

SERFF Tracking Number: NWFA-126000800 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 41399
 Company Tracking Number: VAA-0100AO.5
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: W&R Sel. Pref (L.Inc. 7) Reprice (2009)
 Project Name/Number: W&R Sel. Pref (L.Inc. 7) Reprice (2009)/VAA-0100AO.5

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: W&R Sel. Pref (L.Inc. 7) Reprice (2009) SERFF Tr Num: NWFA-126000800 State: ArkansasLH

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed State Tr Num: 41399

Sub-TOI: A03I.002 Flexible Premium Co Tr Num: VAA-0100AO.5 State Status: Approved-Closed
 Filing Type: Form Co Status: Pending Reviewer(s): Linda Bird

Authors: Amy Burchette, Angela Caudell-Cox, Jenny Christiansen, Julie Eaton, Dan Gallion, Grace Holland, LaToyia Martin

Date Submitted: 01/30/2009 Disposition Date: 02/05/2009

Disposition Status: Approved
 Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: W&R Sel. Pref (L.Inc. 7) Reprice (2009)

Project Number: VAA-0100AO.5

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/05/2009

State Status Changed: 02/05/2009

Corresponding Filing Tracking Number:

Filing Description:

Individual Variable Annuity Filing

Status of Filing in Domicile: Pending

Date Approved in Domicile:

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

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Application

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VAA-0100AO.5

Contract Specifications Page

VAB-0100AO.5

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced forms for general use and approval by the Department of Insurance (the "Department"). Nationwide will begin utilizing these forms as of May 1, 2009 and with the acceptance of the SEC filing. The above referenced forms are to be used with previously approved individual flexible purchase payment variable deferred annuity contract, VAC-0109AO, that is distributed through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents. The base contract is 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).

The target market is consumers between the ages of 45 and 85 interested in market participation while preserving an option for immediate lifetime income.

Nationwide certifies that no part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Description of the Application

The application has 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 this product. 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.

Description of the Contract Specifications Page

The Contract Specifications Page has been revised as follows:

SERFF Tracking Number: *NWFA-126000800* *State:* *Arkansas*
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- 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 has been updated to reflect a range of charges. Please see "Items Bracketed as Variable" for more information.

Previously Approved Contracts

Nationwide intends to use the above referenced forms in conjunction with previously approved Contract VAC-0109AO.

Replacement of Previously Approved Forms

Upon approval, VAA-0100AO.5 will replace VAA-0100AO.4. VAB-0100AO.5 will replace VAB-0100AO.4.

Items Bracketed as Variable

Application

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.

The available Contract Types in Section 2a are bracketed to allow Nationwide to issue the contract as various plan types. As required, the appropriate tax endorsement will be issued.

The underlying mutual fund options are bracketed in sections 3a, 3b and 4 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 the applications are formatting marks

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and do not represent variability.

Contract Specifications Page

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.

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.

Company and Contact

Filing Contact Information

Angela Cox, Sr. Analyst, Corporate Compliance COXA9@nationwide.com
PO Box 182455 (800) 691-0023 [Phone]
Columbus, OH 43272-8921 (614) 249-2112[FAX]

Filing Company Information

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	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50 is the retaliatory fee in the state of domicile, Ohio.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	01/30/2009	25381430

SERFF Tracking Number: NWFA-126000800 State: Arkansas
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Company Tracking Number: VAA-0100AO.5
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: W&R Sel. Pref (L.Inc. 7) Reprice (2009)
Project Name/Number: W&R Sel. Pref (L.Inc. 7) Reprice (2009)/VAA-0100AO.5

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/05/2009	02/05/2009

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TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *W&R Sel. Pref (L.Inc. 7) Reprice (2009)*
Project Name/Number: *W&R Sel. Pref (L.Inc. 7) Reprice (2009)/VAA-0100AO.5*

Disposition

Disposition Date: 02/05/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: W&R Sel. Pref (L.Inc. 7) Reprice (2009)
 Project Name/Number: W&R Sel. Pref (L.Inc. 7) Reprice (2009)/VAA-0100AO.5

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	Application		Yes
Form	Contract Specifications Page		Yes

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Form Schedule

Lead Form Number: VAA-0100AO.5

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VAA-0100AO.5	Application/ Enrollment Form	Revised	Replaced Form #: VAA-0100AO.4 Previous Filing #:	0	VAA-0100AO.5 Bracketed John Doe.pdf
	VAB-0100AO.5	Data/DeclarContract ion PagesSpecifications Page	Revised	Replaced Form #: VAB-0100AO.4 Previous Filing #:	0	VAB-0100AO.5.pdf

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 and VT.)*
 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: [_____] *(if not same as owner)*

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: [_____] *(if not same as owner)*

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: [_____] *(if not same as owner)*

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: [_____] *(if not same as owner)*



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"/> CRT* (Charitable Remainder Trust)

*Additional forms required.

