



IRA Beneficiary Designation / Change Form

Please use a pen and print clearly in CAPITAL LETTERS.

Use this form to add or change designated beneficiaries on your traditional, Roth, SEP or SIMPLE IRA account.

Account Information

Fund Name _____ Account Number _____

Account Holder Information

Account Holder Name (First, Middle, Last) _____ Social Security Number _____

Street Address _____ City _____ State _____ ZIP _____

Daytime Phone Number _____

Beneficiary Information

Please check **Primary** or **Contingent** for each beneficiary selection.

If a Primary or Contingent beneficiary dies prior to the IRA account holder, that person's interest and the interest of his or her heirs shall terminate completely and the share of the remaining beneficiary or beneficiaries will be increased. In the event that no primary beneficiary survives the IRA account holder, the contingent beneficiary or beneficiaries will receive his/her/their share of the account.

Primary Contingent _____ %
Name (First, Middle, Last) _____ Share

Relationship _____ Address (Number and Street) _____

City _____ State _____ ZIP _____

Date of Birth (mm/dd/yyyy) _____ Social Security Number _____

Primary Contingent _____ %
Name (First, Middle, Last) _____ Share

Relationship _____ Address (Number and Street) _____

City _____ State _____ ZIP _____

Date of Birth (mm/dd/yyyy) _____ Social Security Number _____

Primary Contingent _____ %
Name (First, Middle, Last) _____ Share

Relationship _____ Address (Number and Street) _____

City _____ State _____ ZIP _____

Date of Birth (mm/dd/yyyy) _____ Social Security Number _____

Spousal Consent

If you name someone other than or in addition to your spouse as primary beneficiary, your spouse must consent by signing below.

Spouse Signature

Date

Signature

I hereby revoke all prior designations of beneficiary(ies) and designate the person(s) named above as my beneficiary(ies) of my IRA upon my death.

I have read and understand the Disclosure Statement and Custodial Account Agreement.

Account Holder Signature

Date

For assistance in completing this form, call 1-800-848-0920. Send completed forms 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