

# Nationwide Financial Licensing Services Division Producer Information Form



Mail to: Nationwide Life Insurance Company and Nationwide Life and Annuity Insurance Company  
P.O. Box 182835, Columbus, Ohio 43218-2835, 1-800-848-6331, Fax to: 1-877-634-5264, nationwide.com

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**ALL INFORMATION IS REQUIRED UNLESS NOTED AS "If Applicable" (Please print legibly or type)**

## 1. Producer Information

**Will you sell PRIMARILY in a bank, credit union or savings and loan?**  Yes  No

If Yes, Name:

**Are you an Officer or Owner of a business entity/general agency?**  Yes  No

If Yes, Name:

**Please indicate which products you will sell:**

Individual Annuities  Individual Life  Fixed Only  Group Annuities  Group Retirement Trust

Full Name:

*(Exactly as shown on license)*

Security Number:  -  -  Date of Birth:  /  /

National Producer Number:

State(s) where business will be sold:

*(Note: Broker Dealer/Firm must be licensed/appointed in the state(s))*

Broker/Dealer Name (if applicable):

FINRA U-4 Status Report CRD Number (if applicable):

Agency Name (if applicable):

Fixed Firm (if applicable):

Advisor's Office Address:

City, State, ZIP:

Business Telephone Number: (  )  Business Fax: (  )

Business Cell Phone: (  )  Business E-mail Address:

Resident Address:

City, State, ZIP:

Resident Telephone Number: (  )



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

## 2. Important Information

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you filed a bankruptcy petition, been declared bankrupt or insolvent within the past ten years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had an appointment canceled by an insurance company for reasons other than lack of production?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been suspended, disqualified or disciplined by any state, federal or self-regulatory agency?  | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. Signatures (Required)

I hereby authorize Nationwide, its affiliates and subsidiaries including its agents, to make an independent investigation of my background, references, character, past employment, education, criminal or police records, disciplinary matters including those mandated by public and private organizations, the Central Registration Depository ("CRD"), the Investment Adviser disciplinary matters including those mandated by public and private organizations, the Central Registration Depository ("CRD"), the Investment Adviser Registration Depository ("IARD"), 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 Name (please print):

Producer Signature:  Date:

## 4. Mailing Information

This form can be mailed, faxed, or E-mailed using the following information provided below.

**Mailing Address:**

Nationwide Financial  
Licensing Services Division RR1-02-F6  
5100 Rings Road  
Dublin, OH 43017

**NF Licensing Services Division Phone Number:**

1-800-321-6064 or 1-800-367-5939 (Private Sector Retirement Plans)

**NF Licensing Services Division E-mail Address/Fax:**

license@nationwide.com/1-877-634-5264

