



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.

1 INVESTOR INFORMATION

Name of Account Owner(s)		Social Security Number	
Address		City/State/Zip	Daytime Phone Number

2 REDEMPTION INFORMATION

Fund Name	Fund Name	Fund Name	Fund Name
Account Number	Account Number	Account Number	Account Number
<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.	<input type="checkbox"/> Redeem exactly \$ _____ upon receipt of this form.
<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.	<input type="checkbox"/> Redeem entire balance upon receipt of this form.
<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.	<input type="checkbox"/> Redeem exactly _____ shares.

SHOULD BE PAID BY:

- 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 3 and obtain a signature guarantee in Section 4. 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 3 and obtain a signature guarantee in Section 4. 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 4 of this form.

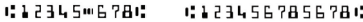
Name of Payee	Address	City / State / ZIP
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3 BANK INFORMATION* | CHECK APPROPRIATE ACTION

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 _____
	

4 SIGNATURE(S)

I have received and understand the prospectus for my Nationwide Funds account. I understand Nationwide Funds' investment objectives and policies and agree to be bound by the terms of the prospectus. I agree to notify Nationwide Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and Nationwide Funds and its transfer agent shall not be liable if I fail to notify Nationwide Funds within such time period. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts.

Nationwide Funds, its transfer agent, and any officers, directors, employees, or agents of these entities will not be responsible for banking system delays beyond their control. By completing this form, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Nationwide Funds and U.S. Bancorp Fund Services, LLC will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House.

I certify that all information in the Redemption Form 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(s) I have made. I have been advised to consult my tax advisor regarding any questions about my request.

Signature X	Date (MM/DD/YYYY)	<input type="checkbox"/> Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Other* _____
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Signature X	Date (MM/DD/YYYY)	<input type="checkbox"/> Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Other* _____
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Signature X	Date (MM/DD/YYYY)	<input type="checkbox"/> Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Other* _____
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Signature X	Date (MM/DD/YYYY)	<input type="checkbox"/> Owner <input type="checkbox"/> Trustee <input type="checkbox"/> Custodian <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Other* _____
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Authorized Signature Guarantee Stamp

	Date (MM/DD/YYYY)
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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.