



Coverdell Education Savings Account Distribution Request

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.

Complete this form to request a distribution from your Coverdell Educational Savings Account (CESA). Consult your tax or financial adviser for information regarding distributions and taxation.

1 ACCOUNT INFORMATION

Daytime Telephone Number

Responsible Individual's Name (First, Middle, Last)

Designated Beneficiary's Name (First, Middle, Last) Date of Birth Social Security Number

2 DISTRIBUTION REASON

Select the appropriate reason:

- Qualified educational expenses
- Non-qualified distribution
 I understand that I may be responsible for paying a 10% excise tax in addition to normal income tax for a non-qualified distribution.
- Death of designated beneficiary
 (Additional documentation may be required.)
- Return of excess contribution
 Indicate tax year excess contribution was made

- Other _____

3 DISTRIBUTION INFORMATION

Account Number	Dollar Amount	or	Number of Shares	Full Fund Distribution
<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/>	or <input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/>	or <input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/>	or <input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/>	or <input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/>	or <input type="checkbox"/>

Note: Shares recently purchased by check may not be available for redemption for up to 10 days following the purchase date to assure that Nationwide Funds have received payment for the purchase.

4 PAYMENT INSTRUCTIONS

- Please send a check to the **address of record** currently on my 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 proceeds directly into my existing Non-IRA. Fund Name _____, Account Number _____, OR open a new Non-IRA for distributions (a New Account Application must be attached).
- ACH (Automated Clearing House):** Electronic Funds Transfer to the bank instructions currently on my account. No fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 5 and obtain a signature guarantee in Section 6. A signature guarantee is required if all registered mutual fund account holders are not named in the bank registration.
- Wire Redemption:** 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. If you are establishing or changing your bank instructions, please attach a voided check in Section 5 and obtain a signature guarantee in Section 6. 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 6 of this form.

Name of Payee	Address	City / State / ZIP

5 BANK INFORMATION

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 signature guarantee is required if all registered mutual fund account holders are not named in the bank registration.*

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
VOID	
Pay to the order of _____	\$ _____
_____ DOLLARS	
Memo _____	Signed _____

6 SIGNATURE

I, the undersigned, authorize and request that U.S. Bancorp Fund Services, LLC, make the above distribution(s) from the account listed in Section 3. I certify that all information in this distribution request is accurate, and I agree to hold Nationwide Funds, its advisors, and U.S. Bancorp Fund Services, LLC, 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.

Responsible Individual's Signature

X

Printed Name

Date Signed

 Authorized Signature Guarantee Stamp

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.