Nationwide Life Insurance Company
Home Office: Columbus, Ohio

Group Life and Accidental Death Designation of Beneficiary Form

Section 1: Insured Information (Please complete all appropriate boxes in ink, printing legibly.)	
Group Name	Group Number
Employee Name (First, Middle Initial, Last)	Social Security Number
Subject to the terms and conditions of the above referenced Group Number, I request that any sum becoming payable by reason of my death be payable to the following beneficiary (ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary (ies) previously made by me under the Group Policy.	
Employee Signature (Required)	Date (Required)

Note: Beneficiary designation is not valid unless this form and any separate accompanying sheets are signed and dated.

Section 2: Beneficiary Designation/Change (Please complete all appropriate boxes in ink, printing legibly. If you do not designate one or more beneficiaries, policy proceeds will be paid in accordance with the Group Policy unless otherwise regulated by law.

Basic Life and AD&D

Primary Beneficiary Information (Allocation to all Primary Beneficiaries must equal 100%)

Beneficiary Name	Relationship	Date of birth	SSN (XXX-XX-XXXX)	% of Benefit

Contingent Beneficiary Information (Allocation to all Contingent Beneficiaries must equal 100%)

Beneficiary Name	Relationship	Date of birth	SSN (XXX-XX-XXXX)	% of Benefit

Voluntary Life and AD&D

Primary Beneficiary Information (Allocation to all Primary Beneficiaries must equal 100%)

Beneficiary Name	Relationship	Date of birth	SSN (XXX-XX-XXXX)	% of Benefit

Contingent Beneficiary Information (Allocation to all Contingent Beneficiaries must equal 100%)

Beneficiary Name	Relationship	Date of birth	SSN (XXX-XX-XXXX)	% of Benefit

Section 3: General Information

- If more room is needed to indicate additional primary or contingent beneficiaries, please attach a separate sheet and list the information indicated above for each beneficiary. Please sign and date all additional sheets as well as this original form.
- Your group life coverage is issued by Nationwide Life Insurance Company, One Nationwide Plaza, 4-06-101 Columbus, OH 43215. Please refer to the Certificate of Insurance and Insurance Contract for all plan details, including any exclusions, limitations and restrictions which may apply.

Submit your completed form to your Human Resources or Employee Benefits Department or other area designated at your place of employment.