Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Select Retirement NLIC Application Filing

SERFF Tr Num: NWFA-126218849

State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable

SERFF Status: Closed-Approved-Closed

State Tr Num: 42918

Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Co Tr Num: IAA-0108AO

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: 07/24/2009

Date Submitted: 07/13/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Select Retirement NLIC Application Filing

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

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:

Filing Status Changed: 07/24/2009

Explanation for Other Group Market Type:
State Status Changed: 07/24/2009
Created By: Grace Holland
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Clara Pollard
Filing Description:
Nationwide Life Insurance Company
NAIC # 66869
FEIN 31-4156830
NAIC Group # 140

Individual Single Premium Immediate Fixed Annuity Option Filing
Application IAA-0108AO
Electronic Printed Application Record IAA-0109AO

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced forms for general use and approval by the Department of Insurance (the "Department").

Description of the Applications

IAA-0108AO will be used to offer the Option and IAA-0109AO will be utilized to provide electonic printed records of the application.

Nationwide will utilize the applications with the previously approved Contract and Supplemental Option.

Contract IIC08-IAC-0102AO, approved by the Department, January 5, 2009, and Department Filing No.: NWFA-125956066 .

Supplemental Option IAR-0104AO approved by the Department, June 11, 2009 Department Filing No.: NWFA-126171129.

Items Bracketed as Variable

Applications

The post office box and zip code found in the address are bracketed as well as the phone number, because these items may change over time.

The product identifier number in the bottom right-hand corner is bracketed as other proprietary relationships may decide to market 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.

Company and Contact

Filing Contact Information

Grace Holland, Sr. Analyst, Corporate Compliance
PO Box 182455
1-33-102
Columbus, OH 43272-8921

hollang2@nationwide.com

800-691-0023 [Phone] 93245 [Ext]
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	Group Name:	State ID Number:
Columbus, OH 43272-8921	FEIN Number: 31-4156830	
(800) 691-0023 ext. [Phone]		

Filing Fees

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

SERFF Tracking Number:	*NWFA-126218849*	*State:*	*Arkansas*
Filing Company:	*Nationwide Life Insurance Company*	*State Tracking Number:*	*42918*
Company Tracking Number:	*IAA-0108AO*		
TOI:	*A05I Individual Annuities- Immediate Non-Variable*	*Sub-TOI:*	*A05I.000 Annuities - Immediate Non-variable*
Product Name:	*Select Retirement NLIC Application Filing*		
Project Name/Number:	*Select Retirement NLIC Application Filing/*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	$50.00	07/13/2009	29159183

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/24/2009	07/24/2009

Disposition

Disposition Date: 07/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*NWFA-126218849*	*State:*	*Arkansas*
Filing Company:	*Nationwide Life Insurance Company*	*State Tracking Number:*	*42918*
Company Tracking Number:	*IAA-0108AO*		
TOI:	*A05I Individual Annuities- Immediate Non-Variable*	*Sub-TOI:*	*A05I.000 Annuities - Immediate Non-variable*
Product Name:	*Select Retirement NLIC Application Filing*		
Project Name/Number:	*Select Retirement NLIC Application Filing/*		

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	Electronic Printed Application Record		Yes

Form Schedule

Lead Form Number: IAA-0108AO

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IAA-0108AO	Application/ Enrollment Form	Application	Initial		0.000	IAA-0108AO Bracketed John Doe.pdf
	IAA-0109AO	Application/ Enrollment Form	Electronic Printed Application Record	Initial		0.000	IAA-0109AO.pdf

☐ NATIONWIDE LIFE INSURANCE COMPANY
☐ NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
P.O. Box 182021
Columbus, OH 43218-2021
1-800-321-6064

Select Retirement
Application for
Individual Single Premium Immediate Fixed Annuity

1. Account Information - Accumulation Phase

1a. Select UMA Account Number

123456789 (This is the account where the assets to be insured are held.)

