

Introduction

The purpose of this guide is to provide a step by step guidance on how to submit a new life application in NY by following the NY 187 regulation, with Nationwide application process.

Prerequisite

MUST complete the required [NY187 Training](#)

Overview

The process can be breakdown into the following steps,

1. Need analysis and recommendation via RightBRIDGE **(this must be done before starting the life application per compliance)**
2. Fill in a few compliance forms online and download/save to the local PC **(this must be done before starting the life application per compliance)**
3. Start the life application in Nationwide Financial (the agent site)
4. Followup and delivery

First Time Training Resource

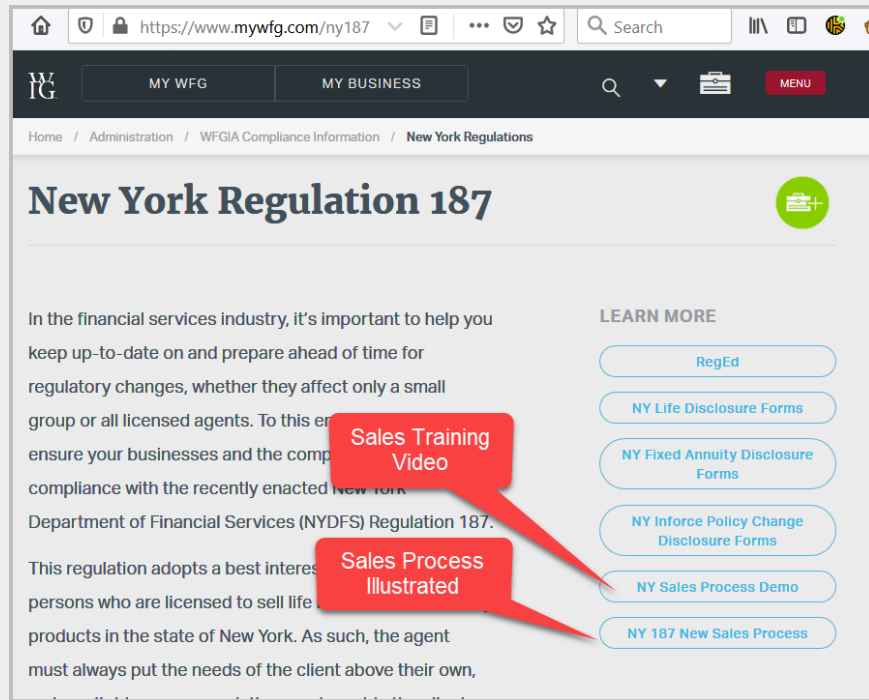
If this is your first time writing a life application in NY, please watch the training video and the sales process training.

Log on to mywfg.com

Change the link to
www.mywfg.com/ny187



Please read the information in mywfg. Highly recommend watching the 'Sales Training Video' and the 'New Sales Process'



Prior to Applications

The need analysis must be done in RightBridge to determine the 'best interest' before an application can be filled. The instructions can be found [here](#) (login to mywfg before visiting the link)

Sample Nationwide IUL Application Process (Accumulator)

Login to

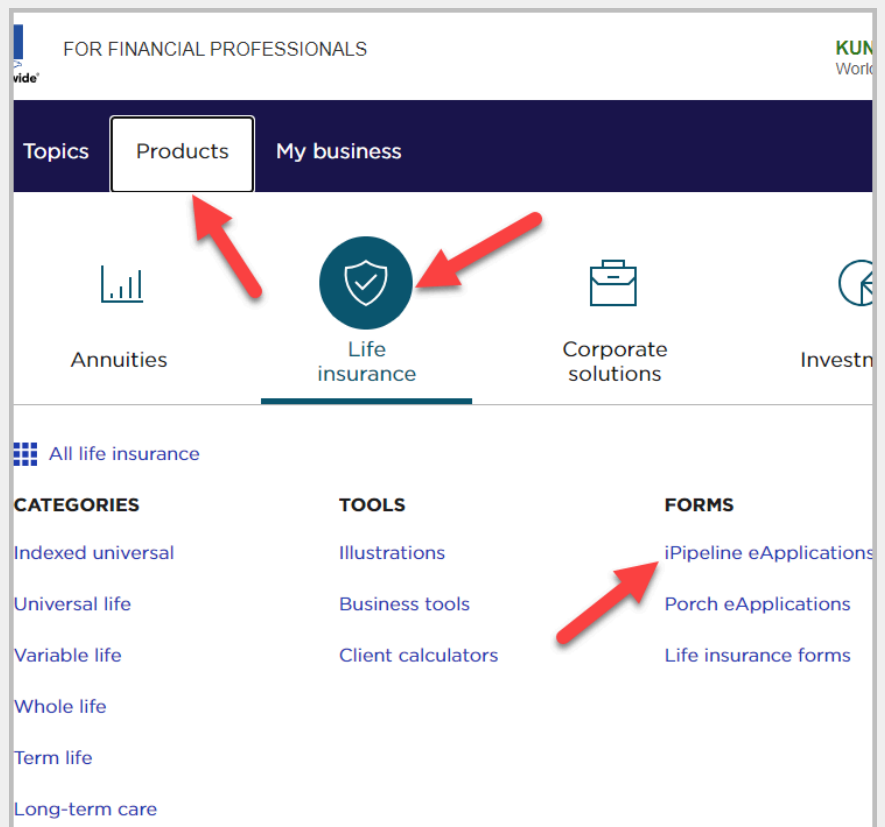
www.NationwideFinancial.com

as an advisor (register first for new agent)

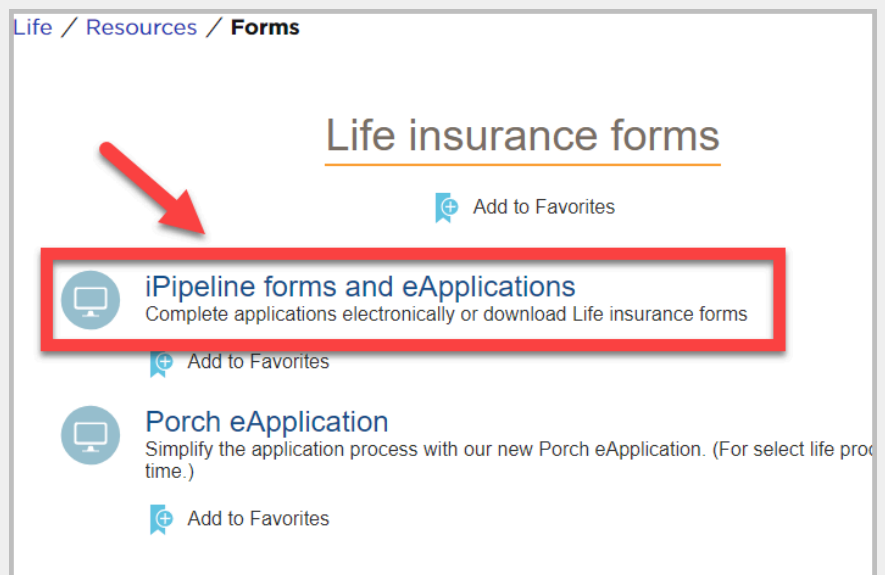
Go to Products-->Life Insurance

→ Forms → iPipeline


eApplications



Click "iPipeline forms and eApplication"



