



Do not complete this form if request is for a Required Minimum Distribution (RMD). If request is for a RMD, please complete the Required Minimum Distribution Form.

Mail this form, along with any required documents to:

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

Overnight Express Mail: Nationwide Funds
c/o U.S. Bank Global 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.

PLEASE PRINT

Form fields for Name, Address, City, State, ZIP Code, Mutual Fund Name and Account Number, Social Security Number, Date of Birth, and Daytime Phone.

I request a distribution from my retirement account as indicated above. I understand that it is my responsibility to determine that amounts distributed from my account shall be made in compliance with all Internal Revenue Service (IRS) regulations, including required minimum distribution rules and the death benefit rules, as applicable.

We suggest that you contact your tax consultant to review which of the following choices is most appropriate to your situation.

TYPE OF DISTRIBUTION | SELECT ONE

- List of distribution options: Normal, Early - Premature, 72(t) Substantially Equal Periodic Payments, Conversion to Roth IRA, Excess, Death (Beneficiary IRA), Divorce, Recharacterization, and Coronavirus-related distribution.

**A** METHOD OF DISTRIBUTION | SELECT ONE

- I wish to receive periodic payments of \$ \_\_\_\_\_ per draw.  
**Please complete Sections A-1, B, C, and E**
- I wish to make a one-time liquidation of \_\_\_\_\_ shares or \$ \_\_\_\_\_ dollars in cash.  
**Please complete Sections A-1, C and E.**
- I wish to liquidate my entire account.  
**Please complete Sections A-1, C and E.**
- I wish to convert \_\_\_\_\_ shares or \$ \_\_\_\_\_ dollars to my existing Roth IRA account # \_\_\_\_\_.  
 Check this box if a new Roth IRA needs to be established.  
**Please complete Sections C and E.**
- I wish to have my excess contribution applied to my IRA / Qualified Plan contribution for tax year \_\_\_\_\_.  
**Please complete Sections A-1 and E.**
- I wish to recharacterize \$ \_\_\_\_\_ dollars of my contribution for tax year \_\_\_\_\_.  
**Please complete Sections C (do not withhold taxes) and E**

**A-1** PAYEE OPTIONS ARE AS FOLLOWS | SELECT ONE (IF YOU FAIL TO DESIGNATE A FREQUENCY, DISTRIBUTIONS WILL BE ANNUALLY ON DEC. 1ST)

- Please send a check to the address of record 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 directly to my existing NON-IRA # \_\_\_\_\_  
**OR** open a new NON-IRA for distributions. (A new account application must be attached.)
- Wire Redemption. **For liquidations, a signature guarantee is required if all registered mutual fund account holders are not named in the bank registration. A \$20 wire fee applies and will be deducted from your account balance unless you indicate to deduct from your liquidation proceeds. Please attach a voided check in Section D if establishing new bank instructions and complete Sections C and E.**
- Electronic Funds Transfer. (No fee applies) **For liquidations, a signature guarantee is required if all registered mutual fund account holders are not named in the bank registration. Please attach a voided check in Section D if establishing new bank instructions and complete Sections C and E.**
- Alternative payee and/or address other than address of record. **A signature guarantee is required. Please use the space below for necessary information and complete Sections C and E.**

**Make check payable to:**

Name

Address

City / State / ZIP

**B** TO BE COMPLETED BY SHAREHOLDERS REQUESTING INSTALLMENT DISTRIBUTIONS. SECTIONS B-1 MUST BE COMPLETED BEFORE ANY DISTRIBUTION MAY BE MADE.

**B-1** FREQUENCY | SELECT ONE (IF YOU FAIL TO DESIGNATE A FREQUENCY, DISTRIBUTIONS WILL BE MADE ANNUALLY ON DEC. 1ST)

- Annually (Specify month, day and year distribution should begin) \_\_\_\_\_
  - Semi - Annually (Specify month, day and year distribution should begin) \_\_\_\_\_
  - Quarterly (Specify month, day and year distribution should begin) \_\_\_\_\_
  - Monthly (Specify month, day and year distribution should begin) \_\_\_\_\_
- (Future distributions will be made in the same manner)

**C NOTICE OF WITHHOLDING ON RETIREMENT PLAN DISTRIBUTIONS (TO BE COMPLETED BY ALL SHAREHOLDERS)**

The distribution you receive from this retirement plan is subject to federal income tax withholding unless you elect not to have withholding apply.

Please indicate your withholding election and return this form to Nationwide Funds. For systematic distributions, your election will remain in effect until you revoke it by signing and dating a revocation and sending it to the address listed below. Any election or revocation will be effective 30 days after its receipt. You may change this election as often as you wish.

- Yes, I would like to have federal income tax withheld from my distribution at a rate of 10%. (State withholding may also apply.)
- Yes, please withhold at a rate greater than 10%. The total withholding percentage should be \_\_\_\_%. (Must be greater than 10%.) (State withholding may also apply.)
- No, do not withhold taxes.


*If the distribution is from a Qualified Employer retirement plan, other than a SEP or SIMPLE IRA, and is not your required minimum distribution, the distribution you receive from this Qualified Employer retirement plan is subject to a mandatory federal income tax withholding of 20%.*

**D 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
<b>VOID</b>	
Pay to the order of _____	\$ _____
_____ DOLLARS	
Memo _____	Signed _____
	

**E SIGNATURE**

I have thoroughly reviewed and completed Sections A, B, C, and D as they apply to my distribution.

I understand that my account will be closed if I have chosen to distribute the entire account, and I hereby make the income tax withholding election as designated in Section C.

I certify that all information in this Distribution Request is accurate, and agree to hold Nationwide Funds and U. S. Bancorp Fund Services, LLC 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 from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

Signature of Retirement Plan Shareholder  
\_\_\_\_\_

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.*