



**Nationwide<sup>®</sup>**

# IRA Beneficiary Addition/Change Form

*For Traditional, Roth, SEP, and SIMPLE IRAs*

**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 NOTICE:** This designation will not be in force unless it is signed and received by the custodian, at one of the addresses above, before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the IRA Plan and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available upon request by calling the toll-free number on your statement.

Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

Please complete all sections as appropriate, including the name of the fund you own. Sign and return the form to one of the addresses above.

## 1 INVESTOR INFORMATION

First Name	M.I.	Last Name	Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number		Fund Name	Account Number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

## 2 BENEFICIARY INFORMATION | IF YOU NEED MORE SPACE, PLEASE ENCLOSE A SEPARATE SHEET OF PAPER.

### Primary

Name	Relationship	Social Security Number	Date of Birth	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Street Address (P.O. Box not acceptable)	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Social Security Number	Date of Birth	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Street Address (P.O. Box not acceptable)	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Social Security Number	Date of Birth	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Street Address (P.O. Box not acceptable)	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Secondary

Name	Relationship	Social Security Number	Date of Birth	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Street Address (P.O. Box not acceptable)	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Social Security Number	Date of Birth	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Street Address (P.O. Box not acceptable)	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Relationship	Social Security Number	Date of Birth	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Street Address (P.O. Box not acceptable)	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3 SPOUSAL CONSENT** | IF YOU NEED MORE SPACE, PLEASE ENCLOSE A SEPARATE SHEET OF PAPER (CONTINUED)

Please consult a financial adviser about the applicable state and tax law implications of this beneficiary designation that may include the requirement of spousal consent.

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, your spouse must consent by signing below.

I am the spouse of the above named account owner and expressly consent to the beneficiary(ies) designated.

Signature of Spouse

Date (MM/DD/YYYY)

X

**4 SIGNATURE** | IF YOU NEED MORE SPACE, PLEASE ENCLOSE A SEPARATE SHEET OF PAPER (CONTINUED)

I have read and understand the Disclosure Statement and Custodial Account Agreement. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

Grantor / Shareholder Signature

Date (MM/DD/YYYY)

X