Click "iPipeline e-Applications"



Nationwide®

Life

****Please Note - Do Not Bookmark**

1

- [Get Term Quote](#) - Enables you to analyze client needs
- [iPipeline e-Applications](#) - Use our iPipeline e-Applica
- [iPipeline e-Forms](#) - Build a customized packet of form
customized bundle of forms prints as one PDF.

Nationwide®



Fill in the client's info, choose the applicable product.

The screenshot shows a 'Case Information' form with several sections. A red box labeled '1. Fill in the client info' points to the 'Proposed Insured' section, which includes fields for First Name (Sample), Last Name (Client), Date of Birth (01 / 01 / 1980), Age (43), and Gender (Female). Below this is the 'Case Description' section with a text area containing 'Sample Client' and examples of policy types. A second red box labeled '2.' points to the 'Carrier and Product' section, which includes a 'State' dropdown (New York) and a 'Product Type' dropdown (Indexed Universal Life), with a 'Find Available Products' button. A third red box labeled '3' points to the 'Product' table, which lists two Nationwide products. To the right of the table, a red box highlights the 'e-Sign' options for each product, including a 'Select' button and an 'e-Sign' link.

Carrier	Product
Nationwide	Nationwide YourLife Indexed UL Accumulator
Nationwide	Nationwide YourLife Indexed UL Protector

Reg 187 (NY187) Suitability

Suitability Questionnaire

The screenshot shows the 'Suitability Questionnaire' form. On the left is a sidebar with a list of items: 'Reg 187 - Suitability Q...', 'New York Reg 60', 'Attachments', and 'Validate and Lock Data'. A red arrow points from the first item to the main content area. The main content area has a title 'Suitability Questionnaire' and two questions with radio button answers. The first question is 'Have you completed Product and NY Reg 187 Best In' with 'Yes' selected. The second question is 'Will Nationwide be reviewing for Customer Suitability' with 'Yes' selected. A 'Next >' button is at the bottom.

Suitability Questionnaire

Have you completed Product and NY Reg 187 Best In

☒ Yes ☐ No

Will Nationwide be reviewing for Customer Suitability

☒ Yes ☐ No

Next >

Financial Time Horizon

Financial Time Horizon

If underwriting would offer a rating different than the proposed standard cost of insurance)

☒ Preferred- Standard Rating

☐ B (1.5)- C (1.75) Rating

☐ D (2.0)- E (2.25) Rating

How long do you expect to live?

76 years

= 120 - Client's age
For example:
76 = 120 - 44(client age)

Do you intend to take a withdrawal or a loan from the account during the surrender charge period?

☐ Yes ☒ No

Do you anticipate a significant change to your future disposable income due to out-of-pocket medical expenses, etc.?)

☐ Yes ☒ No

Do you reside in a nursing home?

☐ Yes ☒ No

Do you have a reverse mortgage?

☐ Yes ☒ No

Choose options based
on the client's situation

Financial products you own or have previously owned

☐ Annuity

☒ CDs

☐ Life Insurance

☐ Real Estate

☐ Stocks, Bonds and Mutual Funds

☐ None

Federal Tax Bracket

☐ 0%

☐ 10%

☐ 12%

☐ 22%

☒ 24%

☐ 32%

☐ 35%

☐ 37%

Risk Tolerance for this Policy

☐ Conservative - Low Risk: Want to preserve minimal risk, even if that means lower returns for this Policy

☒ Moderate - Medium Risk: Willing to accept some risk for higher returns

☐ Aggressive - Large Risk: Willing to accept maximum risk to seek maximum returns



The risk tolerance indicated above takes into account my tolerance for risk

Funding Source and Replacement

Choose options based on the client's situation

Funding Source and Replacement

What is the source of funds for this life policy? (Select all that apply)

☐ Single Premium Immediate Annuity

☐ Money from a Canceled Life

☐ Employer Retirement Account

☐ Fixed Insurance Policy or Fixed Annuity Contract

☐ Variable Insurance Policy or Variable Annuity Contract*

☒ Checking/Savings/CDs

☐ Premium Finance Loan

☐ Brokerage Account/Money Market*

☐ Other

Have any of these sources been held for less than 13 months?

☐ Yes ☒ No

Will the proposed Nationwide policy have a rider or benefit?

☒ Yes ☐ No

☒ Acceleration of Life Insurance Death Benefit for Qualified Long Term Care Services

☐ Other

How do you plan to repay the loan?

☐ Pay Off Before Transfer

☐ Pay Off At Time of 1035 Exchange

[< Back](#)

[Next >](#)

Reg 187 - Producer's Statement

Fill in based on the client's situation.

Sample:

Primary Reason:

"The client has no existing life coverage. They have savings in the bank without growth potential. I educated the client about different types of life insurance including, term, whole life, UL, VUL, and IUL. The client likes the features of IUL including life protection with growth potential.

"

Existing Source....:

No growth potential

The Advantages of...

Guaranteed principle

Case Information	Application
<h2>Reg 187 - Producer's Statement</h2> <p>The primary reason(s) for recommending the new life insurance policy is (are):</p> <div>The client has no existing life coverage. They have savings in the bank without growth potential. I educated the client about different types of life insurance including, term, whole life, UL, VUL, and IUL. The client likes the features of IUL including life protection with growth potential.</div> <p>The existing source of funds cannot meet the applicant's objectives because:</p> <div>no growth potential</div> <p>The advantages of continuing the existing source of funds without changes are:</p> <div>guaranteed principle</div> <div>< Back Next ></div>	

Reg 187 - Producer
Acknowledgment

Reg 187 - Producer Acknowledgment

Producer Type:

☒ Insurance Only Producer

☐ Registered Representative

☐ Investment Advisor Representative

[Attach non-compliance statement, if needed](#) **Check**

☒ I have attached a recent statement and/or inforce life insurance illustration for the account(s) used to fund this policy.

