



**APPLICATION FOR  
GROUP FLEXIBLE PURCHASE PAYMENT DEFERRED  
FIXED INDEXED ANNUITY CONTRACT (Non-Participating)  
underwritten by  
Nationwide Life Insurance Company  
One Nationwide Plaza  
Columbus, Ohio 43215  
1-877-677-3678**

**Nationwide Indexed Principal Protection<sup>SM</sup>**

Please indicate for which product this application applies (one must be selected):

- 12-month Book Value Payment       5-year Book Value Payment

**APPLICANT**

City of Round Rock, Texas (the "Applicant"), applies to be the Contract Owner of a Group Flexible Purchase Payment Deferred Fixed Indexed Annuity Contract (the "Contract") underwritten by Nationwide Life Insurance Company ("Nationwide").

The Group Flexible Purchase Payment Deferred Fixed Indexed Annuity Contract applied for will become effective on the "Effective Date of Contract" if the initial Purchase Payment and this application are accepted by Nationwide. In the event the initial Purchase Payment or this application are not accepted, Nationwide's liability will be limited to a return of the initial Purchase Payment, and any subsequent Purchase Payments remitted.

The applicant's plan qualifies under:

- Section 457(b)     Section 401(k)     Section 401(a)

**PURCHASE PAYMENT**

Applicant agrees to permit Participants in its Plan to allocate Purchase Payments to the Contract as of the "Effective Date of Contract".

**SIGNATURES**

**A market value adjustment may occur on the effective date of termination.**

Signed on behalf of \_\_\_\_\_, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

- Yes  No Do you have existing annuity contracts?  
 Yes  No Will the applied for Contract replace any existing life insurance or annuity contracts?

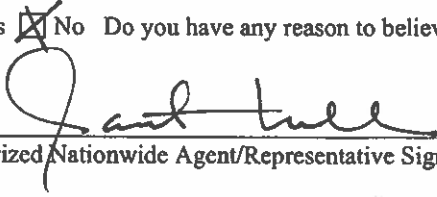
Applicant's signature below indicates that the applicant acknowledges and understands that he/she is applying for an index-based product, and that the applicant acknowledges and understands that while the values of the policy may be affected by an external index, the policy does not directly participate in any stock or equity investments.

\_\_\_\_\_  
(Authorized Signature of Applicant) \_\_\_\_\_ Date

\_\_\_\_\_  
(Title)

**SIGNATURES**

Yes  No Do you have any reason to believe the Contract applied for is to replace existing annuities?



(Authorized Nationwide Agent/Representative Signature)

8-9-2021

Date

Sarita Null

(Authorized Nationwide Agent/Representative) – Please Print

Retirement Specialist

(Title)

Investment Advisor Representative