatures and Authorizations

Yes No Do you have existing life insurance or annuity contracts?

Yes No Will the applied for Contract replace any existing life insurance or annuity contracts?

STOP If you answered "yes" to EITHER question above, your state may require NAIC replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC replacement forms.

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

STOP Contract Owner Must Sign Here: John Q. Doe

Joint Contract Owner Signature (if any): Jane M. Doe

State In Which Application Was Signed: Date:

Contract Owner's Daytime Phone Number:

Contract Owner's E-mail Address:



7. Registered Representative Information

7a. Primary Registered Representative Information (Please print.)



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

First Name: Thomas MI: A. Last Name: Moore

Phone: (555) 555-5555 Percentage 100 %

E-mail: tmoore@abcbrokerage.com

Broker/Dealer Name: ABC Brokerage

SSN #: 321 - 45 - 6789 (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X Thomas A Moore

Principal's Signature: X James P Smith

7b. Additional Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: X

Principal's Signature: X



1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: [John] MI: [Q] Last Name: [Doe]
 Employer/Trust Name (if applicable): [_____
(Additional forms required. See the New Business enrollment packet.)
 Date of Birth: [01/01/1956] Sex: M F Soc. Sec. No. or Tax ID: [1][2][3][4][5][6][7][8][9]
 Street: [123 Anystreet]
 City: [Anycity] State: [Anystate] ZIP: [12345]

1b. Joint/Contingent Owner

Check **one** box only: Joint Owner *(Limited to spouses, except in HI.)*
 Contingent Owner *(Available only with Non-Qualified Contracts.)*
 First Name: [Jane] MI: [M] Last Name: [Doe]
 Date of Birth: [12/01/1961] Sex: M F Soc. Sec. No. or Tax ID: [987 - 65 - 4321]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: [_____] MI: [_____] Last Name: [_____] Relationship to Contract Owner: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- - - - -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1d. Spousal Protection/Co-Annuitant *(Must be age 85 or younger. No added charge. Not available with CRTs.)*

With Spousal Protection, both spouses will automatically be Primary Beneficiaries.

Same as Joint Owner
 First Name: [_____] MI: [_____] Last Name: [_____] Relationship to Contract Owner: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- - - - -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1e. Contingent Annuitant *(Must be age 85 or younger.)*

First Name: [_____] MI: [_____] Last Name: [_____] Relationship to Contract Owner: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- - - - -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]



1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.



If you elected Spousal Protection/Co-Annuitant (section 1d), provide contingent beneficiaries only.

Check one: First Name: John MI: Q Last Name: Doe
 Primary Relationship to Annuitant: Self Allocation (whole % only): 100 %
 Contingent Social Security Number: 123 - 45 - 6789 Date of Birth: 01/01/1956

Check one: First Name: Jane MI: M Last Name: Doe
 Primary Relationship to Annuitant: Wife Allocation (whole % only): 100 %
 Contingent Social Security Number: 987 - 65 - 4321 Date of Birth: 12/01/1961

Check one: First Name: MI: Last Name:
 Primary Relationship to Annuitant: Allocation (whole % only): %
 Contingent Social Security Number: - - Date of Birth:

If more than three Beneficiaries, list additional names on Beneficiary Options form (in New Business Enrollment Packet).

2. Contract Information

2a. Contract Type Must specify by checking a box.

Non-Qualified SEP IRA*
 IRA - Tax Year: 401(k)*
 Roth IRA - Tax Year: 401(a)* (Investment Only)
 SIMPLE IRA* ORP 403(b)*
 CRT* (Charitable Remainder Trust)

* Additional forms required.

2b. Transfer Authorization for Registered Representative

By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

2c. Purchase Payment

Approximate Amount: \$ 5,000 **\$5,000 initial minimum for Non-Qualified and CRTs (\$3,000 for all other contract types).**

Payment Submitted Via: Check Wire 1035(a) Exchange* Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.



Complete this page if you want the L.Inc Option.
Please submit all pages of the application.

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. The Nationwide Lifetime Income OptionSM (L.Inc)

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Select one or more funds from Box A, or one model from Box B.

The Nationwide Lifetime Income OptionSM (L.Inc)

No DCA 6-Month DCA 12-Month DCA

A *Whole percentages only. Must add up to 100%.*

- % American Funds NVIT Asset Allocation Fund
- % NVIT Cardinal Conservative Fund
- % NVIT Cardinal Moderately Conservative Fund
- % NVIT Cardinal Balanced Fund
- % NVIT Cardinal Moderate Fund
- % NVIT Cardinal Capital Appreciation Fund
- % NVIT Investor Dest. Conservative Fund
- % NVIT Investor Dest. Moderately Conservative Fund
- % NVIT Investor Dest. Moderate Fund
- % VIP Freedom 2010 Portfolio
- % VIP Freedom 2020 Portfolio

= 100%

To elect asset rebalancing, please complete section 4a.

B *Elect one option only. 100% of the variable money in the contract will be allocated to option elected.*

- American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)
- Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
- Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)

STOP Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

- Nationwide Custom Portfolio

Please check the box which best describes your anticipated use of this benefit.

- Immediately In _____ years Not Sure

STOP If you want to begin immediate income, you must complete the L.Inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Spouse must be between the age of 45 and 85.) Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f.

- Spousal Continuation Benefit** Same as Co-Annuitant

First Name: MI: Last Name:

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:



Complete this page if you want an Enhanced Death Benefit,
[a shorter CDSC Schedule,] or an Extra Value Option.
Please submit all pages of the application.

3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only one): Standard Death Benefit
 One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)

3d. CDSC Schedules *Includes a Standard 7-Year CDSC (B-Schedule) unless the L- or C-Schedule Option is elected.*

I elect (choose only one): 4-year CDSC (L-Schedule)
 No CDSC (C-Schedule) **Not available with L.Inc Options.**

[3e] Extra Value *Not available in MN.*

I elect (choose only one): 3% Extra Value 4% Extra Value

4. Investment Options

4a. Administrative Services

Asset Rebalancing – *Only the variable portion of the allocations will be rebalanced.*

Monthly Quarterly Semi-Annually Annually

Dollar Cost Averaging (DCA) – DCA these allocations from:

- 6-month Enhanced
- 12-month Enhanced
- Interest Averaging Monthly
- Standard Fixed Account Monthly: Dollar Amount \$



4b. Purchase Payment Allocation and Disclosures *Must be whole percentages and must add up to 100%.*

*Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.*

Consult your prospectus for reference to Share Class.

AIM Variable Insurance Funds

% AIM V.I. Capital Development Fund

AllianceBernstein Variable Products Series Fund, Inc.

% AllianceBernstein Small/Mid Cap Value Portfolio

American Century Variable Portfolios, Inc.

% American Century VP Mid Cap Value Fund

% American Century VP Value Fund

American Century Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

Dreyfus

% Dreyfus Investment Portfolios - Small Cap Stock Index Portfolio

% Dreyfus Stock Index Fund, Inc.

% Dreyfus Variable Investment Fund - Appreciation Portfolio

Fidelity Variable Insurance Products Fund

% VIP Energy Portfolio*

% VIP Equity-Income Portfolio

% VIP Freedom 2010 Portfolio

% VIP Freedom 2020 Portfolio

% VIP Freedom 2030 Portfolio

% VIP Growth Portfolio

% VIP Investment Grade Bond Portfolio

% VIP Mid Cap Portfolio

% VIP Overseas Portfolio*

Franklin Templeton Variable Insurance Products Trust

% Franklin Income Securities Fund

% Franklin Small Cap Value Securities Fund

% Franklin Templeton VIP Founding Funds Allocation Fund

% Templeton Foreign Securities Fund*

% Templeton Global Income Securities Fund*

Janus Aspen Series

% Forty Portfolio

% International Growth Portfolio*

MFS® Variable Insurance Trust

% MFS Value Series

Nationwide Variable Insurance Trust (NVIT)