Did you inform the customer of the potential consequences of the sale (including any investment risk) and provide the customer with a product summary which discloses both the advantages and disadvantages of the product that could have an impact on the customer's decision to purchase this product? **Check**

☒ Yes ☐ No

In your professional opinion, based on the information the customer provided, do you believe the life insurance policy is suitable and in the customer's best interest, as compared to other life insurance or financial products that are available? **Check**

☒ Yes ☐ No

Did you inform the customer of how you will be compensated and provide the required compensation disclosures? **Check**

☒ Yes ☐ No

[Back](#) [Next](#)

Reg 187 - Customer Acknowledgment and Signature

Reg 187 - Customer Acknowledgment and Signature

I am replacing a whole life policy and acknowledge that the unit will be subject to an upfront policy fee charge.

☐ Yes ☒ N/A

'Yes' if replacing a whole life
'N/A' if not

I received the Account Statement and understand that if I need to activate the LTC rider, it will decrease and it will be paid to my beneficiaries under the policy being purchased.

☐ Yes ☒ N/A

'Yes' if LTC rider is added
'N/A' if not

I understand that surrender charges and certain policy adjustments may apply if I need to access my policy's cash value.

☒ Yes ☐ No

[< Back](#) [Next >](#)

Main Application

Proposed Insured

Fill in the client's info

Case Information Application

Proposed Insured

Prefix First Name Middle Initial

Suffix

Former Name

Prefix First Name Middle Initial

Suffix

Fill in the client's info

Case Information

Application

Proposed Insured Continued

Residence Address

Address

City

State

County

Annual Earned Income

Net Worth

Is the owner the same as the Proposed Primary Insured?

☒ Yes ☐ No

Have you been notified by the IRS that you are required to file a return because of failure to report income?

☐ Yes ☒ No

Would you like to assign a Secondary Addressee?

☐ Yes ☒ No

← Back

Next →

'Yes' for adult policy
'No' for kids policy

Beneficiary



Beneficiary - Primary Insured

Primary Beneficiary(ies)

Split the share percentage equally among all Primary beneficiaries?

☒ Yes ☐ No

Primary Beneficiary Name	Relationship	SSN/TIN
No matching records found		
Click here to add...		

  Please enter at least one Primary Beneficiary

Would you like to designate a Contingent Beneficiary?

☒ Yes ☐ No

Primary Beneficiary

Primary Beneficiary

Relationship to Insured

Spouse

First Name

Last Name



☐ Provide SSN/Tax ID #, Date of Birth later

SSN/Tax ID #

Date of Birth

MM / DD / YYYY

Check if SSN can't be provided.
Fill in the birthday at the minimum



Plan Information

Plan Information: Nationwide YourLife Indexe

Base Specified Amount

\$1,000,000

This is an Application for

Personal

Option 1 - Level (most of cases)
Option 2 - Increasing (very rare)

Life Insurance.

Death Benefit Option

☒ Option 1

☐ Option 2

Always choose 'Guideline
Premium...'

Internal Revenue Code Life Insurance Qu

☒ Guideline Premium/Cash Value Corri

☐ Cash Value Accumulation Test

do NOT select 'Cash
Value Accumulation test'

Optional Benefits

☐ Acceleration of Life Insurance Death Benefit for Qualified Long Term Care Service Rider

☐ Premium Waiver Rider

☐ Accidental Death Benefit Rider

☐ Waiver of Monthly Deductions Rider

☐ Conditional Return of Premium Rider

Check if LTC rider
is added

[< Back](#)

[Next >](#)

Optional Benefits

☒ Acceleration of Life Insurance Death Benefit for Qualified Long Term Care Service Rider

Amount

\$1,000,000

☐ Premium Waiver Rider

☐ Accidental Death Benefit Rider

☐ Waiver of Monthly Deductions

☐ Conditional Return of Premium

In NY, When LTC is added, it is always the same amount as the base face amount.

[< Back](#)

[Next >](#)

Indexed UL Allocation

Sample allocation.
(confirm with your SMD
for their recommended
allocation %)

Indexed UL Allocation

Net Premium Allocation

Fixed Interest Strategy

Fixed Interest Strategy

0%

One Year Multi-Index Monthly Average Indexed Interest Strategy

50%

One Year S&P 500® Point-to-Point Indexed Interest Strategy

50%

One Year Uncapped S&P 500® Point-to-Point Indexed Interest Strategy

0%

Total

100%

Index Segment Maturity Value Allocation

100% Reallocate

100% Reallocate

◀ Back

Next ▶

Premium and Billing

Premium and Billing

Bank Account Holder/Payor

Sample Client

Is money being submitted with application?

☒ Yes ☐ No


Initial Premium Payment (paid with application)

\$800.00

How will this premium be paid?

Draft Initial and Future Payments

☒ Draft Immediately ☐ Draft upon Policy Issue

 Initial premium amount of \$800.00 will be drafted from the account

Billing Option

EFT

EFT Frequency

Monthly

EFT Amount

\$800.00

Draft Day

**For trial application
(no initial deposit)
choose 'No'**

Do you authorize a One-time Adjustment Premium Payment?

☒ Yes ☐ No

i By checking this box, signing this form, and providing your bank account information below, we will debit your bank account for the difference between the initial premium payment amount and any increased amount that is determined during underwriting. If required, this one-time ACH debit will be made on the date the policy is placed in force. NOTE: This one-time adjustment payment will not occur unless the premium increases during underwriting. If the premium decreases during underwriting, Nationwide will issue a check or one-time ACH credit unless instructed otherwise.

Type of Account

☒ Checking ☐ Savings

Would you want us to use the bank details you provided on the application?

☐ Yes ☒ No

[Sample Check](#)

**Fill in the bank
info**

Financial Institution Name

Routing Number

Account Number

☐ Check here if this is a commercial bank account

[← Back](#)

[Next →](#)

New York Regulation 60

Fill in based on the
client's situation

New York Regulation 60

As part of your purchase, are you replacing an existing life insurance policy or annuity contract?

**'Yes' if replacing any existing life policy
'No' if not**

Lapsed, Surrendered, or otherwise reduced in value by the use of nonforfeiture benefits or other cash values?

☐ Yes ☒ No

Changed or modified so as to effect a reduction either in the amount of the benefit or the period of time the existing life insurance policy or annuity benefits will be paid?

☐ Yes ☒ No

Reissued with a reduction in the amount such that any cash values are released on one or more existing policies?

