

**APPLICATION FOR GROUP ANNUITY CONTRACT
MADE TO
NATIONWIDE LIFE INSURANCE COMPANY
(The Company)
ONE NATIONWIDE PLAZA
COLUMBUS, OHIO 43215**

CUSTODIAN/TRUSTEE(S) OF THE _____

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

Contract Type: Fixed Contract Indexed Fixed Contract Short Term Indexed 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)
 - Section 403(b)of the Internal Revenue Code.
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 The Company, 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.

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

FOR 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 MA RESIDENTS ONLY

You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Applicant Signature

Typed or Printed Applicant Name

Date

Title (Trustee, If Applicable)

Signature of Licensed Agent

Printed Name of Licensed Agent

License No.

Signature of Licensed Agent

Printed Name of Licensed Agent

License No.

Signature of Licensed Agent

Printed Name of Licensed Agent

License No.

Signature of Licensed Agent

Printed Name of Licensed Agent

License No.