

Resolution 2025-02



Nationwide®

**Certified Corporate Resolution**  
Nationwide Life Insurance Company  
Nationwide Life and Annuity Insurance Company  
PO Box 182835, Columbus, OH 43218-2835  
Phone: 800-848-6331 • Fax: 888-677-7393 • nationwide.com

This Certified Corporate Resolution must be completed and submitted with the new application or change of owner request.

I, Ashley McLaughlin Secretary of Lansford Borough, a corporation organized under the laws of (State) Pennsylvania certify that the following is a true copy, which is now in full force and effect, adopted by the Board of Directors on the 9th day of April, 20 25.

RESOLVED, that the persons named and signing below are authorized to execute and deliver any written instrument necessary to effect purchases and redemptions and to transact any other business necessary on these corporation's account invested under the following Nationwide Life Policy Number(s),

- (1) Maria Ahner, (2) Ashley Mclaughlin, (3) \_\_\_\_\_, (4) \_\_\_\_\_,
- (5) \_\_\_\_\_, (6) \_\_\_\_\_, (7) \_\_\_\_\_, (8) \_\_\_\_\_,
- (9) \_\_\_\_\_, (10) \_\_\_\_\_, (11) \_\_\_\_\_, (12) \_\_\_\_\_.

Name: Maria Ahner Title: Treasurer  
Signature: [Signature]

Name: Ashley Mclaughlin Title: Secretary  
Signature: [Signature]

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

and that the signatures of not less than 2 of said persons shall be required to carry out the said authority.

RESOLVED FURTHER, that the Secretary of this corporation is hereby authorized to certify to Nationwide the names and signatures of the officers of this corporation and the offices respectively held by them, and that this corporation assumes entire responsibility for and agrees to indemnify and hold harmless Nationwide and/or its agents against any and all claims, liabilities, damages, actions, charges, and expenses resulting from, or arising out of, the acts of Nationwide in accordance with the authority hereby granted the above named persons, and honoring signatures thereof, prior to the receipt of any contrary certification, of for refusing to honor any signature for which it has not received any certification.

Signed on this 9th day of April, 20 25.  
Signature: [Signature] Seal: \_\_\_\_\_

I, the (Title) Bruce Markovich, President of this corporation, hereby certify that the Secretary of this corporation has signed the foregoing certificate.  
Signature: [Signature] Date: 28 Apr-25

Return to: Nationwide Life Insurance Company  
PO Box 182835  
Columbus, OH 43218





**Nationwide®**

**Policy Owner Full Surrender Request**  
Nationwide Life Insurance Company  
Nationwide Life and Annuity Insurance Company

Skip the paperwork: Submit this form electronically at nationwide.com for quicker handling

Contact us: For questions about this form call 1-800-848-6331

**1. Enter Policy Owner Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize the Nationwide Family of Companies to contact you via telephone using automated technology to assist you with your account.

**2. Enter Federal Tax Withholding Instructions**

Nationwide will withhold 10% of the taxable gain and forward that amount to the Internal Revenue Service if you don't make an election or don't provide a taxpayer identification number to us on page 2. See Important Details and Disclosures on Page 3 for more information.

Please select one:

I DO NOT want to have Federal Income Tax withheld from my lump sum proceeds.

Please withhold this percent: \_\_\_\_\_%

**3. Select Payment Method**

Direct Deposit

You are authorizing a one-time Automated Clearing House (ACH) credit (direct deposit) to the bank account provided on this form. Funds must be deposited to a U.S. Institution. See Important Details and Disclosures on Page 3 for more information.

Select an account type<sup>1</sup>:

An Account on File - Verify account information below

New Checking Account - Provide account information below

New Savings Account - Provide account information below

Bank Account Holder Name (must be Policy Owner): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Transit/ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

<sup>1</sup>If there is no account information on file, or you don't provide account information, we'll mail a check to the address on file.

Mail a check to the address on file

**4. State Fraud Disclosures**

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



Nationwide®

## Policy Owner Full Surrender Request Important Details and Disclosures

PLEASE RETAIN THIS PORTION OF THE FORM FOR YOUR RECORDS.

