

**Step 1**

Department of Financial Services of the State of New York

**Definition of Replacement**

Nationwide Life Insurance Company



In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent or broker is required to ask you the following questions and explain any items that you do not understand:

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

- (1) Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated?  
Yes  No
- (2) Changed or modified into paid up insurance, continued as extended term insurance or under another form of nonforfeiture benefit, or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values?  
Yes  No
- (3) Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force?  
Yes  No
- (4) Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies?  
Yes  No
- (5) Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?  
Yes  No
- (6) Continued with a stoppage of premium payments or reduction in the amount of premium paid?  
Yes  No

If you have answered Yes to any of the above questions, a replacement as defined by the Department of Financial Services of the State of New York Regulation No. 60 has occurred or is likely to occur and your agent or broker is required to provide you with a completed disclosure statement and the **IMPORTANT** Notice regarding replacement or change of life insurance policies or annuity contracts.

Print Name of Applicant:  Date:

Signature of Applicant:

Print Name of Joint Applicant (if applicable):  Date:

Signature of Joint Applicant (if applicable):

**To the best of my knowledge, a replacement is involved in this transaction:** Yes  No

Print Agent or Broker Name:  Date:

Signature of Agent or Broker:



**Step 1**



**Information Release Authorization**

for proposed annuity / life insurance replacement in accordance with New York Regulation 60

**Nationwide Life Insurance Company**

**Attention  
Broker or  
Agent:**

*A separate copy of this form must be filled out and signed for each relinquishing carrier. Before filling out this form, make additional copies as needed.*

Date:

To (Relinquishing Carrier):

Re: Contract/Policy Number(s):

**(Please check all that apply.)**

Full Surrender Amount \$   Partial Surrender Amount \$

Penalty Free Amount \$   Not Known/Not Available

With this letter of intent, I hereby authorize the release of requested information regarding the above contract(s)/policy(s) to Nationwide Life Insurance Company. In accordance with New York Regulation 60, please complete the enclosed Disclosure Information Request regarding my above contract(s)/policy(s) within twenty (20) days.

Send the requested information by overnight mail or via fax to Nationwide Life Insurance Company (and to the agent/broker below) at:

By overnight mail:  
Nationwide Life Insurance Company  
RR1-04-F4 (NY REG60)  
5100 Rings Rd.  
Dublin, OH 43017-1522

By fax:  
Nationwide Life Insurance Company  
OR Attention: NY REG60  
Fax: 1-888-637-3460

If you have any questions, please call the Regulation 60 Team at 1-877-624-0385. Associates are available from 8:30 a.m. to 5:00 p.m. Eastern time, Monday through Friday.

**Applicant**

Date:

Print Name:

SSN:  /  /   
(Optional.)

Signature:

Date of Birth:   
(Optional.)

**Joint Applicant (if applicable)**

Date:

Print Name:

SSN:  /  /   
(Optional.)

Signature:

Date of Birth:   
(Optional.)

**Broker or Agent**

Name:

Address:

City:  State:  ZIP: