NEA Valuebuilder® Program

Security Benefit®

Withdrawal Charge Waiver

Attn: NEA Valuebuilder Program - (Future, Select and Multi-Flex)

Please type or print in black ink. Questions? Call our Customer Service Center at 1-800-NEA-VALU.

1. General Account Information

Contract Number

Group Certificate (if applicable)

Name of Annuitant/Participant
(First) (MI) (Last)

Address

City

State Zip Code

Tax I.D. Number / Social Security Number

Phone Number (for confidential calls between 8:00am and 6:00pm CST)

E-Mail Address

❍ Single ❍ Married (please check one)

Please complete the appropriate section of this form, have your physician complete and sign the Physician's Signature Section and return to Security Benefit Group. See respective definitions and procedures below.

IMPORTANT NOTE: This form must accompany each withdrawal requested under the Withdrawal Charge Waiver Option.

For the purposes of the Withdrawal Charge Waiver Form, the following definitions shall apply:

Hospital – A state licensed facility which is: operated as a Hospital according to the law of the jurisdiction in which it is located; operates primarily for the care and treatment of sick or inured persons as inpatients; provides continuous 24 hours a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.) or a licensed practical nurse (L.P.N.); is supervised by a staff of physicians; and has medical, diagnostic, and major surgical facilities or has access to such facilities on a prearranged basis.

Intermediate Care Facility – A licensed facility which is: operated as an Intermediate Care Facility according to the law of the jurisdiction in which it is located; provides continuous 24 hours a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.) or a licensed practical nurse (L.P.N.); and maintains a daily medical record of each patient.

Long-Term Care Facility – A state Skilled Nursing Facility or Intermediate Care Facility. Long-Term Care Facility does not mean: a place that primarily treats drug addicts or alcoholics; a home for the aged or mentally ill, a community living center, or a place that primarily provides

1. General Account Information (continued)

domiciliary, residency, or retirement care; or a place owned or operated by a member of the Contract Owner's immediate family.

Physician – A doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he performs such function or action. This person cannot be the Contract Owner, Contingent Owner, Annuitant, Contingent Annuitant, Beneficiary, Contingent Beneficiary, nor a member of the immediate family of these persons.

Skilled Nursing Facility – A licensed facility which is operated as a Skilled Nursing Facility according to the law of the jurisdiction in which it is located; provides skilled nursing care under the supervision of a Physician; provides continuous 24 hours a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and maintains a daily medical record of each patient.

Terminal Illness – An illness, diagnosed by a Physician, which is expected to result in death within 12 months of diagnosis. The diagnosis of Terminal Illness must occur after the Contract is in force.

Disabled – An individual is considered to be disabled if he is unable to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

2. Long-Term Care Facility Certification (Select and Future Contracts only)

I hereby certify that I have been confined to a "Hospital" or "Long-Term Care Facility" for a minimum of the last 90 consecutive days; that I am making this withdrawal request during the period in which I am confined or no later than 90 days after the confinement period has ended; and that this withdrawal request is being made on or after the third Contract Anniversary Date of my Contract.

X
Signature of Contract Owner Date

Name of Hospital/Long-Term Care Facility

Address of Hospital/Long-Term Care Facility

City

State Zip Code

Date of Entry to Hospital/Long-Term Care Facility

Expected Period of Confinement

3. Disability Certification

I hereby certify that I am "Disabled" as defined herein and that I became disabled after the issue date of my Contract and before attaining age 65. I understand that no additional purchase payments may be made to my Contract.

X _____ _____
Signature of Contract Owner Date

See Prospectus for details of disability certification.

Nature of disability: _____

_____

_____

_____

_____

_____
Date of Birth

4. Terminal Illness Certification
(Select and Future Only)

I hereby certify that I have been diagnosed by a "Physician" as having a Terminal Illness, and this diagnosis was made while my Contract was in force.

X _____
Signature of Contract Owner

Nature of illness: _____

_____

_____

_____

_____

5. Physician's Statement

I, _____
(Physician's Name)

a duly licensed physician, hereby certify that

_____
(Contract Owner's Name)

(please check one)

❍ is confined to a Hospital or Long-Term Care Facility as defined herein.

❍ is Disabled as defined herein.

❍ has been diagnosed with a Terminal Illness as defined herein.

_____
Date illness was diagnosed

X _____ _____
Signature of Physician Date

_____ _____ _____
Physician's First Name (MI) (Last)

_____
Address of Physician

_____
City

_____ _____
State Zip Code

_____
Physician's Phone Number

Additional comments:

_____

_____

_____

_____

_____

_____

NEA Valuebuilder Variable Annuity issued by Nationwide Life Insurance Company.
Mail to: Security Benefit Group of Companies • PO Box 750497 • Topeka, Kansas 66675-0497
Fax to: 1-785-438-5177 • Also visit us online at www.neamb.com