% American Funds NVIT Asset Allocation Fund

% American Funds NVIT Bond Fund

% American Funds NVIT Global Growth Fund

% American Funds NVIT Growth Fund

% American Funds NVIT Growth-Income Fund

% Federated NVIT High Income Bond Fund*

% Gartmore NVIT Emerging Markets Fund*

% Gartmore NVIT International Equity Fund*

% Neuberger Berman NVIT Multi Cap Opportunities Fund

% Neuberger Berman NVIT Socially Responsible Fund

% NVIT Cardinal Aggressive Fund

% NVIT Cardinal Balanced Fund

% NVIT Cardinal Capital Appreciation Fund

% NVIT Cardinal Conservative Fund

% NVIT Cardinal Moderate Fund

% NVIT Cardinal Moderately Aggressive Fund

% NVIT Cardinal Moderately Conservative Fund

% NVIT Core Bond Fund

% NVIT Core Plus Bond Fund

% NVIT Government Bond Fund

% NVIT Health Sciences Fund*

% NVIT International Index Fund*

% NVIT Mid Cap Growth Fund

% NVIT Mid Cap Index Fund

% NVIT Money Market Fund

% NVIT Multi-Manager International Growth Fund*

% NVIT Multi-Manager International Value Fund*

% NVIT Multi-Manager Large Cap Growth Fund

% NVIT Multi-Manager Large Cap Value Fund

% NVIT Multi-Manager Mid Cap Growth Fund

% NVIT Multi-Manager Mid Cap Value Fund

% NVIT Multi-Manager Small Cap Growth Fund

% NVIT Multi-Manager Small Cap Value Fund

% NVIT Multi-Manager Small Company Fund

% NVIT Multi Sector Bond Fund

% NVIT Nationwide Fund

% NVIT Short Term Bond Fund

% NVIT Technology and Communications Fund*

% NVIT U.S. Growth Leaders Fund

% Van Kampen NVIT Comstock Value Fund

% Van Kampen NVIT Real Estate Fund

Neuberger Berman Advisers Management Trust

% AMT Short Duration Bond Portfolio

NVIT Investor Destinations Funds

% NVIT Investor Dest. Conservative Fund

% NVIT Investor Dest. Moderately Conservative Fund

% NVIT Investor Dest. Moderate Fund

% NVIT Investor Dest. Moderately Aggressive Fund

% NVIT Investor Dest. Aggressive Fund

Oppenheimer Variable Account Funds

% Oppenheimer Capital Appreciation Fund/VA

% Oppenheimer Global Securities Fund/VA*

% Oppenheimer High Income Fund/VA

% Oppenheimer Main Street Fund®/VA

% Oppenheimer Main Street Small Cap Fund®/VA

T. Rowe Price Equity Series, Inc.

% T. Rowe Price Blue Chip Growth Portfolio

% T. Rowe Price Equity Income Portfolio

Van Kampen

The Universal Institutional Funds, Inc.

% Core Plus Fixed Income Portfolio

Passive Packaged Options (Elect only One Option. 100% of variable money in the contract will be allocated to Option elected.)

Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)

Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)

Nationwide Life Insurance Company

% Fixed Account

MVA/Guar. Term Option (GTO)

\$1,000 minimum for each MVA/GTO Option selected.

% 3 Year

% 7 Year

% 5 Year

% 10 Year



5. State Disclosures

Notice to MN, ND, SC, SD, and TX Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuitization and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, LA, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to PR Residents: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Notice to OK Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

6. Contract Owner Signatures and Authorizations

Yes No **Do you have existing life insurance or annuity contracts?**

Yes No **Will the applied for Contract replace any existing life insurance or annuity contracts?**

STOP **If you answered "yes" to EITHER question above, your state may require NAIC replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC replacement forms.**

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

STOP **Contract Owner Must Sign Here:** John Q. Doe

Joint Contract Owner Signature (if any): Jane M. Doe

State In Which Application Was Signed: Date:

Contract Owner's Daytime Phone Number:

Contract Owner's E-mail Address:



7. Registered Representative Information

7a. Primary Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:

7b. Additional Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:





1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: MI: Last Name:
 Employer/Trust Name (if applicable):
(Additional forms required. See the New Business enrollment packet.)
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:
 Street:
 City: State: ZIP:

1b. Joint/Contingent Owner

Check **one** box only: Joint Owner *(Limited to spouses, except in HI.)*
 Contingent Owner *(Available only with Non-Qualified Contracts.)*
 First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: - -
 Address: Same address as owner Street:
 City: State: ZIP:

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: MI: Last Name:
 Relationship to Contract Owner:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:

1d. Spousal Protection/Co-Annuitant *(Must be age 85 or younger. No added charge. Not available with CRTs.)*

With Spousal Protection, both spouses will automatically be Primary Beneficiaries.

Same as Joint Owner
 First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:

1e. Contingent Annuitant *(Must be age 85 or younger.)*

First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:



1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.



If you elected Spousal Protection/Co-Annuitant (section 1d), provide contingent beneficiaries only.

Check one: First Name: John MI: Q Last Name: Doe
[] Primary Relationship to Annuitant: Self Allocation (whole % only): 100 %
[] Contingent Social Security Number: 123 - 45 - 6789 Date of Birth: 01/01/1956

Check one: First Name: Jane MI: M Last Name: Doe
[] Primary Relationship to Annuitant: Wife Allocation (whole % only): 100 %
[] Contingent Social Security Number: 987 - 65 - 4321 Date of Birth: 12/01/1961

Check one: First Name: [] MI: [] Last Name: []
[] Primary Relationship to Annuitant: [] Allocation (whole % only): [] %
[] Contingent Social Security Number: [] - [] - [] Date of Birth: []

If more than three Beneficiaries, list additional names on Beneficiary Options form (in New Business Enrollment Packet).

2. Contract Information

2a. Contract Type Must specify by checking a box.

[] Non-Qualified [] SEP IRA*
[] IRA - Tax Year: [] [] 401(k)*
[] Roth IRA - Tax Year: [] [] 401(a)* (Investment Only)
[] SIMPLE IRA* [] ORP 403(b)*
[] CRT* (Charitable Remainder Trust)

* Additional forms required.

2b. Transfer Authorization for Registered Representative

[] By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above.

2c. Purchase Payment

Approximate Amount: \$ 15,000 (\$15,000 initial minimum.)

Payment Submitted Via: [] Check [] Wire [] 1035(a) Exchange* [] Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.



Complete this page if you want the L.Inc Option.

Please submit all pages of the application.

3. Contract Options Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.

3a. The Nationwide Lifetime Income Option SM (L.Inc)

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Select one or more funds from Box A, or one model from Box B.

The Nationwide Lifetime Income Option SM (L.Inc)

No DCA

6-Month DCA

12-Month DCA

A Whole percentages only. Must add up to 100%.

- 50 % American Funds NVIT Asset Allocation Fund
% NVIT Cardinal Conservative Fund
50 % NVIT Cardinal Moderately Conservative Fund
% NVIT Cardinal Balanced Fund
% NVIT Cardinal Moderate Fund
% NVIT Cardinal Capital Appreciation Fund
% NVIT Investor Dest. Conservative Fund
% NVIT Investor Dest. Moderately Conservative Fund
% NVIT Investor Dest. Moderate Fund
% VIP Freedom 2010 Portfolio
% VIP Freedom 2020 Portfolio

= 100%

To elect asset rebalancing, please complete section 4a.

B Elect one option only. 100% of the variable money in the contract will be allocated to option elected.

- American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)
Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)



Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

Nationwide Custom Portfolio

Please check the box which best describes your anticipated use of this benefit.

Immediately In ___ years Not Sure



If you want to begin immediate income, you must complete the L.Inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Spouse must be between the age of 45 and 85.) Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f.

Spousal Continuation Benefit Same as Co-Annuitant

First Name: Jane MI: M Last Name: Doe

Date of Birth: 12/01/1961 Sex: M F Soc. Sec. No. or Tax ID: 987 - 65 - 4321



Complete this page if you want an Enhanced Death Benefit,
[a shorter CDSC Schedule,] the Beneficiary Protector II Option,
or an Extra Value Option.

Please submit all pages of the application.

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3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only one): Standard Death Benefit
 One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.)
 Combination Enhanced Death Benefit II - Greater of One-Year/5% Interest
(Annuitant/Co Annuitant, age 75 or younger.)

3d. CDSC Schedules *Includes a Standard 8-Year CDSC (B-Schedule) unless the L- or C-Schedule Option is elected.*

I elect (choose only one): 4-year CDSC (L-Schedule)
 No CDSC (C-Schedule) **Not available with L.Inc Options.**

[3e.] Beneficiary Protector II *Not available in ND.*

I elect: Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

[3f.] Extra Value *Not available in MN.*

I elect (choose only one): 3% Extra Value 4% Extra Value 5% Extra Value

4. Investment Options

4a. Administrative Services

Asset Rebalancing – *Only the variable portion of the allocations will be rebalanced.*

Monthly Quarterly Semi-Annually Annually

Dollar Cost Averaging (DCA) – DCA these allocations from:

6-month Enhanced
 12-month Enhanced
 Interest Averaging Monthly
 Standard Fixed Account Monthly: Dollar Amount \$



4b. Purchase Payment Allocation and Disclosures *Must be whole percentages and must add up to 100%.*

*Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.*

Consult your prospectus for reference to Share Class.

