



Nationwide[®]

Non-Retirement Asset Transfer 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.

Use this form to **liquidate** non-retirement assets you currently own with another financial institution and have the proceeds sent to Nationwide to purchase shares of one or more Nationwide mutual funds. Please note the following:

- Contact your financial institution where the funds are currently held to determine if any additional form(s) is(are) required to redeem/liquidate your assets at your financial institution.
- Include a completed **Nationwide Account Application** if you are opening a new account.
- Include a copy of your most recent account statement(s) provided by the financial institution where your funds are currently held.
- This may be a taxable event. You are requesting to redeem/liquidate assets and have the proceeds sent to Nationwide to purchase shares of one or more Nationwide mutual funds.
- Do **NOT** use this form to transfer any retirement plan assets; please use the **Nationwide IRA Transfer Form**.

1 ACCOUNT REGISTRATION WITH THE RELEASING FINANCIAL INSTITUTION

Owner Name/Trust/Other Entity		Joint Owner Name (if applicable)	
<input type="text"/>		<input type="text"/>	
Additional Registration Information			
<input type="text"/>			
Social Security Number/Tax I.D. Number	Daytime Number	Evening Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2 CONTACT INFORMATION FOR THE RELEASING FINANCIAL INSTITUTION

Name of Releasing Financial Institution	Contact Number	Contact Person
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address of Releasing Financial Institution	City / State / ZIP	
<input type="text"/>	<input type="text"/>	

3 INSTRUCTIONS TO THE RELEASING FINANCIAL INSTITUTION

RELEASING INSTITUTION: The customer(s) signing in section 5 is(are) requesting you to liquidate the investment(s) listed below.

Name of Investment to be Liquidated	Account number		Amount	OR	%
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full Liquidation	OR	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full Liquidation	OR	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full Liquidation	OR	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full Liquidation	OR	<input type="text"/>	<input type="text"/>

NOTE: Send the check representing the assets payable to the "Nationwide Funds FBO (Account Owner(s))" to the address at the top of page one.

4 INVESTMENT SELECTION

A Nationwide Funds Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those indicated below.

CHECK ONE:

I am opening a new Nationwide account. Please refer to my completed application (enclosed) for my investment instructions.

OR

Please invest the proceeds identified in Section 3 into my existing Nationwide fund account(s) as follows:

Nationwide Fund Name	Fund #	Account #	Amount	OR	%

5 SIGNATURE

All registered owners of the investments in Section 3 must sign below. If required by the releasing financial institution, all registered owners must have their signature guaranteed. Contact your financial institution where the funds are currently held to determine if any additional form(s) is(are) required to redeem/liquidate your assets at your financial institution. Please have each signature separately guaranteed by a bank, savings and loan association, trust company, credit union, broker/dealer, or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP). A notary public cannot provide a signature guarantee.

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 the 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.

I understand that my mutual fund account may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my state's abandoned property laws.

I, the undersigned, authorize and request that U.S. Bancorp Fund Services, LLC, make the above distribution(s) from the account(s) listed in section 1. I certify that all information in this distribution request is accurate, and I agree to hold Nationwide Funds, its advisor, and U.S. Bancorp Fund Services, LLC, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request.

Under penalty of perjury, I certify that:(1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest and dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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* _____
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* _____
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* _____
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* _____

Authorized Signature Guarantee Stamp

Date (MM/DD/YYYY)