



Nationwide®

IRA Distribution Request

*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. 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.

PLEASE PRINT

Name (as it appears on your account registration)		Mutual Fund Name and Account Number
Address		Social Security Number
City		Date of Birth
State	ZIP Code	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

- Normal.** I have reached age 59 ½. Roth IRA distributions within 5 years of conversion or initial contribution may be subject to 10% premature withdrawal penalty. **Please complete Sections A, C, and E. Section C may apply if installment payments are desired.**
- Early - Premature.** Before age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty (25% if from a SIMPLE IRA and within 2 years of the initial SIMPLE contribution) in addition to normal income tax for early withdrawal. Roth IRA distributions within 5 years may be subject to 10% premature withdrawal penalty. **Please complete Sections A, C, and E.**
- 72(t) Substantially Equal Periodic Payments.** Substantially equal payments before age 59 ½ under section 72(t) of the Internal Revenue Code. **Please complete Sections A, C, and E.**
- Conversion to Roth IRA.** From a Traditional, SEP, or SIMPLE IRA (conversions are not allowed from a SIMPLE IRA within 2 years of the initial SIMPLE contribution). **If over 70 ½ years of age, RMD must be distributed prior to conversion. Please complete Sections A, C, and E and attach a completed Roth IRA application if you do not have a Roth IRA account.**
- Excess.** I am withdrawing the excess contribution I made in _____ in the amount of \$_____. I understand that I am responsible for any tax filing requirements because I have over-contributed to my account. **Please complete Sections A, C, and E.**
- Death (Beneficiary IRA).** **Please complete Sections A, C, and E. Section D may apply if installment payments are desired.**
- Divorce.** By checking this box I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or a QDRO. Please attach a certified copy of the final filed divorce decree and/or QDRO. **A completed IRA application for the former spouse will be required if no account currently exists.**
- Recharacterization.** Of a current or prior year Traditional or Roth IRA contribution (prior year recharacterizations are only allowed through the due date of your federal tax return including extensions, generally October 15th). **Please complete Sections A, C (do not withhold taxes), and E.**

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
VOID	
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.