



Mail this form, along with any required documents to:

Mail: Nationwide Funds
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail: Nationwide Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

For additional information please call toll-free 1-800-848-0920 or visit us on the Web at nationwide.com/mutualfunds.

Please contact your local state tax department for inheritance tax waiver filing requirements prior to completing this form. There are situations where a Medallion Signature Guarantee may not be necessary. Please call 1-800-848-0920 to determine if one is needed.

1 DECEASED SHAREHOLDER ACCOUNT INFORMATION

Name (as it appears on account)		Social Security / Tax Number
Date of Birth (MM/DD/YY)		Date of Death (MM/DD/YY)
State of Residence		

Please indicate all accounts:

Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number

2 BENEFICIARY INFORMATION

Name of Beneficiary / Trust / Estate	Social Security / Tax Number	Date of Birth (MM/DD/YY)
Street Address	Phone Number	
City / State / ZIP Code		

3 DISTRIBUTION OPTIONS

Please select one of the following distribution options and proceed to Section 4 to select a payout method.

- Option 1 - Lump sum distribution**
- Option 2 - Distributions over your life expectancy** (If a non-spouse beneficiary - non recalculated. If a spouse beneficiary - recalculated.)
Distributions must begin by December 31 of the year following the account owner's date of death.
Payments must continue until the account(s) reaches a zero balance.
A completed and signed IRA Application Form is required. It can be found under "Forms" at nationwidefunds.com or can be requested by calling 1-800-848-0920
- Option 3 - Distributions over a 10 year period**
For non-spouse beneficiary with account owner's date of death after 2019. The account(s) must be at a zero balance by December 31 of the tenth year following the account owner's date of death. If account owner has passed prior to required begin date* or Roth IRA and beneficiary is a non-qualified trust, 5 year period applies.
A completed and signed IRA Application Form is required. It can be found under "Forms" at nationwidefunds.com or can be requested by calling 1-800-848-0920
- Option 4 - Surviving Spouse Only - Transfer to an IRA in your name**
IRA Account Number _____
If you do not have an existing IRA, a completed and signed IRA Application Form is required. It can be found under "Forms" at nationwidefunds.com or can be requested by calling 1-800-848-0920

*Required beginning date is April 1 following the year the account owner would have reached RMD age.
 Note: If a beneficiary has not been designated and/or the assets are payable to the deceased account owner's Estate, the Estate, as beneficiary, has ONLY the following three distribution options: (1) Lump sum distribution, (2) Distributions over a 5 year period, or (3) Distributions over the life expectancy of the decedent - non-recalculated. Note that for options (2) and (3), the Estate must remain OPEN until the account has a zero balance.
 Exceptions to the 10 year rule may apply where a non-spouse beneficiary is a minor child, disabled or chronically ill, or is not more than 10 years younger than the deceased.
 If there are one or more non-spouse beneficiaries of the qualified trust, distributions may be taken over the life expectancy of the oldest beneficiary of the trust as long as eligibility requirements have been met.

4 PAYOUT OPTIONS (SELECT ONE)

Based on the distribution option I selected in Section 3, please payout the assets using the following method:

- Check(s) to the address of record on the account.
 - Regular Mail Overnight Mail: A \$15 fee will be deducted from your account balance unless you indicate to deduct from your liquidation proceeds.
- Deposit distribution(s) directly to my existing Non-IRA account number _____ OR open a new Non-IRA for the distribution(s). A New Account Application Form is required for new accounts. It can be found under "Forms" at nationwidefunds.com or can be requested by calling 1-800-848-0920
- Wire Redemption. Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (A \$20 wire fee will apply).
Wire distribution proceeds to the bank instructions currently on my account. A \$20 wire fee applies and will be deducted from your account balance unless you indicate to deduct from your liquidation proceeds.
- Automated Clearing House (ACH). Please attach a pre-printed, voided check or a pre-printed deposit slip in Section 6 (ACH transfers take 2-3 business days).
Electronic Funds Transfer to the bank instructions currently on my account. No fee applies.
- Alternate payee and/or address other than address of record.