1b. Account Registration Type *Must specify by checking a box.*

☒ Non-Qualified ☐ SEP IRA ☐ IRA
☐ SIMPLE IRA ☐ Roth IRA

2. Parties to the Contract *Please print.*

2a. Contract Owner *(Contract Owner must be between the age of 45 and 75.)*

First Name: John MI: Q Last Name: Doe
Trust Name (if applicable):
Trustee Name(s) (if applicable):
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

2b. Joint Contract Owner *(Joint Owner must be between the age of 45 and 75.) Limited to spouses except in HI and VT.*

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:

2c. Annuitant *Same as owner unless owned by a Custodian or a Trust. Complete only if different than Contract Owner. (Annuitant must be between the age of 45 and 75.)*

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:

3. Contract Options

3a. Spousal Continuation Option

STOP

***Please select one Option**. If an Option is not elected, Nationwide will default to NOT electing this Option. If this Option is elected, please provide your spouse's information.*

☒ I elect this Option

By electing the Spousal Continuation Benefit, you are accepting additional charges and naming your spouse as a Joint Determining Life. (Younger Spouse must be 80 or younger. Older Spouse must be 84 or younger.)
Please note that the ability to begin Guaranteed Lifetime Withdrawals is based on the age of the younger spouse.

☐ I DO NOT elect this Option *(This option can NOT be added at a later date.)*

3b. Spousal Information/Co-Annuitant

(Younger Spouse must be 80 or younger. Older Spouse must be 84 or younger.) With Spousal Continuation, both spouses will be primary beneficiaries.

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:

4. Eligible Portfolios

*Select only **one** Eligible Portfolio*. You may switch to another Eligible Portfolio, but your Account Value must always remain invested in an Eligible Portfolio to maintain the benefits and Guarantee associated with the Contract.

☐ Select UMA Model 1

☐ Select UMA Model 2

☐ Select UMA Model 3

☐ Select UMA Model 4

☐ Select UMA Model 1 (with Municipals)

☐ Select UMA Model 2 (with Municipals)

☐ Select UMA Model 3 (with Municipals)

☐ Select UMA Model 4 (with Municipals)

5. State Disclosures

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 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 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 WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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.***

☒ **Yes** ☐ **No** **Are you a U.S. Citizen?** **If No, Country of Citizenship** _____

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 $2 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 contact 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 individual single premium immediate fixed income Contract.

I have been advised to consult with a tax professional concerning the taxation of any annuity payments that I may receive under the contract.

I understand that Nationwide may suspend or terminate any benefits under the Supplemental Option if I do not keep the assets in my Account invested in an Eligible Portfolio.

I understand that I must execute an agreement with The Asset Management Company to provide the deduction and remittance of the Fee.

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, **Contract and Supplemental Option**. If you have any questions, ask your Registered Representative BEFORE you sign this application.

STOP **Contract Owner/ Trustee(s) 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

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

Florida License Identification #: (Florida Agents only):

** Registered Representatives are Insurance Agents.*

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: ( )

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

Florida License Identification #: (Florida Agents only):

** Registered Representatives are Insurance Agents.*

NATIONWIDE LIFE INSURANCE COMPANY
NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY
[P.O. Box 1234]
Columbus, OH 43215-1234]
[1-800-321-9332]

Application and Acknowledgement
Individual Single Premium Immediate Fixed Income Annuity

This Application and Acknowledgment completes the Contract Owner's purchase and receipt of the above-referenced Contract. Please verify that the information is correct and *carefully read* and sign where indicated.

CONTRACT INFORMATION

Product Name: [Select Retirement]
Date of Issue: **[**March 1, 2009]

Contract Number: [12-34567890]
Contract Type: [Non-Qualified]

Account Registration Type Must specify by checking a box.
[Non-Qualified] [SEP IRA] [IRA]
[SIMPLE IRA] [Roth IRA]

Account to be Guaranteed [ ]

Contract Owner or Trust Information
Name: [John A. Doe]
Address: [1234 Any Street Anyplace, Anystate 12345-6789]
SSN: [123-45-6789]
Birth Date: [January 1, 1956]
Gender: [Male]

Joint Contract Owner
Name: [Jane B. Doe]
Address: [1234 Any Street Anyplace, Anystate 12345-6789]
SSN: [987-65-4321]
Birth Date: [December 1, 1961]
Gender: [Female]

Annuitant Information
Name: [John A. Doe]
Address: [1234 Any Street Anyplace, Anystate 12345-6789]
SSN: [123-45-6789]
Birth Date: [January 1, 1956]
Gender: [Male]

Spousal Continuation Option
Please select one Option. If an Option is not elected, Nationwide will default to NOT electing this Option. (This option can NOT be added at a later date.)

