

SERFF Tracking Number: NWFA-126957498 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 47605
Company Tracking Number: VAA-0125AO
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Order Entry Application
Project Name/Number: /

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Order Entry Application

TOI: A03I Individual Annuities - Deferred
Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: NWFA-126957498 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47605

Co Tr Num: VAA-0125AO

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/11/2011

Authors: Todd Beshara, Amy
Burchette, Angela D. Cox, Jenny
Christiansen, 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, Leslie Hernandez

Date Submitted: 12/29/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 05/01/2011

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Grace Holland

Filing Description:

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

Individual Market Type:

Filing Status Changed: 01/11/2011

State Status Changed: 01/11/2011

Created By: Clara Pollard

Corresponding Filing Tracking Number:

SERFF Tracking Number: NWFA-126957498 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 47605
Company Tracking Number: VAA-0125AO
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Order Entry Application
Project Name/Number: /

RE: Nationwide Life Insurance Company
NAIC # 66869 FEIN # 31-4156830 NAIC Group # 140

Individual Flexible Purchase Payment Variable Deferred Annuity Application
VAA-0125AO

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced form for approval by the Department of Insurance (the "Department"). Upon approval by the Department, Nationwide will begin utilizing the form May 1, 2011.

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

Application VAA-0125AO

Application VAA-0125AO (the "Application") is new and doesn't replace any other application. It is a common application designed to facilitate order entry for new business submitted through third party financial institutions, broker dealers, wirehouse channels, and captive Nationwide agents.

The Application will be generated based on customer specific information. The Application will be customized to reflect only the optional features and investment options selected by the Contract Owner. Once the application has been reviewed by the Contract Owner, they will sign the application verifying the options elected.

Upon approval by the Department, the Application will be issued with the following previously approved Individual Flexible Purchase Payment Variable Deferred Annuity Contract VAC-0117AOCV approved by the Department 09/09/2009, Departmental Filing Number 43417.

TARGET MARKET

Consumers who need additional retirement savings vehicles and who are interested in market participation while preserving an option for immediate lifetime income. It also serves investors who want to protect beneficiaries against possible loss of contract value at the time of the annuitant's death via guaranteed minimum death benefits.

Items Bracketed as Variable

The bracketed items on the application are customized for each Contract Owner based on information provided by the Contract Owner at time of application. Only the items chosen by the Contract Owner will appear on the 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.

SERFF Tracking Number: NWFA-126957498 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 47605
Company Tracking Number: VAA-0125AO
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Order Entry Application
Project Name/Number: /

- The Joint Owner, Co-Annuitant, Contingent Owner and Contingent Annuitant Information sections are bracketed to reflect only those options chosen by the Contract Owner.
- The Contract Options Elected and Initial Purchase Payment Allocation fields are bracketed as this information will vary by Contract Owner selections.
- The Asset Rebalancing and Dollar Cost Averaging sections are bracketed under the Administrative Service section to reflect the options chosen by the Contract Owner. If the Contract Owner chooses not to elect either Asset Rebalancing or Dollar Cost Averaging, the word 'None' will appear on the Application.
- The Transfer Authorization for Registered Representative sections are bracketed so that only the option elected ("yes" or "no") by the Contract Owner will appear on the application.
- The Additional Registered Representative Information section is bracketed to reflect the possibility of more than one registered representative.

Other Information

Nationwide certifies that, to the best of its knowledge and belief, the application submitted complies 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 this form 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

SERFF Tracking Number: NWFA-126957498 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 47605
Company Tracking Number: VAA-0125AO
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Order Entry Application
Project Name/Number: /
(800) 691-0023 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	12/29/2010	43299245

SERFF Tracking Number: NWFA-126957498 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 47605
Company Tracking Number: VAA-0125AO
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: Order Entry Application
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/11/2011	01/11/2011

SERFF Tracking Number: *NWFA-126957498* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *47605*
Company Tracking Number: *VAA-0125AO*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *Order Entry Application*
Project Name/Number: */*

Disposition

Disposition Date: 01/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWFA-126957498 *State:* Arkansas
Filing Company: Nationwide Life Insurance Company *State Tracking Number:* 47605
Company Tracking Number: VAA-0125AO
TOI: A031 Individual Annuities - Deferred Variable *Sub-TOI:* A031.002 Flexible Premium
Product Name: Order Entry Application
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes

SERFF Tracking Number: NWFA-126957498 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 47605
 Company Tracking Number: VAA-0125AO
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Order Entry Application
 Project Name/Number: /

Form Schedule

Lead Form Number: VAA-0125AO

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VAA-0125AO	Application/ Enrollment Form	Initial		50.900	VAA-0125AO.pdf

NATIONWIDE LIFE INSURANCE COMPANY

[P.O. Box 1234, Columbus, OH 43215-1234]
 [1-800-321-9332]

Application

Individual Flexible Purchase Payment Variable Deferred Annuity

Please verify that the information is correct and *carefully read* and sign where indicated.

