



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.

1 ACCOUNT INFORMATION

Name of Account Owner, Mutual Fund Name and Account Number, Address, Social Security Number, City, Date of Birth, State, ZIP, Daytime Phone

Note: If the address listed above is different than the address currently listed in our records, we will change all accounts under your Social Security number to reflect your new address. All future correspondence will be sent to the new address until you advise us otherwise. Distributions to a new address will require a signature guarantee in Section 8 of this form.

I request my Required Minimum Distribution (RMD) from my retirement account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations.

2 IRA ASSETS TRANSFERRED DURING YEAR

During the year for which you are requesting your RMD, did you transfer or roll over retirement assets into your IRA / Qualified Plan account?

- No - Go to Section 3.
Yes - Did you take this year's RMD prior to transferring or rolling over assets from another custodian?
Yes
No - Please enter the account value as of December 31st of the previous year for the account from which you transferred or rolled over assets in the box below.

\$ []

3 FIRST TIME RMD PAYOUT

Complete this section if this is your first RMD. If you have previously taken an RMD, please proceed to Section 4.

- Special first-year rule: You can delay taking the first distribution until April 1st of the year following the year in which you reach RMD age.
Please distribute my first RMD by April 1st (select one box below).
Please calculate and distribute immediately.
Please calculate and distribute on []
Month/Day / Year
I have calculated the amount needed to meet my first RMD. Please distribute \$ []
Immediately or
On []
Month/Day / Year

4 DISTRIBUTION INSTRUCTIONS | SELECT ONE*

- I would like U.S. Bank Global Fund Services, LLC to calculate my RMD. Complete Section A.
- I have calculated my RMD. Complete Section B.
- I will be taking the RMD amount from an IRA/Qualified Plan at another financial institution and hereby relieve U.S. Bank Global Fund Services, LLC of this responsibility (valid until revoked). If checking this box, proceed to Section 8.
- I wish to waive my 2020 RMD in accordance with provisions of the CARES Act. If I have previously established a systematic withdrawal, all remaining payments in 2020 will be deferred. My systematic withdrawal will continue to run in future years in accordance with my prior instruction.

A LIFE EXPECTANCY CALCULATION METHOD (CALCULATION COMPLETED BY U.S. BANK GLOBAL FUND SERVICES, LLC)

Please select the method you would like used for your Life Expectancy Calculation. Failure to designate a Life Expectancy Calculation Method will result in distributions being made using the Uniform Life Table.

- Uniform Life Table (Standard IRS Method)
- Joint Life and Last Survivor Expectancy. This option can only be used if your spouse is your sole beneficiary and your spouse is more than 10 years younger than you.

My spouse's full date of birth is:
Date of Birth (MM/DD/YYYY)

Please select how you would like to receive your RMD.

- I wish to have my current year RMD distributed immediately upon receipt of this Form.

OR

- I wish to have my current year RMD distributed on a systematic basis.

Frequency: Monthly Quarterly Semi-Annually Annually

Start Date (Month/Year) Day(s) of the Month

B MY OWN CALCULATION (I HAVE CALCULATED THE AMOUNT TO BE DISTRIBUTED)

- Please distribute \$ immediately upon receipt of this Form. A distribution fee may apply per Nationwide Funds' prospectus.

- I would like to establish systematic distribution in the amount of \$

Frequency: Monthly Quarterly Semi-Annually Annually

Start Date (Month/Year) Day(s) of the Month

** Systematic distributions cannot be made between December 29th - December 31st. If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on December 5th.*

5 DELIVERY INSTRUCTIONS

- 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 6 and obtain a signature guarantee in Section 8. 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 6 and obtain a signature guarantee in Section 8. 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 8 of this form.

Name of Payee Address City / State / ZIP

6 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 _____
⋮ 1 2 3 4 5 6 7 8 ⋮ ⋮ 1 2 3 4 5 6 7 8 5 6 7 8 ⋮	

7 TAX WITHHOLDING ELECTION

Federal taxes will automatically be withheld from distributions at a rate of 10%, unless you check one of the boxes below (*state withholding may apply).

- Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- Please withhold _____% (minimum 10%) from my distribution(s). *State withholding may also apply.

For systematic distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do any time.

**Important state tax withholding information: Certain states require state income tax withholding from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules. Contact your tax advisor or your state tax authority for questions specific to your situation.*

8 SIGNATURE

I, the undersigned, authorize and request that U.S. Bank Global Fund Services, LLC, make the above distribution(s) from the account listed in Section One. I certify that all information in this distribution request is accurate, and I agree to hold Nationwide Funds, its advisors, and U.S. Bank Global 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.

Signature of IRA Owner _____	Capacity, if applicable* _____
Date Signed _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
	Signature Guarantee

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.