



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.

Please contact your local state tax department for inheritance tax waiver filing requirements prior to completing this form. There are situations where a Medallion Signature Guarantee may not be necessary. Please call 1-800-848-0920 to determine if one is needed.

1 ACCOUNT INFORMATION FOR DECEASED SHAREHOLDER

Name of Deceased Shareholder (as it appears on account)
Deceased Social Security / Tax Number
Date of Birth (MM/DD/YYYY)
Date of Death (MM/DD/YYYY)
State of Residence
Account Number

2 REQUESTOR INFORMATION

Name
Date of Birth (MM/DD/YYYY)
Address
Social Security / Tax Number
City / State / ZIP Code
Daytime Telephone Number
Evening Telephone Number

3 RE-REGISTRATION INFORMATION (DO NOT COMPLETE IF REDEEMING)

Complete parts A, B, and C below to re-register the existing account(s). There are situations where an application may be necessary. Please call 1-800-848-0920 to determine if one is needed.

All new owners must also review section 4 of the form regarding cost basis.

A. New Account Registration:

Name of Individual / Estate / Trust / Other
Name of Individual / Executor / Personal Representative / Trustee / Other
Name of Individual / Executor / Personal Representative / Trustee / Other

B. Re-registration Amount: All shares % of account \$ shares

C. Tax Identification Number (TIN) Verification:

For an individual account, a custodial account, or a joint account in which all shareholders are deceased: Please indicate below if a TIN was issued for the Estate of the deceased shareholder.

- I/We confirm that a TIN was not issued for the Estate.
A TIN was issued for the Estate of . The TIN is .

For a Trust account: Please indicate if a new TIN should be associated with the Trust due to the passing of the Trustee(s).

- I/We confirm that the TIN for the trust is not changing.
The TIN on file for the Trust is no longer valid, please update the TIN to .

4 COST BASIS INFORMATION (RE-REGISTRATION ONLY. DO NOT COMPLETE IF REDEEMING)

Please review section A, B, or C based on the registration of the deceased shareholder's account(s). You may want to contact a professional tax advisor with any questions regarding adjusted cost basis specific to your tax situation.

A. For Individual Accounts being re-registered:

Per Internal Revenue Service (IRS) regulations, if the account was owned solely by the decedent, the fair market value (FMV) on the date of death will be used as the cost basis for the re-registered shares unless an adjusted basis is provided below by the estate representative or the TOD/POD beneficiary. Adjusted basis (optional) \$_____.

B. For Joint Accounts being re-registered:

Per Internal Revenue Service (IRS) regulations, if the account was owned by more than one individual, shares owned by each owner will be applied proportionately based upon the total number of owners, unless an alternate percentage for the decedent's shares is provided. Shares applicable to remaining owner(s) will retain their original basis information. Alternate percentage for decedent's shares (optional) _____%.

C. For Trust Accounts being re-registered:

Per Internal Revenue Service (IRS) regulations, if the Trust is changing to a new Trust due to the death of all grantors, the fair market value (FMV) on the date of death of the most recently deceased trustee will be used as the cost basis for the re-registered shares unless an adjusted basis is provided by the successor Trustee(s). Adjusted basis (optional) \$_____.

5 REDEMPTION INFORMATION (DO NOT COMPLETE IF RE-REGISTERING)

Note to Executor, Personal Representative, Authorized Signer, or Trustee: Please ensure that you include the information for all payees. Failure to provide this information will result in a delay in the processing of your request.

Complete parts A, B, C, and D below to redeem the account(s) immediately upon receipt of this form.

A. Tax Reporting Information:

For an individual account, a custodial account, or a joint account in which all shareholders are deceased: Please indicate below if a TIN was issued for the Estate of the deceased shareholder.

I/We confirm that a TIN was not issued for the Estate. Use this SSN_____.

A TIN was issued for the Estate of _____. The TIN is _____.

For a Trust account: Please indicate if a new TIN should be associated with the Trust due to the passing of the Trustee(s).

I/We confirm that the TIN for the trust is not changing.

The TIN on file for the Trust is no longer valid, please update the TIN to _____.

B. Delivery Instructions:

Please select one of the following delivery options:

Send a check to the current address of record/alternate address listed below.

Regular Mail Overnight Mail

A \$15 fee will be deducted from your account balance unless you indicate to deduct from your liquidation proceeds.

Electronic Funds Transfer via Automated Clearing House (ACH) to:

The bank information currently on file New bank information (a voided check must be attached in section 6)

No fee applies. ACH transfers take 2-3 business days.

Wire Redemption to (a \$20 wire fee applies):

The bank information currently on file New bank information (a voided check must be attached in section 6)

A \$20 wire fee applies and will be deducted from your account balance unless you indicate to deduct from your liquidation proceeds.

C. Redemption Amount: All Shares _____% of account \$_____ _____ shares

D. Payee Information:

Name of Individual / Estate / Trust / Other

Address

City

State

ZIP Code

6 BANK INFORMATION (OPTIONAL)

By completing this section, you authorize U.S. Bancorp Fund Services, LLC to deduct money from your bank account via ACH to purchase shares into your investment account and/or to send redemption proceeds via wire or ACH to your bank account of record. There is a \$20 fee for next-day wires and no fee for ACH transfers (ACH transfers take 2-3 business days).

Account Type: Checking Savings

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
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 ⑆

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 **Medallion Signature Guarantee** is required if all registered mutual fund account holders are not named in the bank registration.

7 SIGNATURES AND MEDALLION 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.

Please select the appropriate box to confirm your relationship to the account(s).

**If the beneficiary of the account or Estate is a trust and you are also the Trustee/Successor Trustee, select Successor/Surviving Trustee box as well.

- Surviving Owner TOD/POD Beneficiary** Executor / Personal Representative / Administrator of the Estate**
- Beneficiary of the Estate** Successor / Surviving Trustee Other _____

Signature* X	Date (MM/DD/YYYY)
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- Surviving Owner TOD/POD Beneficiary** Executor / Personal Representative / Administrator of the Estate**
- Beneficiary of the Estate** Successor / Surviving Trustee Other _____

Signature* X	Date (MM/DD/YYYY)
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***All signatures must be Medallion Signature Guaranteed.** A Medallion Signature Guarantee can be obtained from a bank, savings association, credit union, a member firm of a domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. We suggest you contact your financial institution to verify the documentation required to obtain a Medallion Signature Guarantee for this specific situation. **A notary public is NOT an acceptable guarantor.**

Note to Financial Institution: Please verify that the surety limit of your Medallion Signature Guarantee is equal to or greater than the value of this transaction request.

Medallion Signature Guarantee Stamp