☐ Yes ☒ No

Assigned as collateral for a loan or made subject to borrowing or withdrawal transactions wherein any amount of dividend accumulations or paid-up additions is to be released on one or more existing policies?

☐ Yes ☒ No

Continued with a stoppage of premium payments or reduction in amount of premium payments?

☐ Yes ☒ No

[Next >](#)

WFG Life Insurance Disclosure

Fill in based on the client's situation

WFG Life Insurance Disclosure

Available Funds - Liquidity Needs

Does the owner have sufficient cash or other liquid assets for living expenses?

☒ Yes ☐ No

Does the owner intend to withdraw or take a loan from the account v surrender charge period?

☐ Yes ☒ No

Does the owner anticipate negative material changes to any of the ite period?

☐ Yes ☒ No

How will such changes impact the owner's ability to afford this life ins

N/A

Non-Guaranteed Elements

What are the non-guaranteed elements of the life insurance policy re returns, living benefits, death benefits, or fees)

variability in premium, cash values, returns, living benefits, death benefits

How comfortable is the owner with these non-guaranteed elements?

☐ Not comfortable

☐ Somewhat comfortable

☒ Very comfortable

[< Back](#)

[Next >](#)

Existing Insurance

Existing Insurance

Is any person here propose company?

☐ Yes ☒ No

Yes if there is a pending life insurance app

Do you intend for any Life Insurance or Annuities for this o reduced or changed if insurance now applied for is issued?

☐ Yes ☒ No

Yes if there are existing life policies inforced.

Do you have any other Life party?

☐ Yes ☒ No

Is any person here proposed for coverage had Life Insuran longer in force?

☐ Yes ☒ No

◀ Back

Next ▶

Personal Information

Answer based on clients' info.

A medical exam consists of 2 parts,

1. Blood and urine sample for lab testing

2. A paper questionnaire called 'Param Exam', with the insured's height, weight, medical history questions etc.

Personal Information - Primary Insured

Will a Nationwide Paramed exam be arranged?

☒ Yes ☐ No

"YES" (it means there will be medical exam arranged).
"NO" if insured is under age 18 (no medical exam is needed)

Physical Measurements

Height (ft.)

(in.)

Current Weight (lb.)

Weight 1 year Ago (lb.)

Reason for Weight Gain or Loss

Tobacco Use

Have you used tobacco or nicotine in any form:

In the last 5 years?

☐ Yes ☒ No

[< Back](#)

[Next >](#)

Physician Information

Provider Dr's info when
available (recommended)

Physician Information - Primary Insured

Add Doctor's information?

☒ Yes

☐ Doctor/Facility Unknown

Name of Personal Physician

Date last consulted

09 / 01 / 2019

Reason last consulted

REGULAR CHECK UP

Treatment given or medication prescribed

NORMAL

Google search Dr's name to
find the address info

Physician Address

Address

City

State

Zip Code

Phone

Search

← Back

Next →

Financial Details

Answer based on the insured's information

(The most common is "No" for all questions in this page)

Financial Details

i If 'Yes' to any of these questions, please click on the additional details.

Is this policy being purchased for the purpose of selling company, trust, limited liability corporation, viatical, or

Primary Insured

☐ Yes ☒ No

Have you entered into any agreement, or made arrangements to a life settlement company, trust, limited liability corporation purchaser?

Primary Insured

☐ Yes ☒ No

Personal Details

Answer based on the insured's information

Personal Details (1)

i If 'Yes' to any of these questions, please click on the appropriate

Have you ever had any application for Life or Health Insurance (Life or Health Insurance) declined, postponed, rated-up or limited?

Primary Insured

☐ Yes ☒ No

Have you ever applied for or received disability payments for

Primary Insured

☐ Yes ☒ No

Answer based on the insured's information

Personal Details (2)

Except as prescribed by a physician, have you ever used, or been convicted for sale or possession of cocaine or any other narcotic or illegal drug?

Primary Insured

☐ Yes ☒ No

Have you ever been convicted of a felony or been charged with a violation of any criminal law that is still pending?

Primary Insured

☐ Yes ☒ No

In the next 12 months do you plan to travel to any foreign country?

Primary Insured

☐ Yes ☒ No

When answered "Yes", more information may be required in the 'Foreign Travel' Question later.

Answer based on the insured's information.

If the insured/owner can't understand English, more details need to be provided.

When filling the application and doing a medical exam later, the agent can't be the translator (conflict of interest). A translator can be any family members or friends.

During the final policy delivery, a 'translator certificate form' may need to be filled in and signed by the translator and the client.

Personal Details (3)

Have you had any bankruptcies in the past 7 years or do you have any suits on this time?

Primary Insured

☐ Yes ☒ No

To the best of your knowledge, have you ever been convicted of a crime prior to age 60?

Primary Insured

☐ Yes ☒ No

A "Yes" answer may impact the underwriting decisions (genetic risk)

Can you read and understand English?

Primary Insured

☐ Yes ☒ No

For "No" answer, click the 'Details' to fill in details

Details

Details

Details

Application date

Name

Proposed Insured

Dates

04 / 27 / 2020

MM / DD / Y

Details of the translation

Details

The application was taken with the help from insured's husband as the translator.

Health Questions


If [the 'paramed exam' question](#) is marked 'Yes' (a medical exam will be arranged for the insured) in the prior section,

then **DO NOT, DO NOT, DO NOT** answer any questions in the 'Health Questions (1) to (4)' (do NOT answer 'yes' or 'no'), just click 'Next' to skip all 4 'Health Questions' pages.

The reason:

- 1.All questions will be asked by the nurse during the medical exam
- 2.To avoid conflicts between answers here and answers later during the medical exam.

Health Questions (1)

 If 'Yes' to any of these questions, please click on the appropriate Insured but

To the best of your knowledge and belief, has anyone here proposed for insurance a licensed member of the medical profession as having AIDS (Acquired Immune D

Primary Insured

☐ Yes ☐ No

To the best of your knowledge and belief, has anyone here proposed for insurance a member of the medical profession as having:

Heart disease including heart attack, angina, or other chest pain, cardiomyopathy, heart failure, heart murmur, or other disorder of the heart?

Primary Insured

☐ Yes ☐ No

Temporary Insurance Coverage

This is for non-US Citizen:

Answer based on the client's information.

Foreign National - Primary Insured

Do you have an Alien Registration Receipt Card (green card)?

☐

Please provide your green card number

Current citizenship

When eligible, do you plan to apply for U.S. Citizenship?

☐

When eligible, do you plan to stay in the United States?

☐

Do you own a home in the United States?