AIM Variable Insurance Funds	Nationwide Variable Insurance Trust (NVIT)	% NVIT Short Term Bond Fund
% AIM V.I. Capital Development Fund	% American Funds NVIT Asset Allocation Fund	% NVIT Technology and Communications Fund*
AllianceBernstein Variable Products Series Fund, Inc.	% American Funds NVIT Bond Fund	% NVIT U.S. Growth Leaders Fund
% AllianceBernstein Small/Mid Cap Value Portfolio	% American Funds NVIT Global Growth Fund	% Van Kampen NVIT Comstock Value Fund
American Century Variable Portfolios, Inc.	% American Funds NVIT Growth Fund	% Van Kampen NVIT Real Estate Fund
% American Century VP Mid Cap Value Fund	% American Funds NVIT Growth-Income Fund	Neuberger Berman Advisers Management Trust
% American Century VP Value Fund	% Federated NVIT High Income Bond Fund*	% AMT Short Duration Bond Portfolio
American Century Variable Portfolios II, Inc.	% Gartmore NVIT Emerging Markets Fund*	NVIT Investor Destinations Funds
% American Century VP Inflation Protection Fund	% Gartmore NVIT International Equity Fund*	% NVIT Investor Dest. Conservative Fund
Dreyfus	% Neuberger Berman NVIT Multi Cap Opportunities Fund	% NVIT Investor Dest. Moderately Conservative Fund
% Dreyfus Investment Portfolios - Small Cap Stock Index Portfolio	% Neuberger Berman NVIT Socially Responsible Fund	% NVIT Investor Dest. Moderate Fund
% Dreyfus Stock Index Fund, Inc.	% NVIT Cardinal Aggressive Fund	% NVIT Investor Dest. Moderately Aggressive Fund
% Dreyfus Variable Investment Fund - Appreciation Portfolio	% NVIT Cardinal Balanced Fund	% NVIT Investor Dest. Aggressive Fund
Fidelity Variable Insurance Products Fund	% NVIT Cardinal Capital Appreciation Fund	Oppenheimer Variable Account Funds
% VIP Energy Portfolio*	% NVIT Cardinal Conservative Fund	% Oppenheimer Capital Appreciation Fund/VA
% VIP Equity-Income Portfolio	% NVIT Cardinal Moderate Fund	% Oppenheimer Global Securities Fund/VA*
% VIP Freedom 2010 Portfolio	% NVIT Cardinal Moderately Aggressive Fund	% Oppenheimer High Income Fund/VA
% VIP Freedom 2020 Portfolio	% NVIT Cardinal Moderately Conservative Fund	% Oppenheimer Main Street Fund®/VA
% VIP Freedom 2030 Portfolio	% NVIT Core Bond Fund	% Oppenheimer Main Street Small Cap Fund®/VA
% VIP Growth Portfolio	% NVIT Core Plus Bond Fund	T. Rowe Price Equity Series, Inc.
% VIP Investment Grade Bond Portfolio	% NVIT Government Bond Fund	% T. Rowe Price Blue Chip Growth Portfolio
% VIP Mid Cap Portfolio	% NVIT Health Sciences Fund*	% T. Rowe Price Equity Income Portfolio
% VIP Overseas Portfolio*	% NVIT International Index Fund*	Van Kampen
Franklin Templeton Variable Insurance Products Trust	% NVIT Mid Cap Growth Fund	The Universal Institutional Funds, Inc.
% Franklin Income Securities Fund	% NVIT Mid Cap Index Fund	% Core Plus Fixed Income Portfolio
% Franklin Small Cap Value Securities Fund	% NVIT Money Market Fund	Passive Packaged Options (Elect only One Option. 100% of variable money in the contract will be allocated to Option elected.)
% Franklin Templeton VIP Founding Funds Allocation Fund	% NVIT Multi-Manager International Growth Fund*	<input type="checkbox"/> Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
% Templeton Foreign Securities Fund*	% NVIT Multi-Manager International Value Fund*	<input type="checkbox"/> Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)
% Templeton Global Income Securities Fund*	% NVIT Multi-Manager Large Cap Growth Fund	
Janus Aspen Series	% NVIT Multi-Manager Large Cap Value Fund	Nationwide Life Insurance Company
% Forty Portfolio	% NVIT Multi-Manager Mid Cap Growth Fund	% Fixed Account
% International Growth Portfolio*	% NVIT Multi-Manager Mid Cap Value Fund	MVA/Guar. Term Option (GTO)
MFS® Variable Insurance Trust	% NVIT Multi-Manager Small Cap Growth Fund	\$1,000 minimum for each MVA/GTO Option selected.
% MFS Value Series	% NVIT Multi-Manager Small Cap Value Fund	% 3 Year
	% NVIT Multi-Manager Small Company Fund	% 7 Year
	% NVIT Multi Sector Bond Fund	% 5 Year
	% NVIT Nationwide Fund	% 10 Year



5. State Disclosures

Notice to MN, ND, SC, SD and TX Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuity and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, LA, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to PR Residents: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Notice to OK Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

6. Contract Owner Signatures and Authorizations

Yes No **Do you have existing life insurance or annuity contracts?**

Yes No **Will the applied for Contract replace any existing life insurance or annuity contracts?**

STOP *If you answered "yes" to EITHER question above, your state may require NAIC replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC replacement forms.*

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuity.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

STOP Contract Owner Must Sign Here: John Q. Doe

Joint Contract Owner Signature (if any): Jane M. Doe

State In Which Application Was Signed: Date:

Contract Owner's Daytime Phone Number:

Contract Owner's E-mail Address:



7. Registered Representative Information

7a. Primary Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:

7b. Additional Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:





1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: [John] MI: [Q] Last Name: [Doe]
 Employer/Trust Name (if applicable): [_____
(Additional forms required. See the New Business enrollment packet.)
 Date of Birth: [01/01/1956] Sex: M F Soc. Sec. No. or Tax ID: [1][2][3][4][5][6][7][8][9]
 Street: [123 Anystreet]
 City: [Anycity] State: [Anystate] ZIP: [12345]

1b. Joint/Contingent Owner

Check **one** box only: Joint Owner *(Limited to spouses, except in HI.)*
 Contingent Owner *(Available only with Non-Qualified Contracts.)*
 First Name: [Jane] MI: [M] Last Name: [Doe]
 Date of Birth: [12/01/1961] Sex: M F Soc. Sec. No. or Tax ID: [987 - 65 - 4321]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: [_____] MI: [_____] Last Name: [_____
 Relationship to Contract Owner: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1d. Spousal Protection/Co-Annuitant *Must be age 85 or younger. By completing this section, you are electing (for an additional charge) the Spousal Protection Option. Not available with CRTs.*

With Spousal Protection, both spouses will automatically be Primary Beneficiaries.

Same as Joint Owner
 First Name: [_____] MI: [_____] Last Name: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]

1e. Contingent Annuitant *(Must be age 85 or younger.)*

First Name: [_____] MI: [_____] Last Name: [_____
 Date of Birth: [_____] Sex: M F Soc. Sec. No. or Tax ID: [- -]
 Address: Same address as owner Street: [_____
 City: [_____] State: [_____] ZIP: [_____]



1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.



If you elected Spousal Protection/Co-Annuitant (section 1d), provide contingent beneficiaries only.

Check one: First Name: John MI: Q Last Name: Doe
 Primary Relationship to Annuitant: Self Allocation (whole % only): 100 %
 Contingent Social Security Number: 123 - 45 - 6789 Date of Birth: 01/01/1956

Check one: First Name: Jane MI: M Last Name: Doe
 Primary Relationship to Annuitant: Wife Allocation (whole % only): 100 %
 Contingent Social Security Number: 987 - 65 - 4321 Date of Birth: 12/01/1961

Check one: First Name: MI: Last Name:
 Primary Relationship to Annuitant: Allocation (whole % only): %
 Contingent Social Security Number: - - Date of Birth:

If more than three Beneficiaries, list additional names on Beneficiary Options form (in New Business Enrollment Packet).

2. Contract Information

2a. Contract Type Must specify by checking a box.

<input checked="" type="checkbox"/> Non-Qualified	<input type="checkbox"/> SEP IRA*
<input type="checkbox"/> IRA - Tax Year: []	<input type="checkbox"/> 401(k)*
<input type="checkbox"/> Roth IRA - Tax Year: []	<input type="checkbox"/> 401(a)* (Investment Only)
<input type="checkbox"/> SIMPLE IRA*	<input type="checkbox"/> ORP 403(b)*
<input type="checkbox"/> CRT* (Charitable Remainder Trust)	

* Additional forms required.

2b. Transfer Authorization for Registered Representative

By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

2c. Purchase Payment

Approximate Amount: \$ 5,000 **\$5,000 initial minimum for Non-Qualified and CRTs (\$3,000 for all other contract types).**

Payment Submitted Via: Check Wire 1035(a) Exchange* Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.



Complete this page if you want the L.Inc Option.

Please submit all pages of the application.

3. Contract Options Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.

3a. The Nationwide Lifetime Income Option SM (L.Inc)

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85. Select one or more funds from Box A, or one model from Box B.

The Nationwide Lifetime Income Option SM (L.Inc)

- No DCA, 6-Month DCA, 12-Month DCA

A Whole percentages only. Must add up to 100%.

- Percentage boxes for various fund options: American Funds NVIT Asset Allocation Fund, NVIT Cardinal Conservative Fund, NVIT Cardinal Moderately Conservative Fund, NVIT Cardinal Balanced Fund, NVIT Cardinal Moderate Fund, NVIT Cardinal Capital Appreciation Fund, NVIT Investor Dest. Conservative Fund, NVIT Investor Dest. Moderately Conservative Fund, NVIT Investor Dest. Moderate Fund, VIP Freedom 2010 Portfolio, VIP Freedom 2020 Portfolio

= 100%

To elect asset rebalancing, please complete section 4a.

