

State: Arkansas **Filing Company:** Nationwide Life Insurance Company
TOI/Sub-TOI: A02G Group Annuities - Deferred Non-variable/A02G.002 Flexible Premium
Product Name: Unallocated Guaranteed Fund Fixed Dollar Annuity Contract Application Filing
Project Name/Number: Unallocated Guaranteed Fund Fixed Dollar Annuity Contract Application Filing/

Filing at a Glance

Company: Nationwide Life Insurance Company
Product Name: Unallocated Guaranteed Fund Fixed Dollar Annuity Contract Application Filing
State: Arkansas
TOI: A02G Group Annuities - Deferred Non-variable
Sub-TOI: A02G.002 Flexible Premium
Filing Type: Form
Date Submitted: 10/16/2012
SERFF Tr Num: NWFA-128722175
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: PNA-0102AO.1
Implementation: On Approval
Date Requested:
Author(s): Amy Burchette, Jenny Christiansen, Grace Holland, Leonja Merritt, Darcy L. Spangler, Gayla Pace, Clara Pollard, Jennifer Kamadana
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/22/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

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General Information

Project Name: Unallocated Guaranteed Fund Fixed Dollar Annuity Contract Application Filing 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: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 10/22/2012
 State Status Changed: 10/22/2012 Deemer Date:
 Created By: Grace Holland Submitted By: Grace Holland
 Corresponding Filing Tracking Number: NWFA-128104637

Filing Description:
 RE: Nationwide Life Insurance Company

NAIC # 66869 FEIN # 31-4156830 Group # 140

Unallocated Guaranteed Fund Fixed Annuity Contract Filing

Group Fixed Annuity Application: PNA-0102AO.1

Dear Commissioner:

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced form for general use and approval by the Department of Insurance (the "Department"). Nationwide will begin utilizing this form upon approval of the Department. No part of the filing contains any unusual or possibly controversial items from normal company or industry standards.

Description of the Filing

The application is being submitted to revise the signature line for the Agent's signature from "Authorized Representative's Signature" to "Signature of Licensed Agent", and adding the product name to the application heading and the new fraud warning for Alabama.

Application

Application PNA-0102AO.1 will replace previously approved application PNA-0102AO, and will be issued with previously approved Contract PNC-1005AO, both approved on 3/9/2012, SERFF # NWFA-128104637.

Marketing Information

The Contract will be utilized to fund tax favored employer sponsored retirement plans qualified under sections 401(a) and 457(b) of the Internal Revenue Code.

Other Information

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Pursuant to the NAIC Model Act adopted by most states, group annuity forms issued to fund employer sponsored retirement plans are exempt from the readability requirements.

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. 9-3245, or via SERFF.

Company and Contact

Filing Contact Information

Grace Holland, Specialist, Paralegal hollang2@nationwide.com
 Corporate Compliance
 PO Box 182455 800-691-0023 [Phone] 93245 [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

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

Company	Amount	Date Processed	Transaction #
Nationwide Life Insurance Company	\$50.00	10/16/2012	63940709

SERFF Tracking #:

NWFA-128722175

State Tracking #:

Company Tracking #:

PNA-0102AO.1

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Filing Company:

Nationwide Life Insurance Company

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/22/2012	10/22/2012

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Disposition

Disposition Date: 10/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to 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
Supporting Document	Memorandum of Variables		Yes
Form	Application		Yes

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Form Schedule

Lead Form Number: PNA-0102AO.1

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		PNA-0102AO.1	AEF	Application	Revised: Replaced Form #: PNA-0102AO Previous Filing #: NWFA-128104637	0.000	PNA-0102AO.1 John Doe Application.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



**APPLICATION FOR NATIONWIDE FIXED SELECT ANNUITY CONTRACT
MADE TO
NATIONWIDE LIFE INSURANCE COMPANY
(Nationwide)
[ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215
1-800-255-7566]**

APPLICANT'S NAME [Trustees or Custodian of the ABC Plan for the Exclusive Benefit of it's Participants and their Beneficiaries]

(Exact Name of Applicant, e.g., ABC Company, Inc. or Trustees of XYZ Company, Inc. Retirement Trust)

(The "Applicant"), applies to be the Contract Owner of a Guaranteed Fund Fixed Dollar Annuity Contract (the "Contract") underwritten by Nationwide Life Insurance Company ("Nationwide").

Contract Type: Pooled Fixed Contract

The applicant applies for the attached Group Annuity Contract(s) as specified above.
The applicant approves and accepts the terms of the Contract.
The applicant certifies that to the best of its knowledge:

1. The applicant has the authority to enter into the Contract.
2. The applicant's plan qualifies under:

Section 401
 Section 457(b)
of the Internal Revenue Code.]

Not all Contract Types will be available for all Plan types.

3. The Applicant, if a sole proprietorship or partnership or if a trustee representing a Plan established or maintained by a sole proprietorship or partnership:
 - a. is or represents a Plan established or maintained by a financially sophisticated law, accounting, investment banking, pension consulting, or investment advisory firm with financial/business knowledge and experience, capable of adequately representing its interests and those of its employees; or
 - b. has obtained the advice of an independent, expert financial or business advisor having no affiliation or material business relationship with Nationwide, and capable of adequately representing the interest of the applicant and its employees.
 - c. The Plan covers only (i) the employees of an employee benefit plan established or maintained by a single employer or employers under common control or (ii) the employees of any employer which contributes to a plan established or maintained by an employee organization or (iii) the employees of any employer which contributes to a plan maintained by more than one employer which is not established by an employee organization.
4. This Contract is a permissible investment under the applicant's plan.
5. The Applicant acknowledges and agrees that withdrawals and/or transfers from the Contract may be subject to a market value adjustment, and the Applicant will review the Contract for further details on when a market value adjustment will apply.

If Nationwide fails to accept this Application, the amount of deposit will be refunded without interest.

STATE INSURANCE FRAUD WARNINGS

NOTICE TO AR, CO, KY, 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 AL RESIDENTS ONLY: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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.

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

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 MD RESIDENTS ONLY: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 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 VA RESIDENTS ONLY: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY HAVE VIOLATED THE STATE LAW.

FOR 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.

SIGNATURES

Signed at: [Anycity] _____ this [1] day of [November]_____, [2012].
(City, State)

[Specimen]

(Applicant Official Signature)

[November 1, 2012]
(Date)

[Specimen]

Title (Trustee, If Applicable)

[November 1, 2012]
(Date)

[Specimen]

(Title)

[Specimen] [(123456789)]

(Signature of Licensed Agent) (License No.)

[November 1, 2012]
(Date)

[Specimen]

(Title)

[Specimen] [(987654321)]

(Signature of Licensed Agent) (License No.)

[November 1, 2012]
(Date)

SERFF Tracking #:

NWFA-128722175

State Tracking #:

Company Tracking #:

PNA-0102AO.1

State: Arkansas

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Memorandum of Variables		
Comments:			
Attachment(s):			
Memorandum of Variables.pdf			

Memorandum of Variables

Application (PNA-0102AO.1)

Applicant's Name: This field is specific to the Trustees or Custodian of the Plan at the time of application.

Address: If Nationwide's address information changes, it will be modified to reflect the current address and contact information.

Contract Type: Pooled Fixed Contract: The Contract Type may be changed to be offered to other existing Contract Types.

Election of Plan: 401 or 457(b) of the Internal Revenue Code.