☐

Do you own a home in a foreign country?

☐

If married, does your family live with you?

☐

Are you fluent in reading and speaking the English language?

☐

This is for non-US citizens. And also citizens with a plan to travel.

“Plan to Travel” means you already have the flight tickets.

If the insured has a plan to travel outside U.S., but haven't booked flight tickets yet, then the answer is “NO”.

Foreign Travel - Primary Insured

Do you plan to travel outside of the United States within the next year?

☐

List all trips outside of the United States planned or anticipated.

List occupation duties performed outside the United States

← Back

Next →

Temporary Insurance Coverage

Fill in based on the client's situation

Temporary Insurance Coverage

To the best of your knowledge and belief, within the past 10 years, has the client been treated by a licensed member of the medical profession as having a heart condition, such as a heart murmur, or any other heart disorder; epilepsy, stroke or diabetes; any drug or alcohol addiction; any kidney disorder (other than kidney stones); or any cancer?

Proposed Insured

☐ Yes ☒ No

To the best of your knowledge and belief, within the past 10 years, has the client been treated by a licensed member of the medical profession as having a heart condition, such as a heart murmur, or any other heart disorder; epilepsy, stroke or diabetes; any drug or alcohol addiction; any kidney disorder (other than kidney stones); or any cancer?

Proposed Insured

☐ Yes ☒ No

[< Back](#)

[Next >](#)

HIV Consent/MIB

This doesn't need to be answered

HIV Consent/MIB - Primary Insured

☐ I hereby authorize the release of my HIV test results to Physician or another Individual

[< Back](#)

[Next >](#)

Financial Supplement

Answer based on client's information.

Fill in all questions even if the answer is 0.

Financial Supplement - Personal (1)

Personal Earned Income (Annual)

☒ Salaried

☐ Self Employed

Salaried

Salary

Bonus or Commissions

\$0

Other (Describe)

NONE

\$0

Always fill in ALL questions even it is 0

All info shall match the info in the RightBRIDGE suitability analysis

Financial Supplement - Personal (2)

Personal Unearned Income (Annual)

Dividends

\$0

Interest

\$0

Rents

\$0

Other (Describe)

0

Personal Worth (Current)

Assets

Cash in Savings, Stocks, Bonds

Notes and Accounts Receivable

\$0

Life Insurance Cash Values

\$0

Real Estate - Residence

\$0

Real Estate - Other (Not Included Above)

\$0

Net Business Interest (Not Included Above)

\$0

Personal Property

\$0

Other (Describe)

NONE

\$0

Always fill in ALL questions even it is 0

All info shall match the info in the RightBRIDGE suitability analysis

Always fill in ALL questions even it is 0

All info shall match the info in the RightBRIDGE suitability analysis

Answer based on client's information.

Fill in all questions even if the answer is 0.

Financial Supplement - Personal (3)

Liabilities

Unpaid Interest and Taxes

\$0

Remaining Term (in Years)

Notes and Accounts Payable

\$0

Remaining Term (in Years)

Loans on Life Insurance

\$0

Remaining Term (in Years)

0

Mortgage or Liens on Real Estate - Residence

\$0

Remaining Term (in Years)

0

Mortgage or Liens on Real Estate - Other

\$0

Remaining Term (in Years)

0

Other Long-Term Debt

\$0

Remaining Term (in Years)

0

Other Liabilities (Describe)

NONE

\$0

Remaining Term (in Years)

0

TOTAL ANNUAL LIVING EXPENSES

\$5,000

Always fill in ALL questions
even it is 0

All info shall match the info
in the RightBRIDGE
suitability analysis

Purpose of Personal Insurance

☐ Estate Conservation (Taxes)

☒ Income Replacement

☐ Retirement Funding

☐ Debt Cancellation

☐ Premium Financing

☐ Other

[< Back](#)

[Next >](#)

Financial Professional's Certification

Producer Information

Producer First Name

Producer Last Name

Firm

Producer's Nationwide Number

Please provide the exact Producer's Nationwide Number, if the number is unknown leave this field blank

Last 4 digits of SSN

WFG Advisor Code

Email Address

Phone Number

Fax Number

Verify Producer

Great news! We have successfully confirmed your information. If you are applying for a Long Term Care Rider, additional appointment validation is required with the application.

Producer Split %

Are there additional Producers?

☒ Yes ☐ No

Producer Name	Producer Number		
John Doe		50	Edit
Click here to add...			

Associate ID

50% if there is a split agent.
Only 50% - 50% split to two
agents shall be used.

Click to add the
split agent info

Use 'Non-Tobacco Standard' as the quoted rate (unless the client is a smoker or maybe sub-standard/rated)

Reason: if the quoted rate is Preferred, but the final rate is Standard, there will be an 'Amendment' to sign during delivery. This may create unnecessary questions from clients.

Additional Producers

Additional Producers

Producer First Name

Producer Last Name

Last 4 digits of Producer SSN

Producer's Nationwide Number
Please provide the exact Producer's Nationwide Number, if the number is unknown leave this field blank

WFG Advisor Code

Producer Split %
50%

If the last 4 SSN of the split agent is unknown, just put 0000

Split agent's associate ID

Producer's Certificate

Who began negotiations for this application?

Rate Class Illustrated: Proposed Primary Insured
Non Tobacco Standard

How well do you know the Proposed Primary Insured?
Met very recently

Was everyone proposed for insurance?
☒ Yes ☐ No

Purpose of Insurance (Personal):

☐ Charitable Planning

☒ Death Benefit Protection

☐ Educational Funding

☐ Estate Succession

☐ Supplemental Retirement Benefit

☐ Wealth Enhancement/ Transfer

☐ Other

The agent's name

Recommend to use 'Non-Tobacco Standard' to set a low expectation to the client

List all other producers that were involved directly or indirectly during the sales process:

i For the questions below, please provide full details. If any changes occur to these answers after the policy is issued and placed in force, the home office will be notified.

Leave it blank even there is a split agent

Have you, the producer, been involved in any discussion about the possible sale of this policy to a life settlement secondary market provider?

☐ Yes ☒ No

Will any portion of the premium for this policy be financed?

☐ Yes ☒ No

Will any insured or policy owner receive any payment or gift in connection with this policy?

☐ Yes ☒ No

[< Back](#)

[Next >](#)

Producer's Certificate, Contd.

Have you ordered the Medical Requirements for the Proposed Insured?

☒ Yes ☐ No

☒ Blood

☒ Urine

☐ Stress EKG

☐ EKG

☒ Paramed Exam

If a medical exam is to be ordered, check "yes" and mark Blood, Urine, Paramed Exam. Some older client and large face amount may need EKG.