### Submit to Nationwide



**Complete or Upload Online:** Log in to nationwide.com and select the "Forms" option to submit this request online.

**Don't have an Online account? Follow these steps:**

1) Visit nationwide.com 2) Click "Log in" 3) Click "Life insurance" in the drop down 4) Click "Sign up"



**Submit by regular mail:**

Nationwide Life Insurance Company  
PO Box 182835  
Columbus, OH 43218-2835

**Submit by overnight mail:**

Nationwide Insurance  
1-LC-D4  
1 Nationwide Plaza  
Columbus, Ohio 43215-2239



**For More Information:** Call 1-800-848-6331

### General Information

- **Form Status:** If any information on this form is unclear or incomplete, we'll communicate directly with the policy owner.
- **Cash Value:** Term policies do not accumulate cash value. Other types of policies may have no cash value to surrender other than any paid up premiums on the policy.
- **Charges:** Surrender charges may apply to any full surrender. Any applicable surrender charge will apply and reduce the policy's cash surrender value as outlined in the policy. **To obtain the current charges or potential lost benefits, or learn about options available to you, please contact our Customer Service Center at 800-848-6331.**
- **Premium Payment:** If we've received a premium payment from you within the 10 day period preceding our receipt of this form, we'll deduct that premium amount from the proceeds due to you (if any) from the surrender and hold it for 15 days. Once the premium payment is cleared by your banking institution, we will refund it to you by the same payment method elected in Section 3 of this form.
- **Premium Payment Drafts:** If paying premium by ACH/electronic draft, please contact Nationwide's Home Office to cancel the draft prior to sending this form at 1-800-848-6331.
- **Traditional Life Surrender Requests:** Those received within 30 days prior to your policy anniversary date are processed effective the next business day following your policy anniversary date.

### Section 2 - Federal Tax Withholding

- **Tax Liability:** You may owe Federal Income Tax on any portion of a surrender or partial surrender that represents a gain. You may also be responsible for payment of Federal Income Tax on the portion of your lump sum payment.
- **Tax Penalty:** You may be subject to tax penalties under the Estimated Tax Payment rules if your combined payments of estimated tax and withholding are not adequate.
- **Advice:** Consult your tax advisor concerning possible tax implications as a result of this transaction.

### Section 3: Direct Deposit (ACH)

- **Date of Deposit:** The deposit to your checking or savings account will normally occur up to four (4) business days after the date of the withdrawal from the life insurance policy.
- **Account Verification:** In processing your one-time ACH credit transaction, Nationwide uses consumer information to verify ownership of the receiving bank account to reduce the possibility of fraud. If there is an inconsistency in the information you have provided to us and the authorized bank account holder's information, or if you fail to provide adequate account information, a paper check will be mailed to the address of record.
- **For Commercial Bank Account Owners Only:** Each of Nationwide and the Commercial Bank Account Owner identified on this form agree to be bound by Nacha Operating Rules and acknowledges that the origination of ACH transactions to this account must comply with applicable U.S. Law.
  - **Corporate Account Ownership:** Where the owner of the account is a corporation, please provide a corporate resolution or a letter from the company or bank confirming the individual who is authorized to sign checks on behalf of the company. This authorized person must sign this form as the bank account owner.

- **Trust Ownership:** Where the owner of the account is a trust, please provide a Certification of Trust (Trust Certificate) that provides necessary information to validate the trust including but not limited to the legal Trust name and effective date, the Trustee(s) authorized to act on behalf of the Trust (generally and with respect to the trust account indicated on this form) including any successor Trustee(s), and the Trust's tax identification number.
- **Owner Authorization:** By signing this form, you authorize Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company to electronically credit (deposit) and/or correct by electronic debit (withdrawal) any refund or payment due to you to the bank account listed on this form as allowed by U.S. law. You also authorize your bank to credit or debit your account accordingly.
- **Joint Account Owners:** If this bank account is a joint account, authorization by one bank account owner constitutes authorization by all bank account owners - whether a current owner of this account or added after this authorization is signed.

#### **Community Spousal Property Consent**

**For Residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin:**

- **Community Property States:** If you live in one of the community property states listed above, your spouse may have rights to the benefits of this Policy under state law.
- **Tax Consultation:** If you are unsure of whether these laws apply to you, consult with your legal or tax advisor to determine whether a spousal signature is required on this form. Nationwide Life Insurance Company and/or Nationwide Life and Annuity Insurance Company disclaim any responsibility for determining the applicability of community property laws or the validity of the requested distribution.
- **Spouse Definition:** The term "spouse" refers to the person to whom the owner is legally married, or the policy owner's domestic partner or equivalent as recognized and allowed by federal law, or by state law in your state of residence.