2b. Purchase Payment

Approximate Amount: \$ 10,000 **\$10,000 initial minimum for Non-Qualified and CRTs (\$1,000 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.



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) *Not available if any Extra Value Option is elected.*

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

The Nationwide Lifetime Income OptionSM (L.Inc)

No DCA 6-Month DCA 12-Month DCA

Whole percentages only. Must add up to 100%.

50 %	Ivy Funds VIP Pathfinder Conservative
%	Ivy Funds VIP Pathfinder Moderately Conservative
50 %	Ivy Funds VIP Pathfinder Moderate
%	Ivy Funds VIP Pathfinder Moderately Aggressive
%	NVIT Investor Dest. Conservative Fund
%	NVIT Investor Dest. Moderately Conservative Fund
%	NVIT Investor Dest. Moderate Fund

= 100%

OR

*Elect **one** option only. **100%** of the 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)



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

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

- Immediately In _____ years Not Sure

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:



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 85 or younger.)
 - One-Month Enhanced Death Benefit (Annuitant/Co-Annuitant, age 85 or younger.)
 - Five-Year Enhanced Death Benefit (Annuitant/Co-Annuitant, age 85 or younger.)
 - Combination Enhanced Death Benefit - Greater of One-Year/5% (Annuitant/Co-Annuitant, age 80 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 *None of the Extra Value Options are available with L.Inc Options. 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.

Ivy Funds Variable Insurance Portfolios, Inc.

% Asset Strategy
% Balanced
% Bond
% Core Equity
% Dividend Opportunities
% Energy
% Global Natural Resources
% Growth
% High Income
% International Growth
% International Value
% Micro Cap Growth
% Mid Cap Growth
% Money Market
% Mortgage Securities
% Real Estate Securities
% Science and Technology
% Small Cap Growth
% Small Cap Value
% Value

% Pathfinder Conservative
% Pathfinder Moderately Conservative
% Pathfinder Moderate
% Pathfinder Moderately Aggressive
% Pathfinder Aggressive
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
Passive Packaged Options (Elect only One Option. 100% of variable money in the contract will be allocated to Option elected.)
<input type="checkbox"/> Balanced Option (50% NVIT Investor Dest. Moderate Fund and 50% NVIT Investor Dest. Moderately Conservative Fund)
<input type="checkbox"/> 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, TX and VT 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 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 extenuating 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. 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: 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



CONTRACT SPECIFICATIONS PAGE

CONTRACT INFORMATION

<u>Parties to the Contract</u>	<u>Date of Birth</u>	<u>Additional Issuing Information</u>
Contract Owner: [John Doe]	[January 1, 1956]	Contract Number: [01-000000000]
Joint Owner: [Jane Doe]	[December 1, 1961]	Date of Issue: [January 27, 2009]
Annuitant: [John Doe]	[January 1, 1956]	Contract Type: [Non-qualified]
Co-Annuitant: [Jane Doe]	[December 1, 1961]	Initial Purchase Payment: [\$10,000]
Contingent Owner: [N/A]	[N/A]	Annuity Commencement Date: [January 1, 2059]
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

OPTIONS ELECTED**Additional Charge* (denoted by [X])**

Standard Death Benefit	N/A	[X]
<u>Death Benefit Options</u>		
One-Year Enhanced Death Benefit	0.15%	[]
One-Month Enhanced Death Benefit	0.30%	[]
Five-Year Enhanced Death Benefit	0.05%	[]
Combination Enhanced Death Benefit (Greater of 1-Year Anniversary or 5% Interest)	0.40%	[]
<u>Other Options</u>		
Spousal Protection	0.10%	[]
Beneficiary Protector II	0.35%	[]
3% Extra Value (additional charges end 8 years from the Date of Issue)	0.50%	[]
4% Extra Value (additional charges end 8 years from the Date of Issue)	0.60%	[]
Lifetime Income (L.Inc) Option	[0.95-1.00]%	[]
L.Inc with Spousal Continuation	[1.10-1.15]%	[X]

Notes Regarding Additional Charges: For the Death Benefit Options and CDSC 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.

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.25%

Contract Maintenance Charge: \$50*

Total Variable Account Charge: [2.25%]**

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</u>	<u>8 & Thereafter</u>
CDSC Percentage***:	8%	8%	7%	7%	6%	5%	4%	2%	0%

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

** The Total Variable Account Charge shown above includes the base Variable Account charge of 1.25% plus any additional charges associated with the election of any options listed above.

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

SERFF Tracking Number: *NWFA-126000800* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *41399*
Company Tracking Number: *VAA-0100AO.5*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *W&R Sel. Pref (L.Inc. 7) Reprice (2009)*
Project Name/Number: *W&R Sel. Pref (L.Inc. 7) Reprice (2009)/VAA-0100AO.5*

Rate Information

Rate data does NOT apply to filing.