



**Mail this form, along with any required documents to:**

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

**Overnight Express Mail:** Nationwide Funds  
c/o U.S. Bancorp Fund Services, LLC  
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](http://nationwide.com/mutualfunds).**

**IMPORTANT:** This form is used to make changes to your existing account(s). Please read the Nationwide Funds prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

**1 ACCOUNT INFORMATION** | IF ADDRESS FOR JOINT OWNER(S)/TRUSTEE(S)/AUTHORIZED SIGNER(S) IS IDENTICAL, PLEASE WRITE "SAME".

**If this box is checked, I/we give the Nationwide Funds authorization to update the address of record to the address listed on this form under Owner Name if it is different than Nationwide Funds' records. A signature of all account owners must be included in Section 11 in order for this change to be valid.**

|   |                              |                      |
|---|------------------------------|----------------------|
| Owner Name / Trust / Corporation / Other Entity | Social Security / Tax Number | Phone Number         |
| <input type="text"/>                            | <input type="text"/>         | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Street Address       | City / State / ZIP   |
| <input type="text"/> | <input type="text"/> |

|  |                              |                      |
|--|------------------------------|----------------------|
| Joint Owner Name / Trustee / Authorized Signer | Social Security / Tax Number | Phone Number         |
| <input type="text"/>                           | <input type="text"/>         | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Street Address       | City / State / ZIP   |
| <input type="text"/> | <input type="text"/> |

|   |                              |                      |
|---|------------------------------|----------------------|
| Joint Owner Name / Co-Trustee / Authorized Signer | Social Security / Tax Number | Phone Number         |
| <input type="text"/>                              | <input type="text"/>         | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Street Address       | City / State / ZIP   |
| <input type="text"/> | <input type="text"/> |

|   |                              |                      |
|---|------------------------------|----------------------|
| Joint Owner Name / Co-Trustee / Authorized Signer | Social Security / Tax Number | Phone Number         |
| <input type="text"/>                              | <input type="text"/>         | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Street Address       | City / State / ZIP   |
| <input type="text"/> | <input type="text"/> |

**Please indicate account(s) that require change:**

|                      |                      |
|----------------------|----------------------|
| Fund Name            | Account Number       |
| <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Fund Name            | Account Number       |
| <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| Fund Name            | Account Number       |
| <input type="text"/> | <input type="text"/> |

- Telephone Options - complete Sections 2 and 11
- Bank Information - complete Sections 3 and 11
- Capital Gains & Dividend Options - complete Sections 4 and 11
- Systematic Options - complete Sections 3, 5 or 6 and 11
- E-Delivery - complete Sections 8 and 11
- Money Market Checkwriting - complete Section 9
- Cost Basis Election - Complete 10 and 11. Not applicable to IRAs

**2 TELEPHONE /INTERNET OPTIONS | CHECK OPTION(S) TO ESTABLISH**

Please complete Section 3 for purchase or redemption via a bank checking or savings account if bank information has not already been established. Telephone/Internet options will be added to your account. Note IRA accounts may not have all functionality. Please call for further information.

**Telephone/Internet Purchase \*via ACH**

**Telephone/Internet Redemption \*By:**  Wire\*\*  ACH  Check to Address of Record

**Telephone/Internet Exchange**

\*For liquidations, a signature guarantee is required if all registered mutual fund account holders are not named in the bank registration. For purchases, a signature guarantee is required if all registered owners of the bank account are not named in the mutual fund account registration.

\*\*A \$20 wire fee will be deducted from your account balance unless you indicate to deduct from your liquidation proceeds.

*Should you wish to change the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.*

**Note: For internet options, please go to [nationwide.com/mutualfunds](http://nationwide.com/mutualfunds) and choose “Sign Up for Account Access” and follow the steps to register for Online Account Access.**

**3 BANK INFORMATION\* | CHECK APPROPRIATE ACTION**

**Add Bank Information (attach voided check)**

**Change or Remove Existing Bank Information (attach voided check)**

**My existing bank information is no longer valid as of \_\_\_\_\_.**

Note: Your bank information will be removed immediately if no date is specified.

**Please attach a voided check or pre-printed deposit slip.**  **Checking**  **Savings**

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through (“further credit to”) account.)

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

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_ Signed \_\_\_\_\_

⑆ 1 2 3 4 5 6 7 8 ⑆    ⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

VOID

*\*For liquidations, a signature guarantee is required if all registered mutual fund account holders are not named in the bank registration. For purchases, a signature guarantee is required if all registered owners of the bank account are not named in the mutual fund account registration.*

**4 CAPITAL GAINS & DIVIDEND OPTIONS**

**Cash distribution should be paid by (select one):**

Check to Address of Record  ACH to Bank of Record\*

Capital Gains                      Dividends  
 Reinvest    Cash\*                      Reinvest    Cash\*

| Fund Name            | Account Number       | Capital Gains Reinvest   | Capital Gains Cash*      | Dividends Reinvest       | Dividends Cash*          |
|----------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Note: All distributions under \$5.00 are automatically reinvested.**

**\*If you choose the option to have distributions sent via ACH to bank of record, please confirm whether you currently have valid bank information on record. If adding or changing bank information, please complete Section 3 and attach a voided check. A signature guarantee is required if all registered mutual fund account holders are not named in the bank registration.**

**5 SYSTEMATIC OPTIONS | AUTOMATIC INVESTMENT PLAN (AIP)**

**A ADD NEW AIP**

Please allow at least 15 days after receipt of this form before your AIP will be effective.

\*Please see Nationwide Funds' prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, the AIP will be terminated after two such consecutive occurrences.

Fund Name & Account Number

**Purchase with:** Bank Account

AIP Start Date (Month/Year)

Day(s) of the Month

Dollar Amount

\$

**NOTE: The AIP will be purchased on the date requested or first business day after;**  
**Frequency (check one)**  Monthly  Bi-Monthly  Quarterly  Bi-Annually  Annually

**B UPDATE EXISTING AIP**

*Note: This form must be received at least 5 days prior to the effective date of the next transaction in order to change or terminate your transaction.*

If you are changing your bank information please indicate the last date you would like your current AIP to run:

Stop Immediately  Specific Date  (Note: Your AIP will be stopped if no date is specified)

Fund Name & Account Number

**Purchase with:** Bank Account

AIP Start Date (Month/Year)

Day(s) of the Month

Dollar Amount

\$

**NOTE: The AIP will be purchased on the date requested or first business day after;**  
**Frequency (check one)**  Monthly  Bi-Monthly  Quarterly  Bi-Annually  Annually

**\*Please complete section 3 if new bank information is being used for the Automatic Investment Plan.**

**C SYSTEMATIC EXCHANGE**

*Note: This form must be received at least 5 days prior to the effective date of the next transaction in order to change or terminate your transaction.*

**Exchange from:** Fund Name & Account Number

**Exchange to:** Fund Name & Account Number

Exchange Start Date (Month/Year)

Day(s) of the Month

Dollar Amount

\$

**Frequency (check one)**  Monthly  Bi-Monthly  Quarterly  Bi-Annually  Annually

**NOTE: the Exchange will occur on the date requested or the first business day after the requested date.**

**6 SYSTEMATIC OPTIONS | SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Fund Name & Account Number

**NOTE: The SWP will be withdrawn on the date requested or the first business day after the requested date.**

SWP Start Date (Month/Year)

Day(s) of the Month

Dollar Amount

\$

**Frequency (check one)**  Monthly  Bi-Monthly  Quarterly  Bi-Annually  Annually

**Send proceeds by (check one)**  Check OR  ACH to: (check one)  Existing Bank Information

New Bank Information\*  Special Payee\*\*

Make Check Payable to

Street Address / City / State / ZIP

Fund Name & Account Number

**NOTE: The SWP will be withdrawn on the date requested or the first business day after the requested date.**

SWP Start Date (Month/Year)

Day(s) of the Month

Dollar Amount

\$

**Frequency (check one)**  Monthly  Bi-Monthly  Quarterly  Bi-Annually  Annually

**Send proceeds by (check one)**  Check OR  ACH to: (check one)  Existing Bank Information

New Bank Information\*  Special Payee\*\*

Make Check Payable to

Street Address / City / State / ZIP

\*If we do not have bank information on record, please complete Section 3 of this form. A signature guarantee is required if all registered mutual fund account holders are not named in the bank registration.

\*\*Alternate payee and/or address other than the address of record. If having the redemption proceeds payable to a third party or sent to an address that is currently not listed on the account, a signature guarantee is required in Section 11 of this form.

