



IRA Distribution Form

Please use a pen and print clearly in CAPITAL LETTERS.

Use this form for distributions during the Account Holder's lifetime ONLY.

Please complete all sections of this form. Failure to do so will result in processing delays. Please consult your tax advisor to assure that the options you have selected are appropriate for your particular situation.

Account Holder Information

Account Holder Name (First, Middle, Last)

Street Address

City State ZIP

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

Account Information

Fund Name Fund Account Number

Type of Distribution (Check one)

- Normal Distribution.** I have reached age 59½.
- Premature Distribution.** I am under age 59½. I understand that I may be responsible for paying a 10% premature withdrawal penalty in addition to normal income tax for an early withdrawal.
- 72(t) Substantially Equal Periodic Payments.** (under IRS Code Section 72(t)(2)(A)(iv)). Please see your tax advisor for guidance.
- Disability Distribution.** Permanent or long-term disability only. Please attach a current physician's statement of your disability referencing the distribution as eligible under section 72(m)(7) of the Internal Revenue Code.
- Death Distribution.** Please contact a shareholder services representative to determine what additional documents are required.
Date of Death (mm/dd/yyyy) _____
- Excess Contribution Removal.** I am withdrawing the excess contribution I made and any earnings attributable to such contribution. Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline, pursuant to Internal Revenue Code Section 408(d)(4) and IRS Publication 590. The IRS may impose a 10% premature withdrawal penalty on the earnings if you are under age 59½.
- Divorce.** By checking this box, I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or Qualified Domestic Relations Order (QDRO). Please contact a shareholder services representative to determine what additional documents are required.

Distribution Instructions**A. One-Time Distribution** (Check one)

- I wish to liquidate my entire account. *This will close your account. Your distribution may be reduced for maintenance and/or termination fees, if applicable. Please refer to your retirement account agreement.*
- I wish to make a one-time distribution of \$ _____ or _____ shares, and the distribution should be paid out immediately.
- I wish to convert \$ _____ or _____ shares to my existing or new Roth IRA account # _____.
- A new Roth IRA account needs to be established. An IRA Application must be included with this form.
- I wish to withdraw the excess contribution of \$ _____ made for the tax year _____ and any earnings attributable to such contribution. (select one box below).*
- I wish to have my excess contribution and my earnings distributed to my address of record.
- I wish to have my excess contribution and any earnings applied to my IRA/Qualified Plan contribution for tax-year _____.
- I wish to have my excess contribution applied to my IRA/Qualified Plan contribution for tax-year _____, and my earnings distributed to my address of record.
- I wish to have my excess contribution and any earnings applied to my existing or new non-IRA account
- Existing account Fund name _____ Existing account number _____
- A new account needs to be established. A New Account Application must be included with this form

*Earnings must remain in the account if the excess contribution is removed after October 15th following the year in which the contribution was made.

B. Periodic Distributions**

- I wish to take periodic distributions in the amount of \$ _____ Distribution Start Date (mm/dd/yyyy) _____
- Select Frequency: Monthly Quarterly Semiannually Annually
- Select Date: 5th 15th 25th 30th of the month

**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.

Payment Instructions

- Please send a check to the address of record on the account. (Checks will be made payable to the individuals or entities listed in the Fund account registration.)
- Wire redemption (a wire fee may apply) (A Medallion Signature Guarantee is required if you previously have not established banking instructions.)
- Electronic funds transfer (no fee applies)*. (A Medallion Signature Guarantee is required if you previously have not established banking instructions.)
- Alternative payee and or address other than address of record (A Medallion Signature Guarantee is required.) **Make check payable to:**

Recipient Name (First/Middle/Last)

Address

City

State

ZIP

Bank Information

Name(s) on bank account must be same as name(s) on Nationwide Funds account. If the bank account indicated below is not the bank of record on your existing Nationwide Funds Account, a Medallion Signature Guarantee is required below.

Add bank information Change bank information (My existing bank information is no longer valid.)

Select type of account: Checking Savings

Please attach a voided check or pre-printed deposit slip below

John Doe Jane Doe 123 Main Street Anytown, USA 12345	00000
Pay to the order of _____	\$ _____
_____	_____ DOLLARS
Memo _____	Signed _____
1:1234567891: 1:1234567856781:	

Signature

Federal income tax must be withheld from your distribution at a rate of 10% unless you elect not to have withholding apply. If you do not check a box, taxes will be withheld at 10%. This election applies to federal tax withholding only. If you are a resident of North Carolina, please complete the state tax withholding election below.

- I have read and understand the withholding information, including state tax withholding.
- I elect not to have federal tax withheld from my distribution. I understand that I may be liable for payment of estimated tax. I may incur penalties under the estimated tax rules, if my withholding and tax payments are not sufficient.
- I elect to have taxes withheld from my IRA distribution at _____% (not less than 10%).

The Participant/Beneficiary hereby authorizes the distribution from this account to the undersigned and certifies that it is in accordance with the provisions of the IRA plan. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult my own tax professional when I need tax advice. I indemnify the Custodian, its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

Account Holder Signature

Date

Medallion Signature Guarantee

Your signature must be signature guaranteed to assure that your signature is 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

Withholding (Purpose of Form W-4P). The IRA Account Holder must elect whether or not to have money withheld for federal income tax purposes and on what basis. You may make this election on this substitute Form W-4P or you may attach an actual Form W-4P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box reflecting your choice. Generally, your election will apply to any later distributions from the same IRA. You may, however, revoke your previous exemption from withholding. Simply complete a new Form W-4P with your Custodian/Trustee. The payer will not send copies of Form W-4P to the IRS.

Statement of Income Tax Withheld from Your Account. By January 31 of next year, you will receive a statement from your payer showing the total amount of your payments and the total income tax withheld during the year.

Exemption from Income Tax Withholding. The election to be exempt from income tax withholding does not apply to any periodic payment or non-periodic distribution that is delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions can elect exemption only if an individual certifies to the payer that the individual is not: (1) a U.S. citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties of perjury.

For more information, please see Publication 505, Tax Withholding and Estimated Tax, available from most IRS offices or via the Internet at <http://www.irs.gov>.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505. It explains tax requirements and penalties in detail. You may be able to avoid quarterly estimated payments by having enough tax withheld from your IRA using Form W-4P.

NORTH CAROLINA STATE TAX WITHHOLDING ELECTION (North Carolina Residents ONLY)

North Carolina income tax must be withheld from your distributions unless you elect to not have withholding apply. If you do not make an election or if you elect to have withholding apply, your distribution(s) will be subject to withholding at the following rate:

- Total Distributions or Non-Periodic (one-time) Partial Distributions: 4%
- Periodic (a series of) Partial Distributions: *Income withholding at a rate of married with three exceptions.*

If you are a resident of North Carolina, please check one of the boxes below:

I elect to have North Carolina Income Tax withheld from my distributions. I do not elect North Carolina Income Tax withheld from my distributions.

Account Holder Signature

Date

For assistance 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