B Elect one option only. 100% of the variable money in the contract will be allocated to option elected.

- Options: American Funds Option, Balanced Option, Capital Appreciation Option

STOP Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

- Nationwide Custom Portfolio

Please check the box which best describes your anticipated use of this benefit.

- Immediately, In ___ years, Not Sure

STOP If you want to begin immediate income, you must complete the L.Inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Spouse must be between the age of 45 and 85.) Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f. If the Contract Owner is a non-natural owner and you elect the L.Inc Option but do not want the Spousal Protection Option, the Joint Determining Life must be named as the Contingent Annuitant. When doing this, the Death Benefit is paid on the death of the last survivor of the Annuitant or Contingent Annuitant.

- Spousal Continuation Benefit, Same as Co-Annuitant

First Name: Jane MI: M Last Name: Doe

Date of Birth: 12/01/1961 Sex: M F Soc. Sec. No. or Tax ID: 987- 65 - 4321



Complete this page if you want an Enhanced Death Benefit, the Beneficiary Protector II Option, or an Extra Value Option.

Please submit all pages of the application.

3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

- I elect (choose only **one**):
- Standard Death Benefit
 - One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
 - One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
 - Combination Enhanced Death Benefit - Greater of One-Year/5% Interest (Annuitant/Co-Annuitant, age 75 or younger.)

3d. Beneficiary Protector II *Not available in ND.*

- I elect: Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

3e. Extra Value *Not available in MN.*

- I elect: 3% Extra Value

4. Investment Options

4a. Administrative Services

Asset Rebalancing – *Only the variable portion of the allocations will be rebalanced.*

- Monthly Quarterly Semi-Annually Annually

Dollar Cost Averaging (DCA) – DCA these allocations from:

- 6-month Enhanced
- 12-month Enhanced
- Interest Averaging Monthly
- Standard Fixed Account Monthly: Dollar Amount \$



4b. Purchase Payment Allocation and Disclosures *Must be whole percentages and must add up to 100%.*

*Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.*

Consult your prospectus for reference to Share Class.

AIM Variable Insurance Funds	Nationwide Variable Insurance Trust (NVIT)	% NVIT Short Term Bond Fund
% AIM V.I. Capital Development Fund	% American Funds NVIT Asset Allocation Fund	% NVIT Technology and Communications Fund*
AllianceBernstein Variable Products Series Fund, Inc.	% American Funds NVIT Bond Fund	% NVIT U.S. Growth Leaders Fund
% AllianceBernstein Small/Mid Cap Value Portfolio	% American Funds NVIT Global Growth Fund	% Van Kampen NVIT Comstock Value Fund
American Century Variable Portfolios, Inc.	% American Funds NVIT Growth Fund	% Van Kampen NVIT Real Estate Fund
% American Century VP Mid Cap Value Fund	% American Funds NVIT Growth-Income Fund	Neuberger Berman Advisers Management Trust
% American Century VP Value Fund	% Federated NVIT High Income Bond Fund*	% AMT Short Duration Bond Portfolio
American Century Variable Portfolios II, Inc.	% Gartmore NVIT Emerging Markets Fund*	NVIT Investor Destinations Funds
% American Century VP Inflation Protection Fund	% Gartmore NVIT International Equity Fund*	% NVIT Investor Dest. Conservative Fund
Dreyfus	% Neuberger Berman NVIT Multi Cap Opportunities Fund	% NVIT Investor Dest. Moderately Conservative Fund
% Dreyfus Investment Portfolios - Small Cap Stock Index Portfolio	% Neuberger Berman NVIT Socially Responsible Fund	% NVIT Investor Dest. Moderate Fund
% Dreyfus Stock Index Fund, Inc.	% NVIT Cardinal Aggressive Fund	% NVIT Investor Dest. Moderately Aggressive Fund
% Dreyfus Variable Investment Fund - Appreciation Portfolio	% NVIT Cardinal Balanced Fund	% NVIT Investor Dest. Aggressive Fund
Fidelity Variable Insurance Products Fund	% NVIT Cardinal Capital Appreciation Fund	Oppenheimer Variable Account Funds
% VIP Energy Portfolio*	% NVIT Cardinal Conservative Fund	% Oppenheimer Capital Appreciation Fund/VA
% VIP Equity-Income Portfolio	% NVIT Cardinal Moderate Fund	% Oppenheimer Global Securities Fund/VA*
% VIP Freedom 2010 Portfolio	% NVIT Cardinal Moderately Aggressive Fund	% Oppenheimer High Income Fund/VA
% VIP Freedom 2020 Portfolio	% NVIT Cardinal Moderately Conservative Fund	% Oppenheimer Main Street Fund®/VA
% VIP Freedom 2030 Portfolio	% NVIT Core Bond Fund	% Oppenheimer Main Street Small Cap Fund®/VA
% VIP Growth Portfolio	% NVIT Core Plus Bond Fund	T. Rowe Price Equity Series, Inc.
% VIP Investment Grade Bond Portfolio	% NVIT Government Bond Fund	% T. Rowe Price Blue Chip Growth Portfolio
% VIP Mid Cap Portfolio	% NVIT Health Sciences Fund*	% T. Rowe Price Equity Income Portfolio
% VIP Overseas Portfolio*	% NVIT International Index Fund*	Van Kampen
Franklin Templeton Variable Insurance Products Trust	% NVIT Mid Cap Growth Fund	The Universal Institutional Funds, Inc.
% Franklin Income Securities Fund	% NVIT Mid Cap Index Fund	% Core Plus Fixed Income Portfolio
% Franklin Small Cap Value Securities Fund	% NVIT Money Market Fund	Passive Packaged Options (Elect only One Option. 100% of variable money in the contract will be allocated to Option elected.)
% Franklin Templeton VIP Founding Funds Allocation Fund	% NVIT Multi-Manager International Growth Fund*	<input type="checkbox"/> Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
% Templeton Foreign Securities Fund*	% NVIT Multi-Manager International Value Fund*	<input type="checkbox"/> Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)
% Templeton Global Income Securities Fund*	% NVIT Multi-Manager Large Cap Growth Fund	
Janus Aspen Series	% NVIT Multi-Manager Large Cap Value Fund	
% Forty Portfolio	% NVIT Multi-Manager Mid Cap Growth Fund	
% International Growth Portfolio*	% NVIT Multi-Manager Mid Cap Value Fund	
MFS® Variable Insurance Trust	% NVIT Multi-Manager Small Cap Growth Fund	
% MFS Value Series	% NVIT Multi-Manager Small Cap Value Fund	
	% NVIT Multi-Manager Small Company Fund	
	% NVIT Multi Sector Bond Fund	
	% NVIT Nationwide Fund	
		Nationwide Life Insurance Company
		% Fixed Account
		MVA/Guar. Term Option (GTO)
		\$1,000 minimum for each MVA/GTO Option selected.
		% 3 Year
		% 5 Year
		% 7 Year
		% 10 Year



5. State Disclosures

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Notice to OK Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

6. Contract Owner Signatures and Authorizations

Yes No **Do you have existing life insurance or annuity contracts?**

Yes No **Will the applied for Contract replace any existing life insurance or annuity contracts?**

STOP **If you answered "yes" to EITHER question above, your state may require NAIC replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC replacement forms.**

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuity.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

STOP **Contract Owner Must Sign Here:** John Q. Doe

Joint Contract Owner Signature (if any): Jane M. Doe

State In Which Application Was Signed: Date:

Contract Owner's Daytime Phone Number:

Contract Owner's E-mail Address:



7. Registered Representative Information

7a. Primary Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: (Not required if Broker and Broker Dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:

7b. Additional Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if Broker and Broker Dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:





1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: MI: Last Name:
 Employer/Trust Name (if applicable):
(Additional forms required. See the New Business enrollment packet.)
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:
 Street:
 City: State: ZIP:

1b. Joint/Contingent Owner

Check **one** box only: Joint Owner *(Limited to spouses, except in HI.)*
 Contingent Owner *(Available only with Non-Qualified Contracts.)*
 First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: - -
 Address: Same address as owner Street:
 City: State: ZIP:

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: MI: Last Name:
 Relationship to Contract Owner:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:

1d. Spousal Protection/Co-Annuitant *Must be age 85 or younger. By completing this section, you are electing (for an additional charge) the Spousal Protection Option. Not available with CRTs.*

With Spousal Protection, both spouses will automatically be Primary Beneficiaries.
 Same as Joint Owner
 First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:

1e. Contingent Annuitant *(Must be age 85 or younger.)*

First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:



1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.



If you elected Spousal Protection/Co-Annuitant (section 1d), provide contingent beneficiaries only.

