



Delegation of Authority to Access or to Conduct Business on Behalf of Nationwide Policy Owner

Nationwide Life Insurance Company
Nationwide Life and Annuity Insurance Company

PO Box 182835, Columbus, OH 43218-2835
Phone: 1-800-848-6331 • Fax: 1-888-677-7393 • nationwide.com

1. General Information (please print)

Owner's Information:

Name: _____ Policy Number: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Phone: _____ SSN: _____

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

The undersigned policy owners and collateral assignees, if applicable, (hereinafter referred to as "Owners") have ownership interests in the above-referenced life insurance policy (the "Policy") and hereby authorize and direct Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company (hereinafter, the "Company") to accept instructions from the below named Authorized Party as described in this document ("Authorization").

Authorized Party's Information:

Name (required): _____
SSN (required): _____ Relationship to Policy Owner (required): _____

The Company is authorized to release policy information over the phone to the Authorized Party. The Company is directed to accept instructions and execute transactions from the Authorized Party on the Policy for the limited purposes listed below:

- Address Changes
- Billing Mode Changes
- Premium Change (Universal Life and Variable Life)
- Dividend Option Changes
- Pay Premium with Dividends
- Pay Loan with Dividends
- Place Hold or Stop Bank Draft

This Authorization is effective when it is received and recorded by the Company. The power granted in this Authorization is personal to the Authorized Party unless otherwise stated herein. The Authorized Party and Owner(s) agree, as well as their heirs, estates, successors and assigns, to release, discharge, acquit and hold entirely harmless the Company, its affiliates, assigns and successors in interest, from any and all liability in reliance on the Authorized Party acting pursuant to the powers granted in this Authorization and jointly and severally agree to indemnify the Company for and against any claim, liability or expense arising out of any action by the Company in reliance of such instructions.

If naming a corporation as the Authorized Party, a Corporate Resolution must be submitted with this Authorization. You can use your own form, or the Certified Corporate Resolution form (LAF-0401AO).

This Authorization will continue until the earlier of: (1) receipt by the Company of the Owner's written revocation of this Authorization and/or (2) discontinuance of this service by the Company.

2. Signature(s)

Policy Owner (required):

Name (please print): _____
Signature: _____ Date: _____

Joint Owner (required if applicable):

Name (please print): _____
Signature: _____ Date: _____

Authorized Party (required):

Signature: _____ Date: _____
Phone: _____