

SERFF Tracking Number: NWFA-126493361 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44833
Company Tracking Number: VAA-0117AO.1
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Schwab Income Choice Application 2010
Project Name/Number: Schwab Income Choice Application 2010/

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Schwab Income Choice SERFF Tr Num: NWFA-126493361 State: Arkansas

Application 2010

TOI: A03I Individual Annuities - Deferred SERFF Status: Closed-Approved- State Tr Num: 44833
Variable Closed

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: VAA-0117AO.1

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Todd Beshara, Amy Disposition Date: 02/18/2010

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

Date Submitted: 02/12/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 05/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Schwab Income Choice Application 2010

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: 02/18/2010

Explanation for Other Group Market Type:

State Status Changed: 02/18/2010

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Product Name: Schwab Income Choice Application 2010
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Deemer Date: Created By: Clara Pollard
Submitted By: Clara Pollard Corresponding Filing Tracking Number:
Filing Description:
RE: Nationwide Life Insurance Company
NAIC # 66869 FEIN 31-4156830 NAIC Group # 140

Individual Deferred Variable Annuity Application Filing

Application VAA-0117AO.1

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced form for general use and approval by the Department of Insurance (the "Department"). Upon approval by the Department, Nationwide will begin utilizing this form May 1, 2010.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

The above referenced form will be issued with the previously approved individual flexible purchase payment variable deferred annuity contract VAC-0115AO approved by the Department on 12/18/2007.

Nationwide is filing the application to reflect the removal of NAA models (that are no longer being offered), and the addition of the Nationwide Custom Portfolio.

Description of the Application

Application - VAA-0117AO.1 replaces the previously approved application VAA-0117AO, and is included in this filing for the Department's approval.

Target Market

The primary market for the base Contract will be clients age 85 or younger who are seeking protection from both inflation and longevity risk.

Items Bracketed as Variable

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.

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Product Name: Schwab Income Choice Application 2010
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- 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.
- The underlying mutual fund options are bracketed in section 4(a) and (5) 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 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

Clara Pollard, Sr. Compliance Analyst, pollarc@nationwide.com
Corporate Compliance
PO Box 182455 800-691-0023 [Phone] 94507 [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]

Filing Fees

SERFF Tracking Number: NWFA-126493361 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44833
Company Tracking Number: VAA-0117AO.1
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Schwab Income Choice Application 2010
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Domicile state, Ohio retaliatory fee is \$50.00 per filing.
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|---------|----------------|---------------|
| Nationwide Life Insurance Company | \$50.00 | 02/12/2010 | 34160656 |

SERFF Tracking Number: NWFA-126493361 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 44833
Company Tracking Number: VAA-0117AO.1
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: Schwab Income Choice Application 2010
Project Name/Number: Schwab Income Choice Application 2010/

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 02/18/2010 | 02/18/2010 |

SERFF Tracking Number: NWFA-126493361 *State:* Arkansas
Filing Company: Nationwide Life Insurance Company *State Tracking Number:* 44833
Company Tracking Number: VAA-0117AO.1
TOI: A031 Individual Annuities - Deferred Variable *Sub-TOI:* A031.002 Flexible Premium
Product Name: Schwab Income Choice Application 2010
Project Name/Number: Schwab Income Choice Application 2010/

Disposition

Disposition Date: 02/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWFA-126493361 *State:* Arkansas
Filing Company: Nationwide Life Insurance Company *State Tracking Number:* 44833
Company Tracking Number: VAA-0117AO.1
TOI: A031 Individual Annuities - Deferred Variable *Sub-TOI:* A031.002 Flexible Premium
Product Name: Schwab Income Choice Application 2010
Project Name/Number: Schwab Income Choice Application 2010/

| 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 |

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Form Schedule

Lead Form Number: VAA-0117AO.1

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|--------------|------------------------------|---------|----------------------|-------------|-------------------------------------|
| | VAA-0117AO.1 | Application/ Enrollment Form | Initial | | 0.000 | VAA-0117AO.1 Bracketed John Doe.pdf |



1. Parties to the Contract *Please print.*

1a. Contract Owner

First Name: MI: Last Name:
 Employer/Trust Name (if applicable):
(Trust document and Non-Natural Owner Form required.)
 Date of Birth: Sex: M F Soc. Sec. No. or Tax ID:
 Street:
 City: State: ZIP:

1b. Joint/Contingent Owner

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

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

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

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

Spousal Protection is available only with the One-Year Enhanced Death Benefit Option and the Return of Premium Death Benefit Option. 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: MI: Last Name:
 Primary Relationship to Annuitant: Allocation (whole % only):
 Contingent Social Security Number: Date of Birth:

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

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

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

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

2. Contract Information

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

| | | | |
|---|----------------------|--|----------------------|
| <input checked="" type="checkbox"/> Non-Qualified | <input type="text"/> | <input type="checkbox"/> SEP IRA* | <input type="text"/> |
| <input type="checkbox"/> IRA – Tax Year: | <input type="text"/> | <input type="checkbox"/> 401(k)* | |
| <input type="checkbox"/> Roth IRA – Tax Year: | <input type="text"/> | <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: **\$25,000 initial minimum.**

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 Packages in this section may increase the Variable Account charges on your contract. Consult your prospectus.*

STOP You must choose only 1 package from 1 through 8 below.