Check one: First Name: John MI: Q Last Name: Doe
[] Primary Relationship to Annuitant: Self Allocation (whole % only): 100 %
[] Contingent Social Security Number: 123 - 45 - 6789 Date of Birth: 01/01/1956

Check one: First Name: Jane MI: M Last Name: Doe
[X] Primary Relationship to Annuitant: Wife Allocation (whole % only): 100 %
[] Contingent Social Security Number: 987 - 65 - 4321 Date of Birth: 12/01/1961

Check one: First Name: MI: Last Name:
[] Primary Relationship to Annuitant: Allocation (whole % only): %
[] Contingent Social Security Number: - - Date of Birth:

If more than three Beneficiaries, list additional names on Beneficiary Options form (in New Business Enrollment Packet).

2. Contract Information

2a. Contract Type Must specify by checking a box.

[X] Non-Qualified [] SEP IRA*
[] IRA - Tax Year: [] 401(k)*
[] Roth IRA - Tax Year: [] 401(a)* (Investment Only)
[] SIMPLE IRA* [] ORP 403(b)*
[] CRT* (Charitable Remainder Trust)

* Additional forms required.

2b. Transfer Authorization for Registered Representative

[] By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above.

2c. Purchase Payment

Approximate Amount: \$ 10,000 (\$10,000 initial minimum.)

Payment Submitted Via: [X] Check [] Wire [] 1035(a) Exchange* [] Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.



**Complete this page if you want the L.Inc Option.
Please submit all pages of the application.**

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. The Nationwide Lifetime Income OptionSM (L.Inc)

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Select one or more funds from Box A, or one model from Box B.

The Nationwide Lifetime Income OptionSM (L.Inc)

No DCA 6-Month DCA 12-Month DCA

A *Whole percentages only. Must add up to 100%.*

- % American Funds NVIT Asset Allocation Fund
- % NVIT Cardinal Conservative Fund
- % NVIT Cardinal Moderately Conservative Fund
- % NVIT Cardinal Balanced Fund
- % NVIT Cardinal Moderate Fund
- % NVIT Cardinal Capital Appreciation Fund
- % NVIT Investor Dest. Conservative Fund
- % NVIT Investor Dest. Moderately Conservative Fund
- % NVIT Investor Dest. Moderate Fund
- % VIP Freedom 2010 Portfolio
- % VIP Freedom 2020 Portfolio

= 100%

To elect asset rebalancing, please complete section 4a.

B *Elect one option only. 100% of the variable money in the contract will be allocated to option elected.*

- American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)
- Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
- Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)

STOP Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

- Nationwide Custom Portfolio

Please check the box which best describes your anticipated use of this benefit.

- Immediately In ____ years Not Sure

STOP If you want to begin immediate income, you must complete the L.Inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Spouse must be between the age of 45 and 85.) Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f. If the Contract Owner is a non-natural owner and you elect the L.Inc Option but do not want the Spousal Protection Option, the Joint Determining Life must be named as the Contingent Annuitant. When doing this, the Death Benefit is paid on the death of the last survivor of the Annuitant or Contingent Annuitant.

- Spousal Continuation Benefit** Same as Co-Annuitant

First Name: MI: Last Name:

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:



**Complete this page if you want an Enhanced Death Benefit
or the Beneficiary Protector II Option.
Please submit all pages of the application.**

3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only **one**): Standard Death Benefit
 One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
 Combination Enhanced Death Benefit - Greater of One-Year/5% Interest (Annuitant/Co-Annuitant, age 75 or younger.)

3d. Beneficiary Protector II *Not available in ND.*

I elect: Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Administrative Services

Asset Rebalancing – *Only the variable portion of the allocations will be rebalanced.*

Monthly Quarterly Semi-Annually Annually

Dollar Cost Averaging (DCA) – DCA these allocations from:

- 6-month Enhanced
- 12-month Enhanced
- Interest Averaging Monthly
- Standard Fixed Account Monthly: Dollar Amount \$



4b. Purchase Payment Allocation and Disclosures *Must be whole percentages and must add up to 100%.*

*Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.*

Consult your prospectus for reference to Share Class.

AIM Variable Insurance Funds	Nationwide Variable Insurance Trust (NVIT)	% NVIT Short Term Bond Fund
% AIM V.I. Capital Development Fund	% American Funds NVIT Asset Allocation Fund	% NVIT Technology and Communications Fund*
AllianceBernstein Variable Products Series Fund, Inc.	% American Funds NVIT Bond Fund	% NVIT U.S. Growth Leaders Fund
% AllianceBernstein Small/Mid Cap Value Portfolio	% American Funds NVIT Global Growth Fund	% Van Kampen NVIT Comstock Value Fund
American Century Variable Portfolios, Inc.	% American Funds NVIT Growth Fund	% Van Kampen NVIT Real Estate Fund
% American Century VP Mid Cap Value Fund	% American Funds NVIT Growth-Income Fund	Neuberger Berman Advisers Management Trust
% American Century VP Value Fund	% Federated NVIT High Income Bond Fund*	% AMT Short Duration Bond Portfolio
American Century Variable Portfolios II, Inc.	% Gartmore NVIT Emerging Markets Fund*	NVIT Investor Destinations Funds
% American Century VP Inflation Protection Fund	% Gartmore NVIT International Equity Fund*	% NVIT Investor Dest. Conservative Fund
Dreyfus	% Neuberger Berman NVIT Multi Cap Opportunities Fund	% NVIT Investor Dest. Moderately Conservative Fund
% Dreyfus Investment Portfolios - Small Cap Stock Index Portfolio	% Neuberger Berman NVIT Socially Responsible Fund	% NVIT Investor Dest. Moderate Fund
% Dreyfus Stock Index Fund, Inc.	% NVIT Cardinal Aggressive Fund	% NVIT Investor Dest. Moderately Aggressive Fund
% Dreyfus Variable Investment Fund - Appreciation Portfolio	% NVIT Cardinal Balanced Fund	% NVIT Investor Dest. Aggressive Fund
Fidelity Variable Insurance Products Fund	% NVIT Cardinal Capital Appreciation Fund	Oppenheimer Variable Account Funds
% VIP Energy Portfolio*	% NVIT Cardinal Conservative Fund	% Oppenheimer Capital Appreciation Fund/VA
% VIP Equity-Income Portfolio	% NVIT Cardinal Moderate Fund	% Oppenheimer Global Securities Fund/VA*
% VIP Freedom 2010 Portfolio	% NVIT Cardinal Moderately Aggressive Fund	% Oppenheimer High Income Fund/VA
% VIP Freedom 2020 Portfolio	% NVIT Cardinal Moderately Conservative Fund	% Oppenheimer Main Street Fund®/VA
% VIP Freedom 2030 Portfolio	% NVIT Core Bond Fund	% Oppenheimer Main Street Small Cap Fund®/VA
% VIP Growth Portfolio	% NVIT Core Plus Bond Fund	T. Rowe Price Equity Series, Inc.
% VIP Investment Grade Bond Portfolio	% NVIT Government Bond Fund	% T. Rowe Price Blue Chip Growth Portfolio
% VIP Mid Cap Portfolio	% NVIT Health Sciences Fund*	% T. Rowe Price Equity Income Portfolio
% VIP Overseas Portfolio*	% NVIT International Index Fund*	Van Kampen
Franklin Templeton Variable Insurance Products Trust	% NVIT Mid Cap Growth Fund	The Universal Institutional Funds, Inc.
% Franklin Income Securities Fund	% NVIT Mid Cap Index Fund	% Core Plus Fixed Income Portfolio
% Franklin Small Cap Value Securities Fund	% NVIT Money Market Fund	Passive Packaged Options (Elect only One Option. 100% of variable money in the contract will be allocated to Option elected.)
% Franklin Templeton VIP Founding Funds Allocation Fund	% NVIT Multi-Manager International Growth Fund*	<input type="checkbox"/> Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
% Templeton Foreign Securities Fund*	% NVIT Multi-Manager International Value Fund*	<input type="checkbox"/> Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)
% Templeton Global Income Securities Fund*	% NVIT Multi-Manager Large Cap Growth Fund	
Janus Aspen Series	% NVIT Multi-Manager Large Cap Value Fund	
% Forty Portfolio	% NVIT Multi-Manager Mid Cap Growth Fund	
% International Growth Portfolio*	% NVIT Multi-Manager Mid Cap Value Fund	
MFS® Variable Insurance Trust	% NVIT Multi-Manager Small Cap Growth Fund	
% MFS Value Series	% NVIT Multi-Manager Small Cap Value Fund	
	% NVIT Multi-Manager Small Company Fund	
	% NVIT Multi Sector Bond Fund	
	% NVIT Nationwide Fund	
		Nationwide Life Insurance Company
		% Fixed Account
		MVA/Guar. Term Option (GTO)
		\$1,000 minimum for each MVA/GTO Option selected.
		% 3 Year
		% 7 Year
		% 5 Year
		% 10 Year



5. State Disclosures

Notice to MN, ND, SC, SD, and TX Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuity and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, LA, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to PR Residents: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Notice to OK Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

6. Contract Owner Signatures and Authorizations

Yes No Do you have existing life insurance or annuity contracts?