[I elect this option] [I DO NOT elect this option]

By electing the Spousal Continuation Benefit, you are accepting an additional maximum fee equal to an annual rate of 0.30%. Please note that the ability to begin Guaranteed Lifetime Withdrawals is based on the age of the younger spouse.

Spousal Information/Co-Annuitant (Younger spouse must be age 81 or younger. Older spouse must be younger than 84.) With Spousal Continuation, both spouses will be primary beneficiaries.

Name: [Jane B. Doe]
Address: [1234 Any Street Anyplace, Anystate 12345-6789]
SSN: [987-65-4321]
Birth Date: [December 1, 1961]
Gender: [Female]

Contract Options
[Spousal Continuation Option]

Eligible Portfolio Selected
Select only **one** Eligible Portfolio. You may switch to another Eligible Portfolio, but your Account Value must always remain invested in an Eligible Portfolio to maintain the benefits and Guarantee associated with the Contract.

[Select UMA Model 1 w/o Municipal Bonds
Select UMA Model 2 w/o Municipal Bonds
Select UMA Model 3 w/o Municipal Bonds
Select UMA Model 4 w/o Municipal Bonds

Select UMA Model 1 w/ Municipal Bonds
Select UMA Model 2 w/ Municipal Bonds
Select UMA Model 3 w/ Municipal Bonds
Select UMA Model 4 w/ Municipal Bond]

Remarks

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 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 ONLY: 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 WA RESIDENTS ONLY: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

NOTICE TO MA RESIDENTS ONLY: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

CONTRACT OWNER SIGNATURES and AUTHORIZATIONS

Do you have existing life insurance or annuity contracts? Yes No (please circle one)
Will the applied for Contract replace any existing life insurance or annuity contracts? Yes No (please circle one)

Are you a U.S. Citizen? [Yes] [No] (Please circle one.) If No, please list Country of Citizenship {Any Country]

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 $2 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 contact 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 individual single premium immediate fixed income Contract.

I have been advised to consult with a tax professional concerning the taxation of any annuity payments that I may receive under the contract.

I understand that Nationwide may suspend or terminate any benefits under the Supplemental Option if I do not keep the assets in my Account invested in an Eligible Portfolio. I understand that I must execute an agreement with the Asset Management Company to provide the deduction and remittance of the Fee.

NOTICE TO FLORIDA RESIDENTS ONLY: Any person who knowingly and with intent to injure, defraud, or deceive any Company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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**, Contract and Supplemental Option**. If you have any questions, ask your Registered Representative BEFORE you sign this application.

Contract Owner *John A. Doe* 03/01/09 Joint Owner *Jane B. Doe* 03/01/09
(Signature) (Date) (Signature) (Date)

State in which the Contract was signed: [Anystate] Date: [03/05/2009]

REGISTERED REPRESENTATIVE INFORMATION

Registered Representative[1]: *Thomas A. Moore* 03/01/09 Firm Name: ABC Brokerage
(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505
Broker/Dealer Name: _____ SSN: _____ (Not required if broker dealer name is provided)

Address: 444 Anystreet
Anycity, Anystate 12345-6789

Florida License Identification #: (Florida Agents only): _____

[1]Registered Representatives are Insurance Agents.

Supporting Document Schedules

Item Status: **Status Date:**

Bypassed - Item: Flesch Certification

Bypass Reason: Not applicable, application filing.

Comments:

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Please see the Forms Schedule tab.

Comments: