

**NATIONWIDE FINANCIAL SERVICES**  
**LICENSING SERVICES DIVISION PRODUCER INFORMATION FORM**

(Please print or type)

Will you sell **PRIMARILY** in a bank, credit union or savings and loan? ☐ Yes ☐ No If Yes, Name: \_\_\_\_\_

Please indicate which products you will sell ☐ Individual Annuities ☐ Individual Life ☐ Group Annuities ☐ Group Retirement Trust

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EXACTLY AS SHOWN ON LICENSE

State(s) where business will be sold: \_\_\_\_\_

(Note: Homeoffice must be licensed/appointed in the state(s))

Social Security Number: \_\_\_\_\_

NASD U-4 Status Report CRD Number: \_\_\_\_\_  
IF APPLICABLE

Broker/Dealer Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
IF APPLICABLE

Business Address: \_\_\_\_\_  
STREET ADDRESS OR P O BOX

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY

Resident Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

As we expand our means of communication, what is your single preference for receiving correspondence? ☐ Mail ☐ Fax ☐ E-mail

**MUST BE COMPLETED BY PRODUCER: (Please attach a detailed letter of explanation for any "Yes" answer to the following questions)**

Have you ever been convicted of, pled no contest to, or are currently under indictment for any criminal felony or misdemeanor excluding minor traffic violations? ☐ Yes ☐ No

Have you filed a bankruptcy petition, been declared bankrupt or insolvent within the past ten years? ☐ Yes ☐ No

Are you currently indebted to any insurance company or do you now have or have you ever had any unsatisfied judgments, liens, or garnishments against you? ☐ Yes ☐ No

Have you ever had an appointment canceled by an insurance company for reasons other than lack of production? ☐ Yes ☐ No

Have you ever been suspended, disqualified or disciplined by any state, federal or self-regulatory agency? ☐ Yes ☐ No

I, \_\_\_\_\_, hereby authorize Nationwide and its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those mandated by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for appointment.

I release Nationwide and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I affirm that all of the information provided on the foregoing statement is true, accurate and complete to the best of my knowledge. Should any of the information change, I will promptly notify Nationwide in writing.

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

**NATIONWIDE LIFE INSURANCE COMPANY**  
**MAILING ADDRESS**  
LICENSING SERVICES DIVISION RR1-05-F1  
NATIONWIDE INSURANCE ENTERPRISE  
PO BOX 182021  
COLUMBUS OH 43218

**EXPRESS MAILING ADDRESS**  
LICENSING SERVICES DIVISION RR1-05-F1  
NATIONWIDE INSURANCE ENTERPRISE  
5100 RINGS RD  
DUBLIN, OH 43017

**RETIREMENT SALES LICENSING**  
**MAILING ADDRESS**  
NATIONWIDE INSURANCE COMPANY  
ONE NATIONWIDE PLAZA 3-23-02  
COLUMBUS, OH 43215-2220

**NATIONWIDE LIFE INSURANCE COMPANY**  
**LICENSING PHONE NUMBER**  
1-800-321-6064 (OPTION 5, OPTION 1)

**LICENSING FAX NUMBER**  
1-614-249-9571

**RETIREMENT SALES LICENSING PHONE**  
**NUMBER**  
1-800-367-5939 EXT 93669 OR 93394

**RETIREMENT SALES FAX NUMBER**  
1-614-677-1793

