



Nationwide[®]

Sales Load Waiver Certification

Use this form to to open an account at
Net Asset Value (NAV) (without sales charge).

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.

See prospectus for complete information about eligibility for a sales load waiver.

1 ACCOUNT INFORMATION

Fund Name	Account Number
<input type="text"/>	<input type="text"/>

2 I CERTIFY THAT I AM A/AN

Full-time associate or retired employee of Nationwide, or an immediate family member of such persons.

Name of Nationwide associate/Associate number/Relationship

Full-time associate of Nationwide Funds' Administrator, Distributor or Custodian, or an immediate family member of such persons.

Name of Nationwide associate/Associate number/Company/Relationship

Other (Please see the prospectus under "Investing with Nationwide Funds" and statement of additional information under "Additional Information on Purchases and Sales" for information on Sales Charge Waivers) - Please Describe

3 I ALSO CERTIFY THAT:

This purchase is for personal investment purposes and the shares acquired hereunder shall not be resold except through redemption by the Nationwide Funds.

This purchase is being made for myself as outlined in Nationwide Funds' prospectus. I agree to notify Nationwide Funds in writing of any change in the foregoing and agree not to purchase additional Nationwide Fund shares at NAV unless I am entitled to do so under Nationwide Funds' prospectus. I understand that the privilege to purchase Nationwide Fund shares at NAV may be modified or terminated at any time.

I (We) understand that this order is subject to acceptance by the Custodian.

Signature	Date
<input checked="" type="checkbox"/>	<input type="text"/>
Signature	Date
<input checked="" type="checkbox"/>	<input type="text"/>

Signature of Investment Professional	Date
<input checked="" type="checkbox"/>	<input type="text"/>
Principal Reviewer	Date
<input checked="" type="checkbox"/>	<input type="text"/>