



Change of Registration Form

Please use a pen and print clearly in CAPITAL LETTERS.

Use this form to change the registration of your existing account(s). **You also must complete and submit a new account application with this form.**

Current Account Registration

| | | |
|--|--|----------------------|
| _____ | _____ | _____ |
| Account Holder Name / Trust / Corporation / Other Entity | Social Security Number / Tax ID Number | Daytime Phone Number |
| _____ | _____ | _____ |
| Street Address | City | State ZIP |
| _____ | _____ | _____ |
| Joint Account Holder Name / Co-Trustee / Authorized Signer | Social Security Number / Tax ID Number | Daytime Phone Number |
| _____ | _____ | _____ |
| Street Address (If different from address above) | City | State ZIP |

New Account Registration

| | | |
|--|------------------------|----------------------|
| _____ | _____ | _____ |
| Account Holder Name (First, Middle, Last) | Social Security Number | Daytime Phone Number |
| _____ | _____ | _____ |
| Street Address | City | State ZIP |
| _____ | _____ | _____ |
| Joint Account Holder Name (First, Middle, Last) | Social Security Number | Daytime Phone Number |
| _____ | _____ | _____ |
| Street Address (If different from address above) | City | State ZIP |

Account Numbers

Please list all account numbers to which this change of registration applies.

| | |
|-----------|----------------|
| _____ | _____ |
| Fund Name | Account Number |
| _____ | _____ |
| Fund Name | Account Number |

Signatures

All registered account holders must sign. I/We authorize this change for my/our account(s).

| | |
|------------------------------------|-------------------|
| _____ | _____ |
| Account Holder Signature (Primary) | Date (mm/dd/yyyy) |

| | |
|----------------------------------|-------------------|
| _____ | _____ |
| Account Holder Signature (Joint) | Date (mm/dd/yyyy) |

Medallion Signature Guarantee

Your signature(s) must be signature guaranteed to assure that your signature(s) is/are genuine and to protect you from unauthorized requests. **You may obtain a Medallion Signature Guarantee from a bank, brokerage firm or financial institution. Please note that a notary public cannot provide a Medallion Signature Guarantee.**

| | |
|--|--|
| | |
| Medallion Signature Guarantee Stamp | Medallion Signature Guarantee Stamp Joint Owner |

For assistance completing this form, call 1-800-848-0920. Send completed form to:

Mail:
Nationwide Funds
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Services:
Nationwide Funds
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207