



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.

This form should be used to change the registration of an existing non-retirement account. **A New Account Application must accompany the form unless noted.**

1 CURRENT ACCOUNT REGISTRATION

| | |
|---------------------------------------|---------------------------------|
| Name of Taxable Owner / Minor / Trust | Social Security Number / Tax ID |
| <input type="text"/> | <input type="text"/> |

| | |
|---|---------------------------------|
| Name of Joint Owner / Custodian / Trustee | Social Security Number / Tax ID |
| <input type="text"/> | <input type="text"/> |

| | |
|-------------------------------|---------------------------------|
| Name of Joint Owner / Trustee | Social Security Number / Tax ID |
| <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"/> |

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

| | |
|--------------------------|--------------------------|
| Permanent Street Address | Daytime Telephone Number |
| <input type="text"/> | <input type="text"/> |

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

Note: If the address listed above differs from the address currently in our records, by signing this form you authorize updating all accounts associated with the Social Security number(s) or Tax ID number(s) provided with the new address.

2 REASON FOR REGISTRATION CHANGE | SELECT ONE

- Individual or Joint Account to Trust or Entity Account** (complete sections 3 and 8)
- Remove or add an account owner or trustee** (complete sections 4 and 8)
- Relinquish UTMA/UGMA account to taxable owner who has reached age of majority** (complete sections 5 and 8)
- Change custodian on UTMA/UGMA account due to resignation of current custodian** (complete sections 6 and 8)
- Gift shares to an individual or Entity** (complete sections 7 and 8)

3 INDIVIDUAL OR JOINT ACCOUNT TO TRUST OR ENTITY ACCOUNT

For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required.

For Entity accounts, Entity documentation, a list of authorized signers and a complete Certification of Beneficial Owners form are required.

Name of Trust / Entity

Social Security Number / Tax ID

Trustee / Authorized Signer

Trustee / Authorized Signer

Please attach a separate sheet if there are more than two trustees or authorized signers.

Signature Requirements:

- All current account owners must sign in section 8.
- If a current account owner is not listed as a grantor of the trust, they must obtain a signature guarantee in section 8.
- If reregistering to an Entity, all account owners must obtain a signature guarantee in section 8.

4 REMOVE OR ADD AN ACCOUNT OWNER OR TRUSTEE

For Trust accounts, a complete copy of your trust agreement or a notarized Certificate of Trust is required.

If changing from an individual account to a joint account, the account will be registered as Joint Tenants with Rights of Survivorship unless otherwise specified. If registration is due to death this form should not be used.

Account Owner / Trustee to Remove

Account Owner / Trustee to Remove

Account Owner / Trustee to Add

Account Owner / Trustee to Add

Signature Requirements:

- All current account owners must sign in section 8.
- Any account owner or trustee to be removed must obtain a signature guarantee in section 8.

5 RELINQUISH UTMA/UGMA TO TAXABLE OWNER (TAXABLE OWNER HAD REACHED AGE OF MAJORITY)

Please note that the age of majority for UTMA/UGMA accounts differs by state.

Name of Taxable Owner (Former Minor)

Date of Birth (MM/DD/YYYY)

Signature Requirements:

- The custodian must sign in section 8 and obtain a signature guarantee.

6 CHANGE CUSTODIAN ON UTMA/UGMA | CURRENT CUSTODIAN IS RESIGNING

An application is not required. Please note that the new custodian must be an adult member of the minor's family, the guardian for the minor, or a trust company. Please complete the information below for the new custodian.

Note: In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the information requested below for all registered account owners and all authorized individuals. This information is used to verify your true identity. We may request additional information for verification purposes.

Name of New Custodian

Social Security Number / Tax ID _____ Date of Birth (if applicable) _____

Permanent Street Address (P.O. Box is Not Acceptable) _____ Daytime Telephone Number _____

City _____ State _____ ZIP Code _____

Mailing Address (if applicable) _____ Alternate Telephone Number _____

City _____ State _____ ZIP Code _____

Signature Requirements:

- The current custodian must sign in section 8 and obtain a signature guarantee.
- The new custodian must sign below, or they may submit a separate signed letter of acceptance.

By signing below, I accept the appointment to act as the custodian on the account(s) referenced in section 1. I also confirm that the information listed above is correct.

Signature of New Custodian _____ Date _____

7 GIFT SHARES TO AN INDIVIDUAL OR ENTITY

An application is required if the recipient is subject to 1099B tax reporting. The date of the gift is deemed the date we receive all documentation required to process the transfer unless otherwise noted.

Note to recipient(s) of gift: For an account using the cost basis method of Average Cost and consisting of gifted shares acquired at a loss, the fair market value (FMV) of the gifted shares will be applied as the adjusted basis, unless this section is signed by the gift recipient. If FMV is not accepted, the first-in, first-out cost basis method will be applied unless an alternate method, other than average cost, is provided on the New Account Application.

- Dollar amount to be gifted \$ _____ Existing Account Number (not 1099-B reportable) _____
OR
- Number of shares to be gifted _____ New Account (an application must accompany the form)

Name of Gift Recipient

Social Security Number / Tax ID _____ Date of Birth (if applicable) _____

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method or I have indicated an alternate cost basis method other than average cost on my New Account Application.

Signature of Gift Recipient _____ Date _____

7 GIFT SHARES TO AN INDIVIDUAL OR ENTITY CONTINUED

- Dollar amount to be gifted \$ _____
- OR
- Number of shares to be gifted _____
- Existing Account Number (not 1099-B reportable) _____
- OR
- New Account (an application must accompany the form)

Name of Gift Recipient

Social Security Number / Tax ID _____ Date of Birth (if applicable) _____

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method or I have indicated an alternate cost basis method other than average cost on my New Account Application.

Signature of Gift Recipient _____ Date _____

Please attach a separate sheet if gifting to more than two recipients.

Signature Requirements:

- All current account owners must sign in section 8 and obtain a signature guarantee.

8 SIGNATURES AND SIGNATURE GUARANTEE

Please review the applicable Signature Requirements prior to completing this section.

I certify that all information provided on this Change of Registration 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 the information I have provided. I understand that I am responsible for any tax consequences which may result from the information I have provided.

Signature _____ Date _____

Account Owner Trustee Custodian Other _____

Signature _____ Date _____

Account Owner Trustee Custodian Other _____

Signature _____ Date _____

Account Owner Trustee Custodian Other _____



Signature Guarantee Stamp

_____ Date (MM/DD/YY)

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.