Package 1

Includes:

- Return of Premium Death Benefit Option

To elect your investment option(s), please skip Section 4 and complete Section 5.

Package 2 *(Annuitant/Co-Annuitant, age 80 or younger.)*

Includes:

- One-Year Enhanced Death Benefit Option

To elect your investment option(s), please skip Section 4 and complete Section 5.

Package 3 *(Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.)*

Includes:

- The Nationwide Lifetime Income OptionSM (L.Inc)
- Return of Contract Value Death Benefit

To elect your investment option(s), please complete Section 4 a and b and skip Sections 4c and 5.

Package 4 *(Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 85.)*

Includes:

- The Nationwide Lifetime Income OptionSM (L.Inc)
- Return of Premium Death Benefit Option

To elect your investment option(s), please complete Section 4 a and b and skip Sections 4c and 5.

Package 5 *(Contract Owner, or Annuitant in the case of non-natural Contract Owner, must be between the age of 45 and 80.)*

Includes:

- The Nationwide Lifetime Income OptionSM (L.Inc)
- One-Year Enhanced Death Benefit Option

To elect your investment option(s), please complete Section 4 a and b and skip Sections 4c and 5.

Package 6 *(Both spouses must be between the age of 45 and 85.)*

Includes:

- The Nationwide Lifetime Income OptionSM (L.Inc)
- Spousal Continuation Benefit
- Return of Contract Value Death Benefit

To elect your investment option(s), please complete Section 4 a, b and c and skip Section 5.

Package 7 *(Both spouses must be between the age of 45 and 85.)*

Includes:

- The Nationwide Lifetime Income OptionSM (L.Inc)
- Spousal Continuation Benefit
- Return of Premium Death Benefit Option

To elect your investment option(s), please complete Section 4 a, b and c and skip Section 5.

Package 8 *(Both spouses must be between the age of 45 and 80.)*

Includes:

- The Nationwide Lifetime Income OptionSM (L.Inc)
- Spousal Continuation Benefit
- One-Year Enhanced Death Benefit Option

To elect your investment option(s), please complete Section 4 a, b and c and skip Section 5.



4. The Nationwide Lifetime Income OptionSM (L.Inc)

4a. Select one or more funds from Box 1, or one investment option from Box 2.

1 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

= 100%

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



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

- Nationwide Custom Portfolio

4b. When do you anticipate beginning withdrawals?

- Immediately (Please complete the L.Inc Administrative form in the New Business Enrollment Packet.)
- In ____ years
- Not Sure

4c. Electing Spousal Continuation Benefit

- Spousal Continuation Benefit
- Same as Co-Annuitant

First Name: MI: Last Name:

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

By electing the Spousal Continuation Benefit, you are naming your spouse as a Joint Determining Life. 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.



5. 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.

Asset Rebalancing – Only the variable portion of the allocations will be rebalanced. Not available with packages 3 through 8.

Monthly Quarterly Semi-Annually Annually

Consult your prospectus for reference to Share Class.

