

SERFF Tracking Number: NWFA-126412879 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 44322
 Company Tracking Number: VAA-0122AO
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Nationwide Destination B L.Inc 10
 Project Name/Number: Nationwide Destination B L.Inc 10/

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Nationwide Destination B L.Inc SERFF Tr Num: NWFA-126412879 State: Arkansas

10

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 44322

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VAA-0122AO

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Todd Beshara, Amy Burchette, Angela D. Cox, Jenny Christiansen, Andrea Sgobbo, Sandra Davies, Julie Eaton, Dan Gallion, Grace Holland, Cindy Malloy, Leonja Merritt, Kristin Nixon, Clara Pollard, Carrie Ruhlen, Georgia Sollars, Darcy Spangler, Gayla Pace, Natalie Walden, Drema Wallace, EDS EDSSupport, Leslie Hernandez

Disposition Date: 12/14/2009

Date Submitted: 12/11/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Nationwide Destination B L.Inc 10

Status of Filing in Domicile: Pending

Project Number:

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: 12/14/2009

Explanation for Other Group Market Type:

State Status Changed: 12/14/2009

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Deemer Date: Created By: Grace Holland
Submitted By: Grace Holland Corresponding Filing Tracking Number:
Filing Description:
RE: Nationwide Life Insurance Company
NAIC # 66869 FEIN 31-4156830 NAIC Group # 140

Forms

Application
VAA-0122AO

Contract Specifications Page
VAB-0137AO

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 will be issued with the previously approved individual flexible purchase payment variable deferred annuity contract VAC-0117AOCV Approved by the Department September 9, 2009.

The forms will be distributed through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The base Contract is written for non-qualified issuance only. However, it may also be sold as an IRA, Roth IRA, SEP IRA, SIMPLE IRA, 401(a) (investment only), 401(k), or Charitable Remainder Trust (CRT). When the Contract is of a type other than non-qualified, the Contract will be issued with the appropriate tax endorsement.

Description of the Applications

Application - VAA-0122AO, is for use with the filed Contract and is included in this filing for the Department's approval.

Description of the Contract Specifications Page

Contract Specifications Page - VAB-0137AO is for use with the filed Contract and is included in this filing for the Department's approval.

Target Market

Consumers who need additional retirement savings vehicles and who are interested in market participation while

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preserving an option for immediate lifetime income. It also serves investors who want to protect beneficiaries against possible loss of contract value at the time of the annuitant's death via guaranteed minimum death benefits.

Items Bracketed as Variable

Contract Specifications Page

The bracketed items on the Contract Specifications Page 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 will submit updated Contract Specifications Pages and Rider for approval by the Department.

Application

- The post office box and zip code found in the address is bracketed as well as the phone number, as they 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.
- The contract type is bracketed. The text in this field will vary depending on the contract type elected at the time of application.
- Dollar Cost Averaging durations are bracketed as they may change over time.
- 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.

Please note: The marks located in the upper left and lower right-hand corners on each page of the applications are formatting marks and do not represent variability.

Other Information

Nationwide will utilize the following previously approved forms with the Contract.

VAZ-0149AO Individual Retirement Annuity Endorsement

SERFF Tracking Number: NWFA-126412879 State: Arkansas
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 APO-6293 Roth Individual Retirement Annuity Endorsement
 APO-6296 Charitable Remainder Trust Annuity Endorsement
 APO-6295 Qualified Plan Endorsement
 APO-6300 SIMPLE Individual Retirement Annuity Endorsement
 APO-6284 Beneficiary Protector II Option
 VAA-0119AO.1 Electronic New Business Application
 VAR-0145AO Combination Enhanced Death Benefit II Option
 VAR-0146AO One-Year Enhanced Death Benefit Option
 VAR-0147AO One-Month Enhanced Death Benefit Option
 VAZ-0165AO Fixed Account Endorsement (May not be filed in your state)
 VAR-0149AO L.Inc MX Rider
 VAR-0144AO Lifetime Income (L.Inc) Option

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.

Company and Contact

Filing Contact Information

Grace Holland, Sr. Analyst, Corporate Compliance hollang2@nationwide.com
 PO Box 182455 800-691-0023 [Phone] 93245 [Ext]
 1-33-102 614-249-2112 [FAX]
 Columbus, OH 43272-8921

Filing Company Information

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

SERFF Tracking Number: NWFA-126412879 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44322
Company Tracking Number: VAA-0122AO
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: Nationwide Destination B L.Inc 10
Project Name/Number: Nationwide Destination B L.Inc 10/

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: \$20.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$40.00	12/11/2009	32724765

SERFF Tracking Number: NWFA-126412879 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/14/2009	12/14/2009

SERFF Tracking Number: *NWFA-126412879* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *44322*
Company Tracking Number: *VAA-0122AO*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *Nationwide Destination B L.Inc 10*
Project Name/Number: *Nationwide Destination B L.Inc 10/*

Disposition

Disposition Date: 12/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWFA-126412879 *State:* Arkansas
Filing Company: Nationwide Life Insurance Company *State Tracking Number:* 44322
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Product Name: Nationwide Destination B L.Inc 10
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes
Form	Contract Specifications Page		Yes

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Form Schedule

Lead Form Number: VAA-0122AO

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VAA-0122AO	Application/ Enrollment Form	Application	Initial		0.000	VAA-0122AO Bracketed John Doe.pdf
	VAB-0137AO	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Contract Specifications Page	Initial		0.000	VAB-0137AO .pdf

Nationwide Life Insurance Company

P.O. Box [182021]
Columbus, OH [43218-2021]
[1-800-321-6064]

[Nationwide DestinationSM B]

Nationwide Destination is a service mark of Nationwide Mutual Insurance Company

Application for
**Individual Flexible Purchase Payment
Variable Deferred Annuity**

Minimum Initial Purchase Payment of \$10,000 **Page 1 of 7**

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 *(No added charge. Not available with CRTs. Must be age 85 or younger.)*

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: 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*
[] 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 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. Balanced Fund
- % NVIT Investor Dest. Moderate Fund
- % NVIT Investor Dest. Capital Appreciation 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)

or



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 will be named as sole Primary Beneficiaries.

- 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

% 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 Variable Portfolios II, Inc.

% American Century VP Inflation Protection Fund

Blackrock

% Blackrock Global Allocation V.I. 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

Ivy Funds Variable Insurance Portfolios, Inc.

% Asset Strategy

Janus Aspen Series

% Forty Portfolio

% Overseas Portfolio*

MFS® Variable Insurance Trust

% MFS Value Series

Nationwide Variable Insurance Trust (NVIT)

% AllianceBernstein NVIT Global Fixed Income Fund*

% American Century NVIT Multi Cap Value Fund

% 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*

% Gartmore NVIT Worldwide Leaders 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 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

% Oppenheimer NVIT Large Cap Growth Fund

% Templeton NVIT International Value 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. Balanced Fund

% NVIT Investor Dest. Moderate Fund

% NVIT Investor Dest. Capital Appreciation Fund

% NVIT Investor Dest. Moderately Aggressive Fund

% NVIT Investor Dest. Aggressive Fund

Oppenheimer Variable Account Funds

% Oppenheimer Global Securities Fund/VA*

% Oppenheimer Main Street Fund®/VA

% Oppenheimer Main Street Small Cap Fund®/VA

PIMCO Variable Insurance Trust

% Foreign Bond Portfolio (Unhedged)

% Low Duration Portfolio

Wells Fargo Advantage Funds® Variable Trust

% VT Small Cap Growth 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 is 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 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.

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

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.

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: May 1, 2010

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: Date:

Principal's Signature: Date:

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: Date:

Principal's Signature: Date:



SERFF Tracking Number: NWFA-126412879 State: Arkansas
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TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Nationwide Destination B L.Inc 10
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	
Bypass Reason:	Readability is not applicable, variable annuity subject to federal jurisdiction. This is a contract specifications page and application filing therefore the other notices and rule and regulations do not apply.	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	Please see the application filed under the Forms Schedule tab.	
Comments:		