Yes No Will the applied for Contract replace any existing life insurance or annuity contracts?

STOP If you answered "yes" to EITHER question above, your state may require NAIC replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC replacement forms.

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuity.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

STOP Contract Owner Must Sign Here: John Q. Doe

Joint Contract Owner Signature (if any): Jane M. Doe

State In Which Application Was Signed: Date:

Contract Owner's Daytime Phone Number:

Contract Owner's E-mail Address:



7. Registered Representative Information

7a. Primary Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: Percentage

E-mail:

Broker/Dealer Name:

SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:

7b. Additional Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: Percentage

E-mail:

Broker/Dealer Name:

SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:





1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: MI: Last Name:
 Employer/Trust Name (if applicable):
(Additional forms required. See the New Business enrollment packet.)
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:
 Street:
 City: State: ZIP:

1b. Joint/Contingent Owner

Check **one** box only: Joint Owner *(Limited to spouses, except in HI.)*
 Contingent Owner *(Available only with Non-Qualified Contracts.)*
 First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: - -
 Address: Same address as owner Street:
 City: State: ZIP:

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: MI: Last Name:
 Relationship to Contract Owner:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:

1d. Spousal Protection/Co-Annuitant *Must be age 85 or younger. By completing this section, you are electing (for an additional charge) the Spousal Protection Option. Not available with CRTs.*

Same as Joint Owner
 First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:

1e. Contingent Annuitant *(Must be age 85 or younger.)*

First Name: MI: Last Name:
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -
 Address: Same address as owner Street:
 City: State: ZIP:



1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.



If you elected Spousal Protection/Co-Annuitant (section 1d), provide contingent beneficiaries only.

Check one: First Name: John MI: Q Last Name: Doe
[] Primary Relationship to Annuitant: Self Allocation (whole % only): 100 %
[] Contingent Social Security Number: 123 - 45 - 6789 Date of Birth: 01/01/1956

Check one: First Name: Jane MI: M Last Name: Doe
[] Primary Relationship to Annuitant: Wife Allocation (whole % only): 100 %
[] Contingent Social Security Number: 987 - 65 - 4321 Date of Birth: 12/01/1961

Check one: First Name: Last Name:
[] Primary Relationship to Annuitant: Allocation (whole % only): %
[] Contingent Social Security Number: - - Date of Birth:

If more than three Beneficiaries, list additional names on Beneficiary Options form (in New Business Enrollment Packet).

2. Contract Information

2a. Contract Type Must specify by checking a box.

[] Non-Qualified [] SEP IRA*
[] IRA - Tax Year: [] 401(k)*
[] Roth IRA - Tax Year: [] 401(a)* (Investment Only)
[] SIMPLE IRA* [] ORP 403(b)*
[] CRT* (Charitable Remainder Trust)

* Additional forms required.

2b. Transfer Authorization for Registered Representative

[] By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above.

2c. Purchase Payment

Approximate Amount: \$ 10,000 (\$10,000 initial minimum.)

Payment Submitted Via: [] Check [] Wire [] 1035(a) Exchange* [] Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.



Complete this page if you want the L.Inc Option.

Please submit all pages of the application.

3. Contract Options Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.

3a. The Nationwide Lifetime Income Option SM (L.Inc)

Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.

Select one or more funds from Box A, or one model from Box B.

The Nationwide Lifetime Income Option SM (L.Inc)
[] No DCA [] 6-Month DCA [] 12-Month DCA

A Whole percentages only. Must add up to 100%.
50 % American Funds NVIT Asset Allocation Fund
% NVIT Cardinal Conservative Fund
50 % NVIT Cardinal Moderately Conservative Fund
% NVIT Cardinal Balanced Fund
% NVIT Cardinal Moderate Fund
% NVIT Cardinal Capital Appreciation Fund
% NVIT Investor Dest. Conservative Fund
% NVIT Investor Dest. Moderately Conservative Fund
% NVIT Investor Dest. Moderate Fund
% VIP Freedom 2010 Portfolio
% VIP Freedom 2020 Portfolio
= 100%
To elect asset rebalancing, please complete section 4a.

B Elect one option only. 100% of the variable money in the contract will be allocated to option elected.
[] American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)
[] Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
[] Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)
STOP Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.
[] Nationwide Custom Portfolio

Please check the box which best describes your anticipated use of this benefit.
[] Immediately [] In ___ years [X] Not Sure

STOP If you want to begin immediate income, you must complete the L.Inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Spouse must be between the age of 45 and 85.) Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f. If the contract owner is a non-natural owner and you elect the L.Inc Option but do not want to elect the Spousal Protection Option, the Joint Determining Life must be named as the Contingent Annuitant. When doing this, the Death Benefit is paid on the death of the Last Survivor of the Annuitant or Contingent Annuitant.

[X] Spousal Continuation Benefit [] Same as Co-Annuitant

First Name: Jane MI: M Last Name: Doe

Date of Birth: 12/01/1961 Sex: [] M [X] F Soc. Sec. No. or Tax ID: 987- 65 - 4321



**Complete this page if you want an Enhanced Death Benefit
or the Beneficiary Protector II Option.
Please submit all pages of the application.**

3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

I elect (choose only **one**): Standard Death Benefit
 One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
 Combination Enhanced Death Benefit - Greater of One-Year/5% Interest (Annuitant/Co-Annuitant, age 75 or younger.)

3d. Beneficiary Protector II *Not available in ND.*

I elect: Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Administrative Services

Asset Rebalancing – *Only the variable portion of the allocations will be rebalanced.*

Monthly Quarterly Semi-Annually Annually

Dollar Cost Averaging (DCA) – DCA these allocations from:

- 6-month Enhanced
- 12-month Enhanced
- Interest Averaging Monthly
- Standard Fixed Account Monthly: Dollar Amount \$



4b. Purchase Payment Allocation and Disclosures *Must be whole percentages and must add up to 100%.*

*Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.*

Consult your prospectus for reference to Share Class.

AIM Variable Insurance Funds	Nationwide Variable Insurance Trust (NVIT)	% NVIT Short Term Bond Fund
% AIM V.I. Capital Development Fund	% American Funds NVIT Asset Allocation Fund	% NVIT Technology and Communications Fund*
AllianceBernstein Variable Products Series Fund, Inc.	% American Funds NVIT Bond Fund	% NVIT U.S. Growth Leaders Fund
% AllianceBernstein Small/Mid Cap Value Portfolio	% American Funds NVIT Global Growth Fund	% Van Kampen NVIT Comstock Value Fund
American Century Variable Portfolios, Inc.	% American Funds NVIT Growth Fund	% Van Kampen NVIT Real Estate Fund
% American Century VP Mid Cap Value Fund	% American Funds NVIT Growth-Income Fund	Neuberger Berman Advisers Management Trust
% American Century VP Value Fund	% Federated NVIT High Income Bond Fund*	% AMT Short Duration Bond Portfolio
American Century Variable Portfolios II, Inc.	% Gartmore NVIT Emerging Markets Fund*	NVIT Investor Destinations Funds
% American Century VP Inflation Protection Fund	% Gartmore NVIT International Equity Fund*	% NVIT Investor Dest. Conservative Fund
Dreyfus	% Neuberger Berman NVIT Multi Cap Opportunities Fund	% NVIT Investor Dest. Moderately Conservative Fund
% Dreyfus Investment Portfolios - Small Cap Stock Index Portfolio	% Neuberger Berman NVIT Socially Responsible Fund	% NVIT Investor Dest. Moderate Fund
% Dreyfus Stock Index Fund, Inc.	% NVIT Cardinal Aggressive Fund	% NVIT Investor Dest. Moderately Aggressive Fund
% Dreyfus Variable Investment Fund - Appreciation Portfolio	% NVIT Cardinal Balanced Fund	% NVIT Investor Dest. Aggressive Fund
Fidelity Variable Insurance Products Fund	% NVIT Cardinal Capital Appreciation Fund	Oppenheimer Variable Account Funds
% VIP Energy Portfolio*	% NVIT Cardinal Conservative Fund	% Oppenheimer Capital Appreciation Fund/VA
% VIP Equity-Income Portfolio	% NVIT Cardinal Moderate Fund	% Oppenheimer Global Securities Fund/VA*
% VIP Freedom 2010 Portfolio	% NVIT Cardinal Moderately Aggressive Fund	% Oppenheimer High Income Fund/VA
% VIP Freedom 2020 Portfolio	% NVIT Cardinal Moderately Conservative Fund	% Oppenheimer Main Street Fund®/VA
% VIP Freedom 2030 Portfolio	% NVIT Core Bond Fund	% Oppenheimer Main Street Small Cap Fund®/VA
% VIP Growth Portfolio	% NVIT Core Plus Bond Fund	T. Rowe Price Equity Series, Inc.
% VIP Investment Grade Bond Portfolio	% NVIT Government Bond Fund	% T. Rowe Price Blue Chip Growth Portfolio
% VIP Mid Cap Portfolio	% NVIT Health Sciences Fund*	% T. Rowe Price Equity Income Portfolio
% VIP Overseas Portfolio*	% NVIT International Index Fund*	Van Kampen
Franklin Templeton Variable Insurance Products Trust	% NVIT Mid Cap Growth Fund	The Universal Institutional Funds, Inc.
% Franklin Income Securities Fund	% NVIT Mid Cap Index Fund	% Core Plus Fixed Income Portfolio
% Franklin Small Cap Value Securities Fund	% NVIT Money Market Fund	Passive Packaged Options (Elect only One Option. 100% of variable money in the contract will be allocated to Option elected.)
% Franklin Templeton VIP Founding Funds Allocation Fund	% NVIT Multi-Manager International Growth Fund*	<input type="checkbox"/> Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
% Templeton Foreign Securities Fund*	% NVIT Multi-Manager International Value Fund*	<input type="checkbox"/> Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)
% Templeton Global Income Securities Fund*	% NVIT Multi-Manager Large Cap Growth Fund	
Janus Aspen Series	% NVIT Multi-Manager Large Cap Value Fund	
% Forty Portfolio	% NVIT Multi-Manager Mid Cap Growth Fund	
% International Growth Portfolio*	% NVIT Multi-Manager Mid Cap Value Fund	
MFS® Variable Insurance Trust	% NVIT Multi-Manager Small Cap Growth Fund	
% MFS Value Series	% NVIT Multi-Manager Small Cap Value Fund	
	% NVIT Multi-Manager Small Company Fund	
	% NVIT Multi Sector Bond Fund	
	% NVIT Nationwide Fund	
		Nationwide Life Insurance Company
		% Fixed Account
		MVA/Guar. Term Option (GTO)
		\$1,000 minimum for each MVA/GTO Option selected.
		% 3 Year % 7 Year
		% 5 Year % 10 Year