| | | |
|---|--|--|
| AIM Variable Insurance Funds | Nationwide Variable Insurance Trust (NVIT) | % NVIT Multi-Manager Small Cap Value Fund |
| % AIM V.I. Capital Development Fund | % AllianceBernstein NVIT Global Fixed Income Fund* | % NVIT Multi-Manager Small Company Fund |
| AllianceBernstein Variable Products Series Fund, Inc. | % American Century NVIT Multi Cap Value Fund | % NVIT Multi Sector Bond Fund |
| % AllianceBernstein Small/Mid Cap Value Portfolio | % American Funds NVIT Asset Allocation Fund | % NVIT Nationwide Fund |
| American Century Variable Portfolios, Inc. | % American Funds NVIT Bond Fund | % NVIT Short Term Bond Fund |
| % American Century VP Mid Cap Value Fund | % American Funds NVIT Global Growth Fund | % NVIT Technology and Communications Fund* |
| American Century Variable Portfolios II, Inc. | % American Funds NVIT Growth Fund | % NVIT U.S. Growth Leaders Fund |
| % American Century VP Inflation Protection Fund | % American Funds NVIT Growth-Income Fund | % Oppenheimer NVIT Large Cap Growth Fund |
| Blackrock | % Federated NVIT High Income Bond Fund* | % Templeton NVIT International Value Fund* |
| % Blackrock Global Allocation V.I. Fund | % Gartmore NVIT Emerging Markets Fund* | % Van Kampen NVIT Comstock Value Fund |
| Dreyfus | % Gartmore NVIT International Equity Fund* | % Van Kampen NVIT Real Estate Fund |
| % Dreyfus Investment Portfolios - Small Cap Stock Index Portfolio | % Gartmore NVIT Worldwide Leaders Fund* | Neuberger Berman Advisers Management Trust |
| % Dreyfus Stock Index Fund, Inc. | % Neuberger Berman NVIT Multi Cap Opportunities Fund | % AMT Short Duration Bond Portfolio |
| % Dreyfus Variable Investment Fund – Appreciation Portfolio | % Neuberger Berman NVIT Socially Responsible Fund | NVIT Investor Destinations Funds |
| Fidelity Variable Insurance Products Fund | % NVIT Cardinal Aggressive Fund | % NVIT Investor Dest. Conservative Fund |
| % VIP Energy Portfolio* | % NVIT Cardinal Balanced Fund | % NVIT Investor Dest. Moderately Conservative Fund |
| % VIP Equity-Income Portfolio | % NVIT Cardinal Capital Appreciation Fund | % NVIT Investor Dest. Balanced Fund |
| % VIP Growth Portfolio | % NVIT Cardinal Conservative Fund | % NVIT Investor Dest. Moderate Fund |
| % VIP Investment Grade Bond Portfolio | % NVIT Cardinal Moderate Fund | % NVIT Investor Dest. Capital Appreciation Fund |
| % VIP Mid Cap Portfolio | % NVIT Cardinal Moderately Aggressive Fund | % NVIT Investor Dest. Moderately Aggressive Fund |
| % VIP Overseas Portfolio* | % NVIT Cardinal Moderately Conservative Fund | % NVIT Investor Dest. Aggressive Fund |
| Franklin Templeton Variable Insurance Products Trust | % NVIT Core Bond Fund | Oppenheimer Variable Account Funds |
| % Franklin Income Securities Fund | % NVIT Core Plus Bond Fund | % Oppenheimer Global Securities Fund/VA* |
| % Franklin Small Cap Value Securities Fund | % NVIT Government Bond Fund | % Oppenheimer Main Street Fund®/VA |
| % Franklin Templeton VIP Founding Funds Allocation Fund | % NVIT Health Sciences Fund* | % Oppenheimer Main Street Small Cap Fund®/VA |
| Ivy Funds Variable Insurance Portfolios, Inc. | % NVIT International Index Fund* | PIMCO Variable Insurance Trust |
| % Asset Strategy | % NVIT Mid Cap Index Fund | % Foreign Bond Portfolio (Unhedged) |
| Janus Aspen Series | % NVIT Money Market Fund | % Low Duration Portfolio |
| % Forty Portfolio | % NVIT Multi-Manager International Growth Fund* | Schwab Annuity Portfolios |
| % Overseas Portfolio* | % NVIT Multi-Manager International Value Fund* | % Schwab Money Market Portfolio™ |
| MFS® Variable Insurance Trust | % NVIT Multi-Manager Large Cap Growth Fund | Wells Fargo Advantage Funds® Variable Trust |
| % MFS Value Series | % NVIT Multi-Manager Large Cap Value Fund | % VT Small Cap Growth Fund |
| | % NVIT Multi-Manager Mid Cap Growth Fund | |
| | % NVIT Multi-Manager Mid Cap Value Fund | |
| | % NVIT Multi-Manager Small Cap Growth Fund | |
| | | MVA/Guar. Term Option (GTO) |
| | | \$1,000 minimum for each MVA/GTO Option selected. |
| | | % 3 Year |
| | | % 5 Year |
| | | % 7 Year |
| | | % 10 Year |



6. 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 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.

Notice to RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

7. 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.

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. 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: Anystate Date: May 1, 2010

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

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



8. 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:

THIS SPACE LEFT INTENTIONALLY BLANK



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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|-----------------|
| Bypassed - Item: Flesch Certification | | |
| Bypass Reason: N/A This is an application filing only for an variable annuity contract which is subject to federal jurisdiction. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|--------------|-----------------|
| Bypassed - Item: Application | | |
| Bypass Reason: The application is attached under the Form Schedule tab and the previously approved application VAA-0117AO was approved on 12/18/2007. | | |
| Comments: | | |