



# DELEGATION OF AUTHORITY TO ACCESS OR TO CONDUCT BUSINESS ON BEHALF OF NATIONWIDE POLICY OWNER

Nationwide Life Insurance Company • Nationwide Life and Annuity Insurance Company  
P.O. Box 182835, Columbus, Ohio 43218-2835 • 1-800-848-6331 • FAX NUMBER: 1-888-677-7393

Policy Number \_\_\_\_\_

The undersigned policy owners and collateral assignees, if applicable, (hereinafter referred to as "Owners") have ownership interests in the above-referenced life insurance policy (the "Policy") and hereby authorize and direct Nationwide Life Insurance Company/Nationwide Life and Annuity Insurance Company (hereinafter, the "Company") to accept instructions from the below named Authorized Party as described in this document ("Authorization").

\_\_\_\_\_  
Print Name of Authorized Party                      Authorized Party Social Security Number                      Relationship to Policy Owner

The Company is authorized to release policy information over the phone to the Authorized Party. The Company is directed to accept instructions and execute transactions from the Authorized Party on the Policy for the limited purposes listed below:

- Address Changes
- Billing Mode Changes
- Premium Change (Universal Life and Variable Life)
- Dividend Option Changes
- Pay Premium with Dividends
- Pay Loan with Dividends
- Place Hold or Stop Bank Draft

This Authorization is effective when it is received and recorded by the Company. The power granted in this Authorization is personal to the Authorized Party unless otherwise stated herein. The Authorized Party and Owner(s) agree, as well as their heirs, estates, successors and assigns, to release, discharge, acquit and hold entirely harmless the Company, its affiliates, assigns and successors in interest, from any and all liability in reliance on the Authorized Party acting pursuant to the powers granted in this Authorization and jointly and severally agree to indemnify the Company for and against any claim, liability or expense arising out of any action by the Company in reliance of such instructions.

This Authorization will continue until the earlier of: (1) receipt by the Company of the Owner's written revocation of this Authorization; (2) notice by the Company that it will no longer acknowledge this Authorization; or (3) discontinuance of this service by the Company.

\_\_\_\_\_  
Print Policy Owner(s) Name(s)

\_\_\_\_\_  
Policy Owner(s) Social Security Number(s)

\_\_\_\_\_  
Policy Owner(s) Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Party Telephone Number

\_\_\_\_\_  
Print Name of Collateral Assignee/Irrevocable Beneficiary (if applicable)

\_\_\_\_\_  
Signature of Collateral Assignee/Irrevocable Beneficiary (if applicable)

\_\_\_\_\_  
Date