



1. General Information (please print)

Owner's Information:

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

Joint Owner's Name (if applicable): _____

Insured's Information: Same as Owner

Name: _____

2. Current Allocations

NOTE: You may select only ONE method ("Fund to Fund Transfer" or "End Result")

Fund to Fund Transfer: Moves some or all out of an existing Fund into another Fund.

- Please designate this exchange in whole percentages or whole dollars
- Fractional percentages (i.e. 1/3 or 33.3%) and dollars and cents (i.e. \$77.31) will not be honored
- To avoid delays, accurate and complete information **MUST** be provided

Amount (% or \$)	"FROM" Fund Name	Amount (% or \$)	"TO" Fund Name
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____
_____	From _____	_____	To _____

-OR-

End Result: (Variable Funds Only) Automatically moves all current value to funds selected below.

- Please designate this exchange in whole percentages
 - Fractional percentages (i.e. 1/3 or 33.3%) will not be honored
 - **Allocations MUST total 100%**
 - To avoid delays, accurate and complete information **MUST** be provided
- Check here if you DO NOT want any value in Fixed Account to be moved in the End Result exchange.

Percent (%)	Fund Name	Percent (%)	Fund Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Asset Rebalancing and/or Dollar Cost Averaging Programs currently on file will be terminated once this Current Allocation is processed.

3. Future Allocations

NOTE: You may select only ONE allocation type

I would like my future allocations to match my "End Result" in section 2b.

-OR-

Future Allocations as listed below.

- Please designate these allocations in whole percentages
- Fractional percentages (i.e. 1/3 or 33.3%) will not be honored
- Allocations MUST total 100%
- To avoid delays, accurate and complete information MUST be provided

Percent (%)	Fund Name	Percent (%)	Fund Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Investment Option for Monthly Deductions

Your policy's monthly deductions will be deducted from the selected investment option upon receipt of this request. If your selected investment option value is not sufficient for the full monthly deduction to be deducted, the remaining value will be used and any portion of the monthly deduction that was not taken and all future monthly deductions will be deducted proportionately from the remaining investment options until sufficient premium is paid into the selected investment option again.

Fund Name: _____

NOTE: The Long-Term Fixed Account and the Enhanced Dollar Cost Averaging Account are not available for directing monthly deductions.

5. Signature(s) (required)

- All exchanges and changes to future premiums must be received in good order by Nationwide Financial by the close of the New York Stock Exchange in order to receive the current business day's price. Transactions received after the close of the New York Stock Exchange will be processed the following business day.
- I understand that stringent premium and transfer restrictions are enforced for the Long Term Fixed Account and some restrictions and short term trading fees may apply to certain transactions. Additional information related to these restrictions is available in your policy and in the product prospectus.

Owner:

Signature: _____ Date: _____

-OR-

Other (select one): Officer¹ Assignee¹ Irrevocable Beneficiary Producer

¹Title required: _____ SSN required: _____

Full Name (please print): _____

Signature: _____ Date: _____