CONTRACT INFORMATION

Product Name: [Nationwide Destination B]
Initial Purchase Payment: [\$5,000]

Contract Type: [Non-Qualified]
[Source of Initial Purchase Payment: [Wire, Check ,IRA]]

Contract Owner Information

[Name: John A. Doe
 Address: 1234 Any Street Anyplace, Anystate 12345-6789
 SSN: 123-45-6789
 Birth Date: January 1, 1965
 Gender: Male]

Annuitant Information

[Name: John A. Doe
 Address: 1234 Any Street Anyplace, Anystate 12345-6789
 SSN: 123-45-6789
 Birth Date: January 1, 1965
 Gender: Male]

Joint Owner Information

Name: Jane B. Doe
 Address: 1234 Any Street Anyplace, Anystate 12345-6789
 SSN: 987-65-4321
 Birth Date: June 1, 1965
 Gender: Female

Co-Annuitant Information

Name: Jane B. Doe
 Address: 1234 Any Street Anyplace, Anystate 12345-6789
 SSN: 987-65-4321
 Birth Date: June 1, 1965
 Gender: Female

Contingent Owner Information

Name: Julie B. Doe
 Address: 1234 Any Street Anyplace, Anystate 12345-6789
 SSN: 987-65-4321
 Birth Date: June 1, 1965
 Gender: Female

Contingent Annuitant Information

Name: Julie B. Doe
 Address: 1234 Any Street Anyplace, Anystate 12345-6789
 SSN: 987-65-4321
 Birth Date: June 1, 1965
 Gender: Female

Beneficiaries

<u>Name</u>	<u>SSN</u>	<u>Birth Date</u>	<u>Primary or Contingent</u>	<u>Percentage Allocation</u>	<u>Relationship to Annuitant</u>
[Cam A. Doe]	[123-45-6789]	[January 1, 2000]	[Primary]	[50%]	[Brother]
[Cayla B. Doe]	[987-65-4321]	[November 1, 2005]	[Primary]	[50%]	[Sister]
[Asia B. Doe]	[654-12-3789]	[May 11, 1989]	[Contingent]	[100%]	[Sister]

Contract Options Elected

[Standard Death Benefit
 Beneficiary Protector II
 3% Extra Value
 5-Year CDSC]

Initial Purchase Payment Allocation

Please note: The underlying investment options listed on this application 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.

GVIT EMERGING MARKETS	25%
JP MORGAN GVIT BALANCED I	25%
FID VIP OVERSEAS PORT SC	25%
AM CEN VIP VALUE I	25%

Administrative Services [None]

Asset Rebalancing – Only the variable portion of the allocations will be rebalanced.

Frequency: [Monthly] [Quarterly] [Semi-Annually] [Annually]

Dollar Cost Averaging (DCA) – DCA Program Elected:

[6-month Enhanced]

[12-month Enhanced]

[Interest Averaging Monthly]

[Standard Fixed Account Monthly: Dollar Amount \$ []]

Disclosures

NOTICE TO MN, ND, SC, AND SD RESIDENTS ONLY:

Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

NOTICE TO AR, CO, KY, LA, ME, NM, OH AND TN

RESIDENTS ONLY: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

NOTICE TO MN RESIDENTS ONLY: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

NOTICE TO DC RESIDENTS ONLY: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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.

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.

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.

Transfer Authorization for Registered Representative

Yes, I have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under my Contract and/or to allocate any future Purchase Payments on my 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 of 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. 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.

No: I elect not to allow my Registered Representative to have transfer authorization.

CONTRACT OWNER SIGNATURES

State In Which The Application Is Signed [Anystate]

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?

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.

By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.

Contract Owner John A. Doe 5/1/2011 Joint Owner Jane B. Doe 5/1/2011
(Signature) (Date) (Signature) (Date)

PRIMARY REGISTERED REPRESENTATIVE INFORMATION

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?

Registered Representative¹: Thomas A. Moore 5/1/2011 Firm Name: ABC Producer
(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505

Address: 444 Anystreet
Anycity, Anystate 12345-6789

¹Registered Representatives are Insurance Agents.

ADDITIONAL REGISTERED REPRESENTATIVE INFORMATION

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?

Registered Representative: Thomas A. Moore 05/01/2011 Firm Name: ABC Brokerage
(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505

Address: 444 Anystreet
Anycity, Anystate 12345-6789

Remarks

SERFF Tracking Number: NWFA-126957498 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 47605
Company Tracking Number: VAA-0125AO
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Order Entry Application
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: This is an application filing for a individual Deferred Fixed and Variable Annuity and does not require any of the above forms be filed.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application is attached under the form schedule tab.		