Check Nationwide underwriting guideline for EKG requirement.

Paramed Company

☐ APS

Proposed Primary Insured

Annual Income

Net Worth

[< Back](#)

[Next >](#)

Producer's Certification

I have truly and accurately recorded this replacement

☒ Yes ☐ No

Do you plan to witness his/her

☐ Yes ☒ No

Please explain:

Sign remotely via ipipeline

To the best of my knowledge, the insurance applied for
replace any Life Insurance, and/or Annuities.

☐ WILL

☒ WILL NOT

Special Instructions

As long as the client is not sitting with the agent physically face to face, the answer shall be "NO".

Application/Signature via webinar, the answer is "NO" (do NOT mark 'YES')

Check 'Will' if there is a replacement or 1035 exchange.

WFG Agent Statement

WFG Agent Statement

My recommendation to the owner/applicant to purchase the proposed life insurance material benefit(s) to the owner: (None or N/A are not acceptable)

☐ Temporary Death Benefit Protection

☒ Permanent Death Benefit Protection

☒ Death Benefit Protection with Cash Value Growth Potential

☐ Death Benefit Protection with Supplemental Retirement Income Needs

☐ Long-Term Care Protection

☐ Business Insurance Needs

☐ Guaranteed Life

☐ Reduction in Premium

☐ Increased Death Benefit Protection with Better Product Pricing

☐ Other

**Check LTC if applying
the LTC rider**

Have you reviewed and do you understand the Collateral Series Adults refer...

Have you reviewed and do you understand the Selling to Senior Adults refer

☒ Yes ☐ No

Did you refrain from using the title or designation of "financial planner," "fin
properly licensed or certified to do so and only when providing securities or

☒ Yes ☐ No

Did you provide the owner with a copy of the current version of the product
applicable product disclosure?

☒ Yes ☐ No

Are you properly licensed to recommend, sell and advise on the purchase, r
the owner's needs.

☒ Yes ☐ No

In your professional opinion based on the information the owner provided,
insurance policy suitable and in the owner's best interest for the owner's ne
insurance products that you are appropriately authorized to offer, and is ba
information and reflects the care, skill, prudence, and diligence that a prude
such matters would use under similar circumstances?

☒ Yes ☐ No

In making this recommendation, have you considered only the interests of t
other incentives not influenced the recommendation?

☒ Yes ☐ No

I am properly licensed to recommend, sell and advise on the purchase or sa
products, and/or security transactions, as applicable to the recommendation

☒ Yes ☐ No

Suitability Analysis

Describe, in detail, how the recommended transaction, as a whole, is suitable for the owner:

The client has no existing life coverage. He likes to a permanent coverage and cash value growth.

Has your client received a copy of the RightBRIDGE Output Report?

☒ Yes ☐ No

[< Back](#)

[Next >](#)

Illustration Acknowledgement

Illustration

☐ I am attaching an illustration

Do NOT check this option, otherwise, Nationwide will required a SIGNED illustration to be submitted with the application. but the rate in the illustration may not be the final approved rate. So another signed illustration will need to be provided upon delivery. That's why we don't need to provide a signed illustration here.

If an illustration matching the life insurance policy as applied for is not being submitted to Nationwide please select the reason why:

☒ The client did not receive a life insurance illustration

☐ The life insurance illustration provided does not match the life insurance policy as applied for

[< Back](#) [Next >](#)

Authorization for Release of Health Information

Authorization for Release of Health Information

☐ I authorize Nationwide to **disclose** information about me (Discuss Verbally)

☒ I authorize Nationwide to **release** information about me (Provide Documentation)

Authorized Person's Name:

E-Mail

Address

City **State** **Zip Code**

The information that may be released by Nationwide pursuant to the Authorization is (select all that apply):

☒ Nationwide Medical Exam/TeleApp

☒ Nationwide Electrocardiogram

☒ Nationwide Blood Profile

☒ Nationwide Urinalysis

[< Back](#) [Next >](#)

Fill in the client's information.

Nationwide can send a copy of medical exam result and underwriting decisions to the client later.

Upload a copy of ID, and
visa documents.

Upload saved PDF files in
[the previous step](#)
(for WFG to do the
compliance review)

The screenshot shows a web application interface with two tabs: "Case Information" and "Application". The "Application" tab is active. A large red callout box is positioned over the top of the form, containing the following text:

- Recommend to attach a copy of the insured's driver's license or state ID
- For non-US citizen, attach a copy of the green card/I-797 H-1B/TN Visa (Canadian) or any visa related document
- SSN card copy is NOT required yet.

Below this callout box, there is a section titled "Attachment type:" followed by a list of six rows. Each row consists of a dropdown menu and a button labeled "Upload Attachment". The second dropdown menu is currently selected and shows "Risk Assessment". A red arrow points from the "SSN card copy is NOT required yet." text in the first callout box to the "Upload Attachment" button of the first row. Another red arrow points from the bottom of the first callout box to the "Upload Attachment" button of the sixth row.

Below the "Attachment type:" section, there is another red callout box containing the text:

Click to upload all
Salesforce output suitability
forms one by one

This second callout box has a red arrow pointing to the "Upload Attachment" button of the sixth row.

Initiate Signature Process

This screenshot shows the 'Validate and Lock Data' screen. At the top, there are two tabs: 'Case Information' and 'Application'. A red callout box points to the 'Application' tab with the text: 'Must be Good Order to proceed, otherwise, check the section with a ? mark on the left side'. Below the tabs, a green message box states: 'Congratulations! This application is in Good Order.' Below that, an orange warning box says: 'This application has not been signed and submitted to the Home Office.' A blue information box contains the text: 'Please click the button below to lock the application and proceed with selecting the signature and submit'. Below this, there is a paragraph of text: 'Please click **View Forms** at the top of this page to proceed to the signature process. If you need to edit the application, you may do so by going back to the left navigation tree, then come back here to lock the application. Once application is locked, no changes can be made without unlocking the application.' A red callout box points to a blue button labeled 'Lock Application and Proceed to Signature Process' with the text: 'Click to lock the application and start the signature process.' Below the button, another blue information box contains a note: 'Note: If you need to edit the application after it is locked, you may do so by coming back to this Validate screen located on the left navigation tree.'