5. State Disclosures

Notice to MN, ND, SC, SD, and TX Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, or when subject to a Market Value Adjustment are variable, may increase or decrease in accordance with the fluctuations in the net investment factor or application of a Market Value Adjustment, as applicable, and are not guaranteed as to fixed-dollar amount, unless otherwise specified. A Market Value Adjustment may be assessed on any Guaranteed Term Options that have not matured just prior to Annuitization and would be in addition to the scheduled surrender penalty charge.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, LA, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to PR Residents: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Notice to OK Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

6. Contract Owner Signatures and Authorizations

Yes No Do you have existing life insurance or annuity contracts?

Yes No Will the applied for Contract replace any existing life insurance or annuity contracts?

STOP If you answered "yes" to EITHER question above, your state may require NAIC replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC replacement forms.

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to single individuals and their beneficiaries. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide, and that I do not represent a corporate entity or institutional investor. I do not intend to assign any benefits under this contract to a corporate entity or institutional investor.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract. I also understand that the Guaranteed Term Options of the Multiple Maturity Account that have not matured (reached the Maturity Date) may be subject to an automatic Market Value Adjustment just prior to Annuitization.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.

STOP Contract Owner Must Sign Here: X John Q. Doe

Joint Contract Owner Signature (if any): X Jane M. Doe

State In Which Application Was Signed: Anystate Date: March 2, 2009

Contract Owner's Daytime Phone Number: (222) 222-2222

Contract Owner's E-mail Address: jdoe@abccompany.com



7. Registered Representative Information

7a. Primary Registered Representative Information (Please print.)



Yes No Are you aware of any existing annuities or insurance owned by the applicant?

Yes No Will the applied for Contract replace any existing life insurance or annuity contracts?

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if Broker and Broker Dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature: Thomas A Moore

Principal's Signature: James P Smith

7b. Additional Registered Representative Information (Please print.)



Yes No Are you aware of any existing annuities or insurance owned by the applicant?

Yes No Will the applied for Contract replace any existing life insurance or annuity contract?

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - (Not required if Broker and Broker Dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:



1. Parties to the Contract

Please print.

1a. Contract Owner

First Name: MI: Last Name:

Employer/Trust Name (if applicable):
(Additional forms required. See the New Business enrollment packet.)

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:

Street:

City: State: ZIP:

1b. Joint/Contingent Owner

Check **one** box only: Joint Owner *(Limited to spouses, except in HI.)*
 Contingent Owner *(Available only with Non-Qualified Contracts.)*

First Name: MI: Last Name:

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: - -

Address: Same address as owner Street:

City: State: ZIP:

1c. Annuitant *Complete only if different from Contract Owner. (Annuitant must be age 85 or younger.)*

First Name: MI: Last Name:

Relationship to Contract Owner:

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -

Address: Same address as owner Street:

City: State: ZIP:

1d. Spousal Protection/Co-Annuitant *(No added charge. Not available with CRTs.)*

With Spousal Protection, both spouses will automatically be Primary Beneficiaries.

Same as Joint Owner

First Name: MI: Last Name:

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -

Address: Same address as owner Street:

City: State: ZIP:

1e. Contingent Annuitant *(Must be age 85 or younger.)*

First Name: MI: Last Name:

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID: -

Address: Same address as owner Street:

City: State: ZIP:



1f. Beneficiaries Allocation to all Primary Beneficiaries must equal 100%. Contingent Beneficiaries must also equal 100%.



If you elected Spousal Protection/Co-Annuitant (section 1d), provide contingent beneficiaries only.

Check one: First Name: John MI: Q Last Name: Doe
[] Primary Relationship to Annuitant: Self Allocation (whole % only): 100 %
[] Contingent Social Security Number: 123 - 45 - 6789 Date of Birth: 01/01/1956

Check one: First Name: Jane MI: M Last Name: Doe
[X] Primary Relationship to Annuitant: Wife Allocation (whole % only): 100 %
[] Contingent Social Security Number: 987 - 65 - 4321 Date of Birth: 12/01/1961

Check one: First Name: [] MI: [] Last Name: []
[] Primary Relationship to Annuitant: [] Allocation (whole % only): [] %
[] Contingent Social Security Number: [] - [] - [] Date of Birth: []

If more than three Beneficiaries, list additional names on Beneficiary Options form (in New Business Enrollment Packet).

2. Contract Information

2a. Contract Type Must specify by checking a box.

[X] Non-Qualified [] SEP IRA*
[] IRA - Tax Year: [] [] 401(k)*
[] Roth IRA - Tax Year: [] [] 401(a)* (Investment Only)
[] SIMPLE IRA*
[] CRT* (Charitable Remainder Trust)

* Additional forms required.

2b. Transfer Authorization for Registered Representative

[] By checking this box, you have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under your Contract and/or to allocate any future Purchase Payments on your behalf.

If the box above is checked, your signature and the Registered Representatives signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above.

2c. Purchase Payment

Approximate Amount: \$ 10,000 (\$10,000 initial minimum.)

Payment Submitted Via: [X] Check [] Wire [] 1035(a) Exchange* [] Transfer/Rollover*

* Additional forms required. Please see the New Business Enrollment Packet.



**Complete this page if you want the L.Inc Option.
Please submit all pages of the application.**

3. Contract Options *Election of Options in this section increases the Variable Account charges on your contract. Consult your prospectus.*

3a. The Nationwide Lifetime Income OptionSM (L.Inc)

*Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.
Select one or more funds from Box A, or one model from Box B.*

The Nationwide Lifetime Income OptionSM (L.Inc)

No DCA 6-Month DCA 12-Month DCA

A *Whole percentages only. Must add up to 100%.*

<input type="text" value="50"/> %	American Funds NVIT Asset Allocation Fund
<input type="text" value=""/> %	NVIT Cardinal Conservative Fund
<input type="text" value="50"/> %	NVIT Cardinal Moderately Conservative Fund
<input type="text" value=""/> %	NVIT Cardinal Balanced Fund
<input type="text" value=""/> %	NVIT Cardinal Moderate Fund
<input type="text" value=""/> %	NVIT Cardinal Capital Appreciation Fund
<input type="text" value=""/> %	NVIT Investor Dest. Conservative Fund
<input type="text" value=""/> %	NVIT Investor Dest. Moderately Conservative Fund
<input type="text" value=""/> %	NVIT Investor Dest. Moderate Fund
<input type="text" value=""/> %	VIP Freedom 2010 Portfolio
<input type="text" value=""/> %	VIP Freedom 2020 Portfolio
<hr/>	
= 100%	

To elect asset rebalancing, please complete section 4a.

B *Elect one option only. 100% of the variable money in the contract will be allocated to option elected.*

or

American Funds Option (34% American Funds NVIT Growth-Income Fund, 33% American Funds NVIT Asset Allocation Fund, 33% American Funds NVIT Bond Fund)

Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)

Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)

 Nationwide Custom Portfolio requires submission of a Custom Portfolio Administrative form which is located in the New Business Enrollment Packet.

Nationwide Custom Portfolio

Please check the box which best describes your anticipated use of this benefit.

Immediately In ____ years Not Sure

 If you want to begin immediate income, you must complete the L.Inc Administrative form in the New Business Enrollment Packet.

