Required Minimum Distribution Form

Mail this form, along with any required documents to:

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

Overnight Express Mail: Nationwide Funds
c/o U.S. Bank Global Fund Services
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. If no amount is provided we will use the dollar amount that was transferred or rolled over from your previous custodian to calculate your RMD. Please proceed to Section 5.

$

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 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 of this responsibility (valid until revoked). If checking this box, proceed to Section 8.

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

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): Transfer distribution proceeds to the bank information currently on my account. No fee applies. If you are establishing or changing your bank information, please attach a pre-printed voided check or pre-printed deposit slip in Section 6 and obtain a signature guarantee in Section 8. (ACH transfers take 2-3 business days.)

❑ Wire Redemption: Wire distribution proceeds to the bank information 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 information, please attach a pre-printed voided check or pre-printed deposit slip in Section 6 and obtain a signature guarantee in Section 8.

❑ 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).

**A signature guarantee is required if adding or changing bank information.*

John Doe
Jane Doe
123 Main St.
Anytown, USA 12345

53289

Pay to the order of _____ $ _____

_____ DOLLARS

VOID

Memo_____ Signed_____

⑆12345⑈678⑆ ⑆123456785678⑆

7 TAX WITHHOLDING ELECTION

Please consult IRS Form W-4R available from www.irs.gov/pub/irs-pdf/fw4r.pdf. You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. Review the "Suggestion for determining withholding" section of the instructions to help determine the rate of withholding appropriate to your tax situation.

Federal withholding will automatically be deducted from distributions at the rate of 10% for IRAs (20% for Qualified Plans), unless you check one of the boxes below. Certain Roth IRA distributions may not be subject to withholding. Withholding from a Qualified Plan generally must be at least 20% unless the distribution is to satisfy a Required Minimum Distribution (RMD).

You may elect a withholding rate from 0 to 100%. If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. Please be advised that withholding will be taken from the proceeds of your distribution. Should you wish to receive a specific net amount, you may want to consider increasing the amount of your distribution in the Distribution Instructions section. For systematic distributions, your withholding election will remain in effect until you revoke or change it, which you may do at any time.

Some states require withholding regardless of your federal withholding election. Furthermore, state withholding is not available for certain states.

Specifying a rate other than the default, 10% for IRAs or 20% for Qualified Plans, affirms that you have consulted IRS Form W-4R, and the Marginal Rate Tables within, to determine your withholding percentage.

- ❑ Do not take federal withholding. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).
- ❑ Please take federal withholding at a rate of _____% from my distribution(s). State withholding may also apply (refer to your state's guidelines for further information).
- ❑ Do not take state withholding.

8 SIGNATURE

I, the undersigned, authorize and request that U.S. Bank Global Fund Services, 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, 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

Signature Guarantee

Date

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.

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