This screenshot shows the 'Validate and Lock Data' screen after the application has been locked. The 'Application' tab is still selected. A green message box at the top states: 'Your application is locked!'. Below this, there is a paragraph of text: 'Your application has been digitally signed and locked. Please be aware that unlocking the application will cancel the signature process. If you need to edit the application, you may do so by coming back to the left navigation tree, then come back here to lock the application. Once application is locked, no changes can be made without unlocking the application.' A red callout box points to a blue button labeled 'Unlock Application and Cancel Signature Process' with the text: 'Once the application is locked, no information can be updated to the application. To update any info in the app, it needs to unlock the app and all existing signature would be cancelled.' Below this button, there is a blue button labeled 'Next'. A red callout box points to the 'Next' button with the text: 'Click Here to continue'.

☒ **Electronic Signature: Review forms, obtain signatures, and submit forms electronically.**

Electronic Signature Method: Signers can choose from Remote (signing via e-mail) or In Person electronic signature. E can select his/her preferred signing method.

In Person - select this option when:

1. Signer is present
2. Signer must agree

Remote - select this option when:

1. Signer is not located with the agent or prefers to receive an e-mail to complete the signature process
2. Signer must have access to the internet and have their own e-mail address
3. Signer must agree to use the eSignature process
4. Signatures must be obtained within 7 calendar days

Please specify the signature location of all signing parties.

☐ In Person ☐ Remote

☐ In Person ☒ Remote

If illustration is required, fax to 888-677-7393. If 1035 exchange paperwork is required, mail to one of the following addresses:

Regular Mail:
Nationwide Life Insurance Company
P.O. Box 182835
Columbus, OH 43218-2835

Express Mail:
Nationwide Financial Life Operations

[< Back](#)

[Next >](#)

Case Information

Application

Begin eSignature Process

Below is a list of all applicable signers of this policy and the signature method they have chosen

Name(s)	Role
[Redacted]	Proposed Insured
[Redacted]	Agent

Click

< Back

Next >

Case Information

Application

eSignature Instructions

The eSignature process requires each eSigner to review the application on-line and a disclaimer statements. Upon careful review of all information, each eSigner will be in "Agree" statements. This will serve as their electronic signature. A secure process has been implemented to ensure that client's personal information is confidential and secure. By completing the information, the eSigner signing via Remote will receive a personalized email with instructions on how to complete the application and the steps necessary to complete the process.

To begin this process, please click "Next."

Agent Email:

Verify Agent's email

< Back

Next >

Case Information

Application

Send eSignature Emails

By completing the information below, your customer will receive a personalized email message instructing them how to gain access to their electronic application. This email message contains information that must be completed to collect their electronic signature.

Consumer	PIN/TIN/SSN	Email Address	Status	Email Message
Proposed Insured			Email Not Sent	View

Send Remote Email Invitations

Your signature will be required after other eSignatures have been captured. After signing you will be able to transmit the completed Application to Nationwide for processing.

Back

1. Click to preview the email

2. Send the Remote Signature Email Invitation to the client

Your signature will be required after other eSignatures have been captured. After signing you will be able to transmit the completed Application to Nationwide for processing.

You will be notified of the following via e-mail message:

- eSigner fails to login within 5 days of your email being sent
- eSigner makes three failed attempts to login using their assigned passwords (last 4 digits of Social Security Number)
- eSigner successfully eSigns application
- eSigner declines to eSign application

This completes the agent portion of the eSignature process. Your eSignature after capture is required. You may logout by clicking on the [Sign Out](#) option.

You may now close this window.

Back

the agent can close this window now after the email signature invitation is sent to the client.

The agent shall stop the screen sharing, and let the client start the screen sharing to start the:

Client Signature Process

Action required: Complete your Indexed Universal Life Application



Client checks the email.
Click to start the signature process

If you have any questions, please do not hesitate to contact me at SunnyKenServiceTeam@gmail.com.
Thank you for allowing me to handle your life insurance needs.

Access your Application
Click Here

Regards,

Having trouble viewing the images in this email?

Your email provider may have prevented the automatic download of some images contained in this message. You may manually adjust your settings to allow the images to display, or [Click Here](#) to be directed to your online application.

If you are viewing this message from within your Junk or Spam folder, you may be required to move the message to your inbox.

[https://clickwrap2.ipipeline.com/CossEnterpriseSuite/\(S\(a21oynn3memo4s5wrcp1atr\)\)/WebF...](https://clickwrap2.ipipeline.com/CossEnterpriseSuite/(S(a21oynn3memo4s5wrcp1atr))/WebF...)

clickwrap2.ipipeline.com says

Your browser popup blocker is currently blocking this site. This setting will prevent you from properly accessing this functionality.

Please update your popup blocker settings to allow this site to create new windows before proceeding.

1. Some browser may show the popup blocker warning, click OK to ignore it

OK

Last 4 Digits SSN

2. Type in the client last 4-digit SSN

3. Click to continue

Sign In

I exit this site immediately. Nationwide may revise these Terms at any time by updating this

[Print](#)

Please review your application and all other forms in their e-PDF format. The client can review key information in the 1st and 2nd page.

If you need to provide any information or if you have questions, please contact your representative. Please check the box indicating you have read it and then select either "I

2. Check here

[Review Your Application](#)

☒ I have reviewed the application and other forms and read each of the pages that are indicated below whether I "Agree" or "Decline" the terms of these documents.

[I Decline](#)

[I Agree](#)



Nationwide

Apply Signature

1. Check Here

☒ I hereby agree that:

A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge. The Company may seek to rescind or cancel the insurance coverage if there is any material misrepresentation.

B. This application consists of Part I, appendices and supplemental questionnaires, and will be the basis for any coverage issued on this application will take effect only upon satisfaction of all the Company's requirements, except as otherwise provided in the Contract. Except where permitted expressly by statute or regulation, no agent or medical examiner has the authority to pass on insurability, to make or alter a contract or waive any of the Company's requirements. No change in issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Company and the Insured and the Beneficiary.

C. I certify, under penalty of perjury, that my Social Security/Tax Identification Number(s) is/are correct and that

When ready to proceed and electronically sign your forms, click the "Start eSignature" button below.

[Decline eSignature Process](#)

[Start eSignature](#)

Please wait while your application is loaded...

Please Review & Act on These Documents



API User
Nationwide iPipe

Nationwide e-Application

1. Check Here

Please read the Electronic Record and Signature Disclosure.

☒ I agree to use electronic records and signatures.

2. Click Here

[CONTINUE](#)

Ready to submit to Underwriting?
Follow the instructions below!



