



### 1. General Information

Applicant's Name: \_\_\_\_\_

Street Address (primary residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTE: If you are a resident of the state of New York or Maryland, you must complete section 4.**

### 2. General Instructions

This form is required for all applications where the resident state of the life insurance policy applicant is not the state where the application is signed and the policy issued (a "Non-Resident Sale").

Nationwide will not accept Non-Resident Sales when the applicant's resident state is **Massachusetts, Minnesota, Utah or Washington.**

### 3. Fundamental Requirements

In general, it is preferred that the solicitation, application and issuance of any policy of insurance take place in the state where the applicant resides. However, there are some situations where a Non-Resident Sale may be appropriate. Each state has jurisdiction and regulations governing insurance product approvals, insurance producer licensing, and solicitation to purchase insurance products. Insurance producers who knowingly solicit the purchase of an insurance policy in a state where the product is not approved or where the insurance producer is not appropriately licensed can be subject to fines and sanctions. The insurance producer should advise the applicant of any differences between the product as approved in the applicant state of residence and the product as approved in the state of solicitation, issue and delivery.

By signing below, the insurance producer is certifying that this sale meets one or more of the following requirements:

- The applicant owns or rents a secondary residence in the non-resident state.
- The applicant is employed by or owns a business in the non-resident state.
- The applicant of the policy will be a trust or LLC domiciled in the non-resident state.
- The applicant is different than the insured and the sale took place in the resident state of the insured.
- The applicant has a prior relationship with the producer and the sale took place in the producer's primary office location.
- The applicant was referred to the producer and the sale took place in the producer's primary office location.

### 4. Insurance Policy Delivery for NY and MD Only

#### Residents of New York and Maryland Only

The policy delivery address must be located in the same state in which the policy was approved in and the application was signed in. **Policy delivery cannot occur in NY or MD.**

**NOTE: Any existing policy delivery agreements will be followed.**

Please indicate the address that either Nationwide or the Insurance Producer will deliver the policy to the Applicant:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**NOTE: The policy delivery cannot occur in the Applicant's resident state of NY or MD. This form will be considered not in good order if left blank or a resident state address of NY or MD is provided in this section.**

## 5. Insurance Producer Certifications

I certify that:

- This sale is consistent with the requirements described in Part 3 above, and
- All aspects of the sale and application process, including policy delivery, took place in the “state where signed” as listed on the application

**Insurance Producer’s:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 6. Applicant Acknowledgment

I understand that the life insurance policy for which I am applying will be delivered to me and governed by the insurance regulations of the state where I am signing the application.

**Policy Number (if known):** \_\_\_\_\_

**Applicant:**

Name (please print): \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant:**

Name (please print): \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_