

SERFF Tracking Number: NWFA-127367165 State: Arkansas  
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49541  
Company Tracking Number: VAA-0135AO  
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
Product Name: Informational Group Flexible Premium Deferred Variable Annuity Application  
Project Name/Number: /VAC-0125AO

## Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Informational Group Flexible SERFF Tr Num: NWFA-127367165 State: Arkansas

Premium Deferred Variable Annuity Application

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Accepted State Tr Num: 49541

For Informational Purposes

Sub-TOI: A03G.002 Flexible Premium

Co Tr Num: VAA-0135AO

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Angela D. Cox, Grace

Disposition Date: 08/17/2011

Holland, Leonja Merritt, Darcy L.

Spangler, Melanie Davis

Date Submitted: 08/12/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: VAC-0125AO

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: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Trust

Overall Rate Impact:

Filing Status Changed: 08/17/2011

State Status Changed: 08/17/2011

Deemer Date:

Created By: Darcy L. Spangler

Submitted By: Darcy L. Spangler

Corresponding Filing Tracking Number:

Filing Description:

Nationwide wishes to inform the Department of a clerical error.

When Application VAA-0135AO was approved by the Department on August 5, 2011 (DOI Tracking # 49346)

Nationwide became aware that the referenced form within the Forms Schedule had the incorrect form number. Upon opening the PDF, it reflected VAC-0135AO.

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At this time Nationwide wishes to inform the Department the correct form number is VAA-0135AO and that the revised form is included with this filing.

Nationwide certifies that this form has never been issued and no other changes were made to the application.

## Company and Contact

### Filing Contact Information

Melanie Davis, Specialist, Corporate Compliance  
 1 Nationwide Plaza, 1-33-102  
 Columbus, OH 43215  
 davism98@nationwide.com  
 800-691-0023 [Phone] 9-4701 [Ext]  
 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  
 Group Name:  
 FEIN Number: 31-4156830  
 State of Domicile: Ohio  
 Company Type:  
 State ID Number:

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form @ \$50 each = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	08/12/2011	50582158

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	08/17/2011	08/17/2011

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## **Disposition**

Disposition Date: 08/17/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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

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## Form Schedule

**Lead Form Number: VAA-0135AO**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VAA-0135AO	Application/ Enrollment Form	Initial		0.000	Application VAA-0135AO.pdf



**The Contract will become effective only upon acceptance, by signature below, of a duly authorized Nationwide Life Insurance Company ("Nationwide") signatory.**

**PLEASE PRINT**  
**All sections of the application must be completed.**

**Plan Information**

Plan Name \_\_\_\_\_

Contractholder (Plan Fiduciary): \_\_\_\_\_

Plan Tax Identification Number \_\_\_\_\_

**Signatures**

By signature below of the duly authorized person(s) the Contractholder (Plan Fiduciary), hereby:

- A.** acknowledges having received and read a sample Contract and this application;
- B.** acknowledges, understands and agrees to the various charges and funding arrangements under the Contract;
- C.** applies for participation in the Contract as a funding vehicle for the Plan;
- D.** agrees to be bound by the terms and conditions of the Contract;
- E.** acknowledges and understands that no person has authority to make or modify any contract or agreement on Nationwide's behalf, or to waive or alter any of Nationwide's rights or requirements; and
- F.** authorizes Nationwide to accept instructions by telephone, writing or electronically from the Contractholder or plan administrator authorized by it.

Annuity payments, death benefits, surrender values, and other contract values are variable when based on the investment experience of a separate account, and are not guaranteed as to fixed dollar amount. Additionally, any benefits, values or payments based on the performance of the underlying investment options may vary and are NOT guaranteed by Nationwide, or 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.

**STATE INSURANCE FRAUD WARNINGS**

**FOR ALL STATES (EXCEPT THOSE NAMED BELOW and NY):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**FOR 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.

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

**FOR NJ RESIDENTS ONLY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OK AND PA 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.

**FOR 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 AR, CO, KY, LA, ME, NM, OH, RI, 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.

**For Contractholder  
(Plan Fiduciary):**

\_\_\_\_\_  
Print Name of Plan

City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Print Name of Contractholder (Plan Fiduciary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contractholder (Plan Fiduciary)

City \_\_\_\_\_ State \_\_\_\_\_

**Accepted for Nationwide Life Insurance Company**

\_\_\_\_\_  
Signature of Nationwide Life Insurance Company Officer

\_\_\_\_\_  
Date

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification	
<b>Bypass Reason:</b>	Flesch cert is not applicable because the contract will be issued to a trust that will hold the Contract on behalf of an employer and used exclusively with defined contribution plans qualified under Section 401(a) of the Internal Revenue Code and governmental eligible deferred compensation plans under Code Section 457(b).	

**Comments:**

Readability is not applicable because the contract will be issued to a trust that will hold the Contract on behalf of an employer and used exclusively with defined contribution plans qualified under Section 401(a) of the Internal Revenue Code and governmental eligible deferred compensation plans under Code Section 457(b).

	Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	
<b>Bypass Reason:</b>	The application is being filed for informational purposes and is attached under the Form Schedule.	

**Comments:**

	Item Status:	Status Date:
<b>Bypassed - Item:</b>	Life & Annuity - Actuarial Memo	
<b>Bypass Reason:</b>	The form included in this filing does not affect the benefits and/or pricing of the contract, therefore Nationwide will not provide the Department with an Actuarial Memorandum.	

**Comments:**