



Nonqualified Benefits Client Questionnaire

Nationwide® Business Solutions Group, 1-11-401

One Nationwide Plaza • Columbus, OH 43215-2220 • 1-877-351-8808

Nationwide Life Insurance Company

Section 1 BROKER INFORMATION

Producer(s) name(s):

Producer Firm

Broker/Dealer

Is a brokerage general agent (BGA) involved? ☐ Yes ☐ No

BGA Producer Name

BGA Firm

Broker/Dealer

Section 2 COMPANY DETAILS

Company name: _____ Company tax ID: _____

Nature of business: _____

Company website/Ticker: _____

Business type: ☐ C Corp ☐ S Corp ☐ Partnership ☐ LLC ☐ Sole proprietorship ☐ Nonprofit
☐ Other: _____

Does the corporation have a federal tax liability? ☐ Yes ☐ No If no, give details: _____

States where insureds reside: _____

Section 3 OWNER INFORMATION

Policies will be owned by: ☐ Corporation ☐ Rabbi trust ☐ Insured

Master application will be signed in: _____ (City) _____ (State) (This will establish issue state)

Premium will be paid by: ☐ Corporation ☐ Rabbi trust ☐ Insured ☐ Other: _____

Beneficiary: _____

Section 4 PLAN DETAILS

Purpose of insurance/plan type: ☐ Deferral plan ☐ SERP ☐ 162 Bonus/REBA ☐ IBRP
☐ Key-person ☐ Buy/sell ☐ ESOP ☐ DBO
☐ Other: _____

Who is eligible for the plan: _____

Please provide a clear definition of how the proposed participants were selected.

If the plan type is a deferral plan or SERP, is there a pre- or post-retirement death benefit provision in this plan:

☐ Yes ☐ No If yes, please describe: _____

Estimated premium amount: \$ _____

Premium payment period: ☐ To retirement ☐ Number of years (please specify): _____

Premium mode desired: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other _____

Requested underwriting: ☐ Regular ☐ SI (min 3 lives) ☐ GI (min 10 lives and specific case designs)

Section 5 PRODUCT DETAILS

Product: ☐ Nationwide® Future Executive UL (FEUL) ☐ Nationwide® Executive Indexed UL (EIUL)
☐ Nationwide YourLife® Accumulation VUL (VEL) ☐ Nationwide® Future Executive VUL (FEVUL)
☐ Nationwide® Future Corporate VULSM (FCVUL) ☐ Private Placement VUL (PPVUL)
☐ Next Generation Corporate Variable Universal Life® or VUL (NGCVUL)

Death benefit calculation basis: ☐ Equal death benefit across insureds ☐ Equal premium across insureds
☐ Other (please specify): _____

Death benefit amount on consent form \$ _____ Base/Term ratio: _____ % Base _____ % Term

Expected policy date: _____

Section 6 REPLACEMENT INFORMATION

Replacement: ☐ Yes ☐ No If yes, will the replacement be: ☐ 1035 Exchange ☐ Surrender

Reason for replacement: _____

1035 Exchange premium: _____ Year(s) policies were issued: _____

Name(s) of carrier(s) being replaced: _____

How were they underwritten: ☐ GI ☐ SI ☐ Full

Other than GI, any substandard ratings?

☐ Yes ☐ No If yes, please describe: _____

Is there other insurance in force or pending for this group?

☐ Yes ☐ No If yes, please describe: _____

If policies in force less than seven years, will need current face amounts: _____

Section 7 PARTICIPANT INFORMATION

Number of eligible participants: _____ Expected participation: _____

Face amount range: _____ Age range: _____

Any hazardous occupations or avocations? ☐ Yes ☐ No If yes, give details: _____

Have any of the participants or has the group previously been submitted to Nationwide® or any other company for consideration?

☐ Yes ☐ No If yes, please describe: _____

Are you aware of any eligible participant of the group who has been declined or offered insurance at anything other than standard rates?

☐ Yes ☐ No If yes, please describe: _____

Section 8 CENSUS INFORMATION

Please provide census using Microsoft Excel via email with completed questionnaire in the following format:

- | | | | |
|-----------------|------------------|-------------------------|-------------------|
| • Name | • Sex | • Initial death benefit | • Deferral amount |
| • Date of birth | • Smoking status | • Initial premium | |

Section 9 ADDITIONAL INFORMATION

Please provide any additional information you would like us to know about this case: _____

Complete and email this form to your Nationwide Business Solutions Group wholesaler

• Not a deposit • Not FDIC or NCUSIF insured • Not guaranteed by the institution • Not insured by any federal government agency • May lose value

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