

NATIONWIDE FINANCIAL
LICENSING SERVICES DIVISION PRODUCER INFORMATION FORM



ALL INFORMATION IS REQUIRED UNLESS NOTED AS "If Applicable" (Please print legibly or type)

Will you sell **PRIMARILY** in a bank, credit union or savings and loan? Yes No If Yes, Name: _____

Please indicate which products you will sell: Individual Annuities Individual Life Fixed Only Group Annuities Group Retirement Trust

Full Name: _____ Social Security Number: _____
EXACTLY AS SHOWN ON LICENSE

Date of Birth: _____ National Producer Number: _____

State(s) where business will be sold: _____ (Note: Broker Dealer/Firm must be licensed/appointed in the state(s))

Broker/Dealer Name: _____ NASD U-4 Status Report CRD Number: _____
IF APPLICABLE

Agency Name: _____ Fixed Firm: _____
IF APPLICABLE

Business Address: _____
STREET ADDRESS OR P O BOX

_____ CITY STATE ZIP CODE COUNTY

Business Telephone:(_____) _____ Business Fax:(_____) _____

Business Cell Phone:(_____) _____ Business E-mail Address: _____

Resident Address: _____
STREET ADDRESS

_____ CITY STATE ZIP CODE COUNTY

Resident Telephone:(_____) _____

MUST BE COMPLETED BY PRODUCER: (Please attach a detailed letter of explanation for any "Yes" answer to the following questions)

Have you ever been convicted of, pled no contest to, or are currently under indictment for any criminal felony or misdemeanor excluding minor traffic violations? Yes No

Have you filed a bankruptcy petition, been declared bankrupt or insolvent within the past ten years? Yes No

Are you currently indebted to any insurance company or do you now have or have you ever had any unsatisfied judgments, liens, or garnishments against you? Yes No

Have you ever had an appointment canceled by an insurance company for reasons other than lack of production? Yes No

Have you ever been suspended, disqualified or disciplined by any state, federal or self-regulatory agency? Yes No

I, _____, hereby authorize Nationwide and its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for appointment.

I release Nationwide and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I affirm that all of the information provided on the foregoing statement is true, accurate and complete to the best of my knowledge. Should any of the information change, I will promptly notify Nationwide in writing.

Producer Signature _____ Date _____

NATIONWIDE LIFE INSURANCE COMPANY
MAILING ADDRESS
LICENSING SERVICES DIVISION RR1-07-F3
NATIONWIDE INSURANCE ENTERPRISE
PO BOX 182021
COLUMBUS OH 43218

EXPRESS MAILING ADDRESS
LICENSING SERVICES DIVISION RR1-07-F3
NATIONWIDE INSURANCE ENTERPRISE
5100 RINGS RD
COLUMBUS OH 43017

LICENSING FAX NUMBER
1-877-634-5264

NATIONWIDE LIFE INSURANCE
LICENSING PHONE NUMBER
1-800-321-6064

PRIVATE SECTOR RETIREMENT PLANS
LICENSING PHONE NUMBER
1-800-367-5939

