

Nationwide Insurance Company PO Box 182239 Columbus, OH 43218-2239

On Your Side May 12, 2015

	If c	If current address is different enter here		
John R. Smith 123 Example Avenue				
Columbus, OH 43215				
Our records indicate the following	Nationwide Company	check has been	issued to you but h	as not been cashed.
ACCOUNT #: 100054897	AMOUNT: \$5,555.55 ID #: 0315HP48658888N DESC: Premium Refunds on Individual Policies			
Please complete the application below. you must enclose copies of all legal doc Power of Attorney, Letters of Administ	uments showing your ent			
****THE ENTIR	E LETTER MUST BE	RETURNED	WITHIN 20 DAYS	***
APPLICATION FOR PAYMENT: I hereby certify: (Check only one)	(Please complete all fi	elds below)		
Check was Cashed (cashed date	and return	this letter to us)	Reissue Check	Other
Comments:				
PLEASE SIGN BELOW TO	ACKNOWLEDGE ON	VNERSHIP OF 1	THE ABOVE LISTER	 D FUNDS.
	(Allow 6-8 weeks fo	or processing.	.)	
Signature				
Printed Name (for business payee) and	Title			
SSN (Last 4 Digits) or Federal Tax ID				
Company Name (If applicable)				
Daytime Phone Number				

For questions, please call 866-780-3772 or email to: unclaimd@nationwide.com

Fax completed form to 866-233-3906

Or mail to: Nationwide Insurance Company, PO Box 182239, Columbus, OH 43128-2239