

SERFF Tracking Number: NWFA-126006758 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 41398
Company Tracking Number: VAA-0106AO.1
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Nationwide Destination C ®
Project Name/Number: Nationwide Destination C ®/VAA-0106AO.1

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Nationwide Destination C ® SERFF Tr Num: NWFA-126006758 State: ArkansasLH

TOI: A03I Individual Annuities - Deferred SERFF Status: Closed State Tr Num: 41398

Variable

Sub-TOI: A03I.002 Flexible Premium Co Tr Num: VAA-0106AO.1 State Status: Approved-Closed

Filing Type: Form Co Status: Pending Reviewer(s): Linda Bird

Authors: Cindy Malloy, Leonja Merritt, Stephanie Phillips, Darcy

Spangler, Natalie Walden

Date Submitted: 01/30/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Nationwide Destination C ®

Project Number: VAA-0106AO.1

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Concurrently being filed in our 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: 02/05/2009

State Status Changed: 02/05/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Nationwide Life Insurance Company

NAIC # 66869

FEIN # 31-4156830

NAIC Group # 140

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Forms

Application VAA-0106AO.1

Contract Specifications Page VAB-0107AO.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 will be used with a previously approved individual flexible purchase payment variable deferred annuity contract 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).

Description of the Application

- The application has been revised to remove the Capital Preservation Plus 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.
- Nationwide is changing its branding and the way we market our products. The change will stream line our products and conform them in a more consistent manor, therefore the marketing name has been changed to Nationwide Destination C.

Description of the Contract Specifications Page

The Contract Specifications Page has been revised as follows:

- Reference to the Capital Preservation Plus Option has been removed from the Options Elected portion of the Contract Specifications Page. Upon approval of this filing, this option will no longer be offered with this product.

SERFF Tracking Number: *NWFA-126006758* *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: *Nationwide Destination C ®/VAA-0106AO.1*

Previously Approved Contract

Nationwide intends to use the above referenced forms in conjunction with the following previously approved contract:
VAC-0108AO

Replacement of Previously Approved Forms

Upon approval, the application included in this submission will replace the following previously approved application:
VAA-0106AO.1 will replace VAA-0106AO

Upon approval, the contract specifications page included in this submission will replace the following previously approved contract specifications page:
VAB-0107AO.1 will replace VAB-0107AO

Target Market Information

Customers who need additional retirement savings vehicles or who have separated from an employer and need to roll-over their retirement plan savings. 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

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 available Dollar Cost Averaging options in section 4a are bracketed as availability of these options may change

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over time.

- The underlying mutual fund options are bracketed in section 4b to allow fund name changes or to add/delete funds from this product.

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.

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. 9-4112 or via SERFF.

Company and Contact

Filing Contact Information

Cindy S. Malloy, Sr. Analyst
1 Nationwide Plaza
Columbus, OH 43215

malloyc@nationwide.com
(800) 691-0023 [Phone]
(614) 249-2112[FAX]

Filing Company Information

Nationwide Life Insurance Company
PO Box 182455
1-33-102
Columbus, OH 43272-8921
(800) 691-0023 ext. [Phone]

CoCode: 66869
Group Code: 140

State of Domicile: Ohio
Company Type:

Group Name:
FEIN Number: 31-4156830

State ID Number:

SERFF Tracking Number: NWFA-126006758 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	01/30/2009	25381736

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 02/05/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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-0106AO.1

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VAA-0106AO.1	Application/ Enrollment Form	Revised	Replaced Form #: VAA-0106AO Previous Filing #: 25785	51	VAA-0106AO.1 Bracketed John Doe.pdf
	VAB-0107AO.1	Policy/Cont Contract ract/Fratern Specifications Page al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: VAB-0107AO Previous Filing #: 25785		VAB-0107AO.1doc .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.)*
 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
[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: [] 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: \$ 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 an Enhanced Death Benefit or the Beneficiary Protector II 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. 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.)

3b. 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 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)

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 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 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: May 1, 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: 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 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: 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 Q. Doe]	[January 1, 1969]	Contract Number: [01-000000000]
Joint Owner: [Jane M. Doe]	[December 1, 1970]	Date of Issue: [May 1, 2009]
Annuitant: [John Q. Doe]	[January 1, 1969]	Contract Type: [Non-qualified]
Co-Annuitant: [Jane M. Doe]	[December 1, 1970]	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 (One-Year Anniversary)	N/A	[]
<u>Death Benefit Options</u>		
One-Month Enhanced Death Benefit	0.20%	[]
Combination Enhanced Death Benefit (Greater of One-Year Anniversary or 5% Interest)	0.35%	[X]
<u>Other Options</u>		
Spousal Protection	0.20%	[X]
Beneficiary Protector II	0.35%	[]

* For all options elected, the additional charge is added to the base contract Variable Account charge and is deducted from the assets of the Variable Account. The Beneficiary Protector II option also adds the additional charge to the Multiple Maturity Account investment options resulting in a corresponding decrease to the interest credited.

SUMMARY OF CONTRACT EXPENSES

Base Contract Variable Account Charge: 1.60%

Total Variable Account Charge: [2.15%]*

*The Total Variable Account Charge shown above includes the base Variable Account charge of 1.60% plus any additional charges associated with the election of any options listed above.

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Rate Information

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