Payee Name _____

Payee Address _____

5 SYSTEMATIC DISTRIBUTIONS* (SELECT ONE)

If you selected Distribution Option 2 or 3 in Section 3, please indicate the frequency with which you would like distributions to be made. If you do not indicate a Start Month and Start Day, distributions will begin on the 5th day of the current month. If you do not indicate a frequency, distributions will be made annually on December 5. If the 5th has past, distributions will begin on the 5th of the next month.

Annually Start Month: _____ Start Day: _____

Semi-Annually Start Month: _____ Start Day: _____

Quarterly Start Month: _____ Start Day: _____

Monthly Start Month: _____ Start Day: _____

* Systematic distributions cannot be made between December 29 - December 31.

6 BANK INFORMATION (OPTIONAL)

Add Bank Information - Please attach a pre-printed voided check or pre-printed deposit slip if you selected to receive your distribution(s) via wire or ACH in Section 4. There is a \$20 fee for next day wires and no fee for ACH transfers (ACH transfers take 2-3 business days).

John Doe 53289
Jane Doe
123 Main St.
Anytown, USA 12345

Pay to the order of _____ \$ _____
_____ DOLLARS

Memo _____ Signed _____

⑆ 1 2345 ⑆ ⑆ 1 2345 ⑆ ⑆ 1 2345 ⑆ ⑆ 1 2345 ⑆

If you have selected wire redemptions, EFT redemptions or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

*For liquidations, a **Medallion Signature Guarantee** is required if all registered mutual fund account holders are not named in the bank registration.

7 TAX WITHHOLDING ELECTION

Federal taxes will automatically be withheld from distributions at a rate of 10%, unless you check one of the boxes below (*state withholding may apply).

- Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- Please withhold _____% (minimum 10%) from my distribution(s). *State withholding may also apply.

For systematic distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do any time.

**Important state tax withholding information: Certain states require state income tax withholding from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules. Contact your tax advisor or your state tax authority for questions specific to your situation.*

8 REQUIRED MINIMUM DISTRIBUTION (RMD)

If the deceased shareholder was over RMD age and was taking an RMD, the decedent's RMD that is required to be paid out in the year of death must be distributed from the Inherited IRA as a death distribution. This applies to all beneficiary types. Please select the appropriate box below (does not apply to Roth IRAs).

- Please pay out the deceased account owner's final RMD from the account(s) as a death distribution.
- Do not pay out the deceased account owner's final RMD from the account(s) as a separate death distribution.

Note: If an RMD option is not selected above U.S. Bank Global Fund Services will not pay out the deceased account owner's final RMD. You will be responsible for ensuring that the final RMD requirement is met.

If the RMD is missed or not taken for a year, for any reason, the Internal Revenue Service will impose a 50% penalty over and above the amount that should have been taken.

9 SIGNATURE AND MEDALLION SIGNATURE GUARANTEES

I have received and understand the prospectus for my mutual fund. I understand Nationwide Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify Nationwide Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and Nationwide Funds and its transfer agent shall not be liable if I fail to notify Nationwide Funds within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

I understand that my mutual fund account may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my state's abandoned property laws.

I, the undersigned, authorize and request that U.S. Bank Global Fund Services, make the above distribution(s) from the account(s) listed in Section 1. I certify that all information in this distribution request is accurate, and I agree to hold Nationwide Funds, its advisor, and U.S. Bank Global Fund Services, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request.

Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to failure to report all interest and dividends).

The IRS does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Please select the appropriate box to confirm your relationship to the account.

- Beneficiary Executor / Personal Representative / Administrator of the Estate Trustee of the Trust
- Other _____

SIGNATURE* DATE MM/DD/YYYY

- Beneficiary Executor / Personal Representative / Administrator of the Estate Trustee of the Trust
- Other _____

SIGNATURE* DATE MM/DD/YYYY

Note to Financial Institution: Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

Medallion Signature Guarantee

DATE (MM/DD/YYYY)

***All signatures must be Medallion Signature Guaranteed.** A Medallion Signature Guarantee can be obtained from a bank, savings association, credit union, a member firm of a domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution.

A notary public is NOT an acceptable guarantor.

Nationwide Funds distributed by Nationwide Fund Distributors LLC (NFD), member FINRA, Columbus, OH.

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