Application Date:
Proposed Insured:
Proposed Insured DOB:
Product:

Make sure the client fill in the 'City' and finish the rest of signatures

Underwriting, P.O. Box 102055, Columbus, Ohio 43210-2055. I understand that a revocation is not effective to the extent that any of my providers have relied on this form; or to the extent that Nationwide has a legal right to collect a claim under an insurance policy or to contest the policy itself. I further understand that if I refuse to sign this form to release my complete records, or, if I revoke this authorization before a policy is issued, Nationwide may not be able to process my application. I am signing as the insured, as the representative or I have a right to a copy of this form.

Proposed Insured(s) and Owner: Please print name and address of each person who will be covered by this policy. If there are more than four names, attach additional sheets. If not Proposed Insured, please check "Other".
I HAVE READ THIS APPLICATION AND ALL INFORMATION CONTAINED HEREIN. I AGREE TO ALL ITS TERMS AND CONDITIONS. I UNDERSTAND THAT THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO A BACKUP WITHHOLDING OF TAXES ON OTHER THAN REQUIRED - Proposed Insured City.

Signed at _____	City/State _____	Month/Day _____	Year _____
_____	_____	Signature of Proposed Primary Insured (or parent if Proposed Primary Insured is under age)	_____
Full Name of Proposed Primary Insured (print)	_____	Signature of Proposed Additional Insured (if to be Insured)	_____
Full Name of Proposed Additional Insured (print)	_____	Signature of Applicant/Owner (if other than the Proposed Insured(s))	_____
X _____	_____	Signature of Applicant/Owner (if other than the Proposed Insured(s))	_____

Part E - Producer's Certification
Producer's Certification - Be sure to answer all three questions.
☒ Yes ☐ No a. I have truly and accurately recorded all Proposed Insureds' answers on this application.
☐ Yes ☒ No b. I have witnessed his/her/their signature(s) hereon. (If "no", provide details in Special Instructions.)


The agent can stop the client's screen sharing, and start sharing the agent's screen to start the:

Agent Signature

Process

Action required: [redacted] has completed eSignature. Please Review, Sign and Submit

igOsupport@ipipeline.com on behalf of Nationwide igOsupport@ipipeline.com via gmail.com
to [redacted] 6:41 PM (0)

**Nationwide**

Hello [redacted] N,

Your eSignature is needed on [redacted] insurance application.

Please click the button below to access this information online. Once you have reviewed the information for accuracy, you may apply your eSignature, and

Access your Application
Click Here

Regards,

Nationwide

Take steps to ensure you are receiving all communication regarding your client's application.

Please add igOsupport@ipipeline.com to your trusted senders list, and be sure to check your spam and junk folders frequently.

Having trouble viewing the images in this email?

Your email provider may have prevented the automatic download of some images contained in this message. You may manually adjust your settings to display, or [Click Here](#) to be directed to your online application.

Welcome!

Your insurance application is available for review and signature. Your personal information remains confidential. To proceed, please enter the Agent's last 4-digit SSN

Enter PIN#

Sign In

Welcome - Consent

Welcome, [REDACTED]

To begin the signature process, please read the **Terms and Conditions and Electronic Signature Consent** and indicate your agreement. Please print and retain a copy of these documents for future reference.

TERMS OF USE

CONDITIONS OF USE

By using this Web site in relation to an application for insurance with Nationwide Life Insurance Company ("Nationwide"), you agree with the following Terms and Conditions Of Use ("Terms") without limitation. Please read the Terms and Conditions carefully before using this Web site. If you do not agree with these Terms, you are not granted access to this Web site.

[Print](#)

Please review your application and all other forms to make sure you completely understand the information provided.

If you need additional information or if you have questions, please contact your representative. After reviewing the application and other forms, please check the box indicating you have read it and then select either "I Agree" or "I Decline".

[Review Your Application](#)

☒ I have reviewed the application and other forms and read each of the pages that are to be signed. I have read the Terms of Use and indicated below whether I "Agree" or "Decline" the terms of these documents.

Apply eSignature

☒ I, [redacted] hereby agree that:

A. I have read the statements and answers given in this application and affirm that they are true and complete to the best of my knowledge. I understand that the Company may cancel the insurance coverage if there is any material misrepresentation.

B. This application, including all attachments, appendices and supplemental questionnaires, and will be the basis for any coverage issued on this application. The Company will issue coverage upon satisfaction of all the Company's requirements, except as otherwise provided in the Conditions of Coverage. Except where permitted expressly by statute or regulation, no agent or medical examiner has the authority to issue, modify, or waive any of the Company's rights or requirements. No change in issue, plan of insurance or benefits on this application shall be effective unless agreed to in writing by the Proposed Insured and Owner.

C. I certify, under penalty of perjury, that the information provided in this application is true and correct to the best of my knowledge.

Please enter the city and state.

Signed at City

CHICAGO

Signed at State

NY

When ready to proceed and electronically sign your forms, click the "Start eSignature" button below.

PLEASE DO NOT CLOSE THE BROWSER AFTER HITTING FINISH BUTTON ON THE DOCUSIGN WINDOW. YOU WILL BE REDIRECTED TO THE "APPLICATION" SCREEN TO SUBMIT THE APPLICATION.

[Decline eSignature Process](#)

3. Click Here

Start eSignature

DocuSign Envelope ID: A1EAE80C-21C0-46A5-9116-8EAE0493DDC8

START


Nationwide®

In Good Order Life Insurance Application

Complete the DocuSign

This application is *In Good Order*

Ready to submit to Underwriting
Follow the instructions below!



Application Date:
Proposed Insured:
Proposed Insured DOB:
Product:
Application State:

**MAKE SURE to SUBMIT to
Nationwide**

Review and Submit Application

A. I have read the statements and answers given in this application and affirm that they are true and correct. I understand that the Company may seek to rescind or cancel the insurance coverage if there is any material misstatement or omission.

B. This application consists of Part I, appendices and supplemental questionnaires, and will take effect only upon satisfaction of all the Company's requirements, and only as to the date as this application. Except where permitted expressly by statute or regulation, no agent, broker, or producer, in connection with the application, to pass on insurability, to make or alter a contract or waive any of the Company's conditions, plan of insurance or benefits, or to issue a policy, shall be effective unless agreed to in writing by the Company.

C. I certify, under penalty of perjury, that the Social Security Number(s) and Tax Identification Number(s) provided are correct.

You may view, print or download your application and any disclosures and consents below.

[View Completed Application](#)

! You MUST click the button below to submit your application.

[Submit to Nationwide](#)

Click here to
save a copy
(Optional)

Click here to
SUBMIT

The final page after
submission

DONE!



Nationwide®

Thank You

Your application has been successfully submitted.

Thank you again for using our Electronic Application!