**7 RIGHTS OF ACCUMULATION**

I understand Nationwide Funds' policies regarding rights of accumulation as described in the prospectus under "Reduction of Class A Sales Charges" and that I may be able to reduce or eliminate front-end sales charges to me and other family members living at the same address by adding the current value of any Class A or Class C shares in all Nationwide Funds (except the Nationwide Government Money Market Fund) that are currently owned or are currently being purchased to the value of my Class A purchase.

If you have additional Nationwide Funds accounts, please list them here:

Existing Account Number(s):

\_\_\_\_\_

**8 E-DELIVERY OPTIONS**

**I would like to:**

Receive all documents electronically

**Or Select Document Type:**

Receive prospectuses, annual reports and semiannual reports electronically

Receive statements electronically

Receive tax forms electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. **If you have opted to receive your statements or tax forms electronically, you will need to establish online access to your account, which you may do once your account has been established by visiting [nationwide.com/mutualfunds](http://nationwide.com/mutualfunds) and selecting Sign Up for Account Access. Please note, you must provide your email address to enroll in eDelivery.**

E-mail Address

\_\_\_\_\_

**9 CHECK WRITING OPTION**

You may elect to establish check writing privileges for the Nationwide Government Money Market Fund Investor Shares. Checks will be mailed within 10 (ten) business days after receiving your request. The minimum amount for any check written is \$500. All authorized account owners must sign below exactly as their names appear in Section 1.

Nationwide Government Money Market Fund Investor Shares

I/We guarantee the authenticity of each signature and understand the request is subject to the terms below.

**Authorized Signatures**

(For joint accounts, all owners must sign.)

One signature required

Two signatures required

**X** \_\_\_\_\_

**X** \_\_\_\_\_

I/We authorize U.S. Bank to honor these share drafts and to redeem sufficient shares in my/our account to cover payment of such checks. I/We understand that: (1) this privilege may be terminated at any time by Nationwide Funds or the bank and that neither shall incur any liability for loss or expense or cost to me/us for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) by signing this card I/We agree to the terms mentioned above.

\*If your address has changed within the last 30 days a signature guarantee will be required to have the checks sent to the new address.

**10 COST BASIS METHOD**

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation. Note:** If you do not elect a Cost Basis Method, your account will default to **Average Cost**.

**Primary Method (Select only one)**

- Average Cost** – averages the purchase price of acquired shares
- First In, First Out** – oldest shares are redeemed first
- Last In, First Out** – newest shares are redeemed first
- Low Cost** – least expensive shares are redeemed first
- High Cost** – most expensive shares are redeemed first
- Loss/Gain Utilization** – depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification** – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable).

**Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)**

- First In, First Out
- Last In, First Out
- Low Cost
- High Cost
- Loss/Gain Utilization

*Note: If a Secondary Method is not elected, First In, First Out will be used.*

**11 SIGNATURE(S)**

I have received and understand the prospectus for Nationwide Funds. I understand the 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.

Nationwide Funds, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Nationwide Fund. U.S. Bancorp Fund Services, LLC and Nationwide Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Account Options Form is accurate, and agree to hold U.S. Bancorp Fund Services, LLC and Nationwide Funds harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result in information I have provided. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

Signature of Owner / Trustee / Custodian / Authorized Signer

Date (MM/DD/YYYY)

|          |  |
|----------|--|
| <b>X</b> |  |
|----------|--|

Signature of Owner / Trustee / Custodian / Authorized Signer

Date (MM/DD/YYYY)

|          |  |
|----------|--|
| <b>X</b> |  |
|----------|--|

Signature of Owner / Trustee / Custodian / Authorized Signer

Date (MM/DD/YYYY)

|          |  |
|----------|--|
| <b>X</b> |  |
|----------|--|

Signature of Owner / Trustee / Custodian / Authorized Signer

Date (MM/DD/YYYY)

|          |  |
|----------|--|
| <b>X</b> |  |
|----------|--|

**\*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustee(s) must sign, or (4) a corporation or other entity, an officers(s) must sign.**

Authorized Signature of Guarantee Stamp

Date (MM/DD/YYYY)

**If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.**

*If someone other than the registered account owner is signing this request, we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity: Administrator, Conservator, Guardian, Executor, Personal Representative, Appropriate Person by Small Estate Affidavit, Power of Attorney.*

*Please note if signing in this capacity a medallion signature guarantee is required. Please verify that the surety limit of your signature guarantee is equal to or greater than the value of this transaction request.*