3b. Spousal Continuation Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Spouse must be between the age of 45 and 85.) Please note that lifetime income percentage will be based on the age of the younger spouse. The Determining Life and Joint Determining Life must be named as sole Primary Beneficiaries in section 1f.

Spousal Continuation Benefit Same as Co-Annuitant

First Name: MI: Last Name:

Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:



Complete this page if you want an Enhanced Death Benefit or the Beneficiary Protector II Option.

Please submit all pages of the application.

3c. Death Benefits *If a death benefit option is not elected, we will default to the Standard Death Benefit.*

- I elect (choose only **one**):
- Standard Death Benefit
 - One-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 80 or younger.)
 - One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 75 or younger.)
 - Combination Enhanced Death Benefit II - Greater of One-Year/5% Interest (Annuitant/Co Annuitant, age 75 or younger.)

3d. Beneficiary Protector II *Not available in ND.*

I elect: Beneficiary Protector II (Annuitant/Co-Annuitant, age 75 or younger.)

4. Investment Options

4a. Administrative Services

Asset Rebalancing – *Only the variable portion of the allocations will be rebalanced.*

- Monthly Quarterly Semi-Annually Annually

Dollar Cost Averaging (DCA) – DCA these allocations from:

- 6-month Enhanced
- 12-month Enhanced
- Interest Averaging Monthly
- Standard Fixed Account Monthly: Dollar Amount \$



4b. Purchase Payment Allocation and Disclosures *Must be whole percentages and must add up to 100%.*

*Funds designated by an * may include additional restrictions and/or charges. Please review the underlying fund prospectus carefully. The underlying investment options listed below are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.*

Consult your prospectus for reference to Share Class.

AIM Variable Insurance Funds	Nationwide Variable Insurance Trust (NVIT)	% NVIT Short Term Bond Fund
% AIM V.I. Capital Development Fund	% American Funds NVIT Asset Allocation Fund	% NVIT Technology and Communications Fund*
AllianceBernstein Variable Products Series Fund, Inc.	% American Funds NVIT Bond Fund	% NVIT U.S. Growth Leaders Fund
% AllianceBernstein Small/Mid Cap Value Portfolio	% American Funds NVIT Global Growth Fund	% Van Kampen NVIT Comstock Value Fund
American Century Variable Portfolios, Inc.	% American Funds NVIT Growth Fund	% Van Kampen NVIT Real Estate Fund
% American Century VP Mid Cap Value Fund	% American Funds NVIT Growth-Income Fund	Neuberger Berman Advisers Management Trust
% American Century VP Value Fund	% Federated NVIT High Income Bond Fund*	% AMT Short Duration Bond Portfolio
American Century Variable Portfolios II, Inc.	% Gartmore NVIT Emerging Markets Fund*	NVIT Investor Destinations Funds
% American Century VP Inflation Protection Fund	% Gartmore NVIT International Equity Fund*	% NVIT Investor Dest. Conservative Fund
Dreyfus	% Neuberger Berman NVIT Multi Cap Opportunities Fund	% NVIT Investor Dest. Moderately Conservative Fund
% Dreyfus Investment Portfolios - Small Cap Stock Index Portfolio	% Neuberger Berman NVIT Socially Responsible Fund	% NVIT Investor Dest. Moderate Fund
% Dreyfus Stock Index Fund, Inc.	% NVIT Cardinal Aggressive Fund	% NVIT Investor Dest. Moderately Aggressive Fund
% Dreyfus Variable Investment Fund - Appreciation Portfolio	% NVIT Cardinal Balanced Fund	% NVIT Investor Dest. Aggressive Fund
Fidelity Variable Insurance Products Fund	% NVIT Cardinal Capital Appreciation Fund	Oppenheimer Variable Account Funds
% VIP Energy Portfolio*	% NVIT Cardinal Conservative Fund	% Oppenheimer Capital Appreciation Fund/VA
% VIP Equity-Income Portfolio	% NVIT Cardinal Moderate Fund	% Oppenheimer Global Securities Fund/VA*
% VIP Freedom 2010 Portfolio	% NVIT Cardinal Moderately Aggressive Fund	% Oppenheimer High Income Fund/VA
% VIP Freedom 2020 Portfolio	% NVIT Cardinal Moderately Conservative Fund	% Oppenheimer Main Street Fund®/VA
% VIP Freedom 2030 Portfolio	% NVIT Core Bond Fund	% Oppenheimer Main Street Small Cap Fund®/VA
% VIP Growth Portfolio	% NVIT Core Plus Bond Fund	T. Rowe Price Equity Series, Inc.
% VIP Investment Grade Bond Portfolio	% NVIT Government Bond Fund	% T. Rowe Price Blue Chip Growth Portfolio
% VIP Mid Cap Portfolio	% NVIT Health Sciences Fund*	% T. Rowe Price Equity Income Portfolio
% VIP Overseas Portfolio*	% NVIT International Index Fund*	Van Kampen
Franklin Templeton Variable Insurance Products Trust	% NVIT Mid Cap Growth Fund	The Universal Institutional Funds, Inc.
% Franklin Income Securities Fund	% NVIT Mid Cap Index Fund	% Core Plus Fixed Income Portfolio
% Franklin Small Cap Value Securities Fund	% NVIT Money Market Fund	Passive Packaged Options (Elect only One Option. 100% of variable money in the contract will be allocated to Option elected.)
% Franklin Templeton VIP Founding Funds Allocation Fund	% NVIT Multi-Manager International Growth Fund*	<input type="checkbox"/> Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
% Templeton Foreign Securities Fund*	% NVIT Multi-Manager International Value Fund*	<input type="checkbox"/> Capital Appreciation Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Aggressive Fund)
% Templeton Global Income Securities Fund*	% NVIT Multi-Manager Large Cap Growth Fund	
Janus Aspen Series	% NVIT Multi-Manager Large Cap Value Fund	
% Forty Portfolio	% NVIT Multi-Manager Mid Cap Growth Fund	
% International Growth Portfolio*	% NVIT Multi-Manager Mid Cap Value Fund	
MFS® Variable Insurance Trust	% NVIT Multi-Manager Small Cap Growth Fund	
% MFS Value Series	% NVIT Multi-Manager Small Cap Value Fund	
	% NVIT Multi-Manager Small Company Fund	
	% NVIT Multi Sector Bond Fund	
	% NVIT Nationwide Fund	
		Nationwide Life Insurance Company
		% Fixed Account



5. State Disclosures

Notice to MN, ND, SC, SD and TX Residents Only: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

Notice to AR, CO, KY, LA, ME, NM, OH and TN Residents Only: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

Notice to MN Residents Only: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

Notice to DC Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to PR Residents: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Notice to OK Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

6. Contract Owner Signatures and Authorizations

Yes No **Do you have existing life insurance or annuity contracts?**

Yes No **Will the applied for Contract replace any existing life insurance or annuity contracts?**



If you answered "yes" to EITHER question above, your state may require NAIC replacement forms. Please look in the New Business Enrollment Packet to see if your state requires additional NAIC replacement forms.

The contract payments or values under the variable annuity provisions of the Contract are variable and are not guaranteed as to fixed dollar amount.

I understand the purpose and intent of this Contract is to offer benefits to individuals. I hereby acknowledge that this Contract will not be used with other contracts issued by Nationwide to cover a single life with more than \$1 million in premium without permission from Nationwide. I hereby acknowledge that I do not represent a corporate entity or institutional investor. I hereby acknowledge that I am purchasing this contract for myself and that I do not intend to immediately assign any benefits under this contract to a corporate entity or institutional investor.

To the best of my knowledge and belief, I hereby represent my answers to the above questions and all statements herein to be accurate and complete. I acknowledge that I have received and understand the current prospectus for this variable annuity Contract.

When you sign this application, you are agreeing to the elections you have made and acknowledging your understanding of the terms and conditions described in this application. If you have any questions, ask your Registered Representative BEFORE you sign this application.



**Contract Owner
Must Sign Here:**

X John Q. Doe

Joint Contract Owner Signature (if any): X Jane M. Doe

State In Which Application Was Signed: Anystate

Date: March 2, 2009

Contract Owner's Daytime Phone Number: (222) 222-2222

Contract Owner's E-mail Address: jdoe@abccompany.com



7. Registered Representative Information

7a. Primary Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:

7b. Additional Registered Representative Information (Please print.)



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

First Name: MI: Last Name:

Phone: () Percentage %

E-mail:

Broker/Dealer Name:

SSN #: - - (Not required if broker and broker dealer name are printed clearly above.)

When the Registered Representative signs this application, he/she is agreeing to all the terms and conditions applicable to him/her as the Registered Representative.

Signature:

Principal's Signature:



SERFF Tracking Number: *NWFA-125984101* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *41919*
Company Tracking Number: *VAA-0101AO.7*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *Lifetime Income (L. Inc) Option 10% Reprice (2009)*
Project Name/Number: */VAA-0101AO.7*

Rate Information

Rate data does NOT apply to filing.