

Street Address:

## Non-Resident Sales Information Form

Nationwide Life Insurance Company Nationwide Life and Annuity Insurance Company

PO Box 182835 Columbus, OH 43218-2835

Phone: 800-848-6331 • Fax: **888-**677-7393 • nationwide.com

\_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone	. 600-646-6551 • Fax.	666-677-7393 • Hationwide.com
1. General Information		
Applicant's Name:		
Street Address (primary residence):		
City:	State:	ZIP:
NOTE: If you are a resident of the state of New York or Maryland, y	ou must complete se	ction 4.
2. General Instructions		
This form is required for all applications where the resident state of the application is signed and the policy issued (a "Non-Resident Sal		applicant is not the state where
Nationwide will not accept Non-Resident Sales when the applican or Washington.	t's resident state is <b>N</b>	lassachusetts, Minnesota, Utah
3. Fundamental Requirements		
In general, it is preferred that the solicitation, application and issua where the applicant resides. However, there are some situations w state has jurisdiction and regulations governing insurance product as to purchase insurance products. Insurance producers who knowingl where the product is not approved or where the insurance produce and sanctions. The insurance producer should advise the applicant in the applicant state of residence and the product as approved in the	there a Non-Resident oprovals, insurance pro ly solicit the purchase r is not appropriately of any differences be	Sale may be appropriate. Each oducer licensing, and solicitation of an insurance policy in a state licensed can be subject to fines tween the product as approved
By signing below, the insurance producer is certifying that this sale	meets one or more of	the following requirements:
• The applicant owns or rents a secondary residence in the non-resi	dent state.	
• The applicant is employed by or owns a business in the non-reside	ent state.	
• The applicant of the policy will be a trust or LLC domiciled in the	non-resident state.	
• The applicant is different than the insured and the sale took place	ce in the resident stat	te of the insured.
• The applicant has a prior relationship with the producer and the sa	le took place in the pr	oducer's primary office location.
• The applicant was referred to the producer and the sale took plac	e in the producer's pr	imary office location.
4. Insurance Policy Delivery for NY and MD Only		
Residents of New York and Maryland Only		
The policy delivery address must be located in the same state in which signed in. <b>Policy delivery cannot occur in NY or MD.</b>	ch the policy was app	roved in and the application was
NOTE: Any existing policy delivery agreements will be followed.		
Please indicate the address that either Nationwide or the Insurance	Producer will deliver	the policy to the Applicant:

NOTE: The policy delivery cannot occur in the Applicant's resident state of NY or MD. This form will be considered not

in good order if left blank or a resident state address of NY or MD is provided in this section.

## 5. Insurance Producer Certifications

I certify that:

- This sale is consistent with the requirements described in Part 3 above, and
- All aspects of the sale and application process, including policy delivery, took place in the "state where signed" as listed on the application

Insurance Producer's:	
Signature:	Date:
6. Applicant Acknowledgment	
I understand that the life insurance policy for which I am applying will be regulations of the state where I am signing the application.	delivered to me and governed by the insurance
Policy Number (if known):	
Applicant:	
Name (please print):	Last 4 digits of SSN:
Signature:	Date:
Applicant:	
Name (please print):	Last 4 digits of SSN:
Signature:	Date: