HAZARDOUS ACTIVITIES QUESTIONNAIRE
NATIONAL LIFE INSURANCE COMPANY
Columbus, Ohio 43216

I hereby amend my application to Nationwide Life Insurance Company, dated

in the following particulars:

1. Do you, have you ever, or do you expect to engage in:
   a. Skin or scuba diving? ........................................... □ □
   b. Rodeo competition? ........................................... □ □
   c. Sky diving or parachute jumping? ............................... □ □
   d. Automobile, motorcycle or powerboat racing,
      performance testing or stunt driving? ......................... □ □
   e. Any hazardous activity, avocation or hobby
      not mentioned above? ........................................... □ □

GIVE FULL DETAILS TO EACH AND EVERY PART OF QUESTION 1 TO WHICH THE ANSWER IS “YES”.

2. a. SKIN OR SCUBA DIVING.
   How long have you been diving? ................................. How often?
   Date of last dive: ___________ Average Depth: ___________
   Greatest Depth: ___________
   Maximum time under water? ___________________ Do you dive alone? __________________
   Are you a member of a diving club? ......................... Club’s name __________________
   Have you ever done underwater recovery or salvage work? ________
   If “Yes”, what, when, type? ____________________________

Would you do such work if you had the opportunity? _____________________________

b. RODEO COMPETITION.
   Type of activity:
   How often? ___________________ Date of last? ___________
   How long have you been sky diving? ___________
   How often? ___________________ Date of last dive? ___________
   Total number of jumps made? ___________
   Are you a member of a diving club? ......................... Club’s name __________________
   Are all jumps made under club’s auspices? ___________

   If “Yes”, give details _____________________________

   If “No” explain _____________________________

   d. AUTOMOBILE, MOTORCYCLE OR POWERBOAT RACING, PERFORMANCE TESTING OR STUNT DRIVING.
   How long have you been participating? __________________
   Have you ever attended any type of driver’s school? _________
   School’s name __________________
   Do you hold a competition driver’s license from any organization? _________
   List all __________________
   Do you own or have access to a competition automobile? _________
   Make and model __________________
   Engine make and model __________________
   Displacement? ___________
   HP? ___________
   Class? __________________
   Do you participate in other than sanctioned events? _________
   Have you ever raced, or do you intend to race professionally or for cash prizes? _________
   If “Yes”, give details _____________________________
   Have you ever done, or do you intend to do any stunt driving? _________

Give particulars by types of races, number of races and miles driven in competition, stating “none” where none, as provided below.

<table>
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<tr>
<th>Type of Event*</th>
<th>Post 12 Months Number</th>
<th>Miles</th>
<th>Post 1 to 2 Years Number</th>
<th>Miles</th>
<th>Estimated Next 12 Months Number</th>
<th>Miles</th>
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*That is, midget, sports car, stock car, modified, championship, drag, go-cart, motorcycle, powerboat, hydroplane, etc.

e. HAZARDOUS ACTIVITIES, AVOCATIONS OR HOBBIES NOT COVERED ABOVE.
   Describe nature of activity, length of time engaged in activity,
   frequency, hazards involved, clubs, etc.

3. a. Have you ever been injured while participating in any activity described above? ___________
   If “Yes”, give dates and extent of injuries. ___________

b. Have you ever been reprimanded or fined for violation of regulations imposed by a governing body of any activity described above? _________
   If “Yes”, give dates and full details. ___________

I hereby declare that all the statements and answers to the above questions are complete and true and I agree that this amendment shall form a part of said original application, and that it shall be subject to all the terms and agreements thereof.

Signed at _____________________________ on _____________________________

City State Month Day Year

Witness _____________________________ Agent _____________________________

Signature of Proposed Insured