

Mutual Funds Redemption Form



Nationwide Funds®

On Your Side®

Please use a pen and print clearly in CAPITAL LETTERS.

Use this form to redeem shares from or liquidate your existing Nationwide Mutual Funds account(s).

Account Holder Information

Account Holder Name (First, Middle, Last)

Social Security Number / Tax ID Number

Daytime Phone Number

Joint Account Holder (First, Middle, Last) (if applicable)

Social Security Number / Tax ID Number

Daytime Phone Number

Street Address

City

State

ZIP

Redemption Information

Fund Name

Account Number

Redeem exactly _____ upon receipt of this form
\$ amount or shares

Redeem entire balance upon receipt of this form

Fund Name

Account Number

Redeem exactly _____ upon receipt of this form
\$ amount or shares

Redeem entire balance upon receipt of this form

Fund Name

Account Number

Redeem exactly _____ upon receipt of this form
\$ amount or shares

Redeem entire balance upon receipt of this form

Distribution Information

Nationwide Funds will distribute the proceeds from your redemption according to your selections below.

Use existing bank information

Use new bank information (Complete banking information below.)

Send proceeds via

Check to address of record (Checks will be made payable to the individuals listed in the Fund account registration.)

Automated Clearing House (ACH) to bank of record

Wire to bank of record (A fee will apply)

Overnight to address of record (A fee will apply.)

Third party (A Medallion Signature Guarantee is required.)

Please make check payable to the named third-party individual

Third Party Name (First, Middle, Last)

Third Party Address

City

State

ZIP

Decedent Information (if applicable)

If your redemption or liquidation request is due to the death of one of the account holders, please fill in the information below. Nationwide Funds requires this information in order to accurately provide gain/loss detail on IRS Form 1099B.

Name of Decedent

Date of Death

Bank Information

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

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
VOID	
Pay to the order of _____	\$ _____
_____ DOLLARS	
Memo _____	Signed _____
1:1234567891: 1:1234567856781:	

7. Signatures

I have read and understand the prospectus(es) for my mutual fund(s) and agree to be bound by the terms of the prospectus. I certify that I am of legal age and have legal capacity to initiate requests on the selected accounts. I certify that all information I have provided in this Mutual Funds Redemption Form is correct. I understand that I am responsible for any tax consequences which may result from the election(s) I have made. I understand that Nationwide Funds will establish a link between my Nationwide Funds account and the bank account that I have designated. I authorize Nationwide Funds to set up the ACH instructions I am requesting. In giving my authorization, I certify that I have reviewed the information carefully, and that what I have provided is correct. I acknowledge that I have authority over this bank account and authorize Nationwide Funds to debit or credit my account accordingly. I acknowledge that this authorization may be revoked only by providing written notice.

Signature of Account Holder (Primary) / Trustee / Custodian / Authorized Signer / Other* Date (mm/dd/yyyy)

Signature of Account Holder (Joint) / Co-Trustee / Custodian / Authorized Signer / Other* Date (mm/dd/yyyy)

Signature of Account Holder (Joint) / Co-Trustee / Custodian / Authorized Signer / Other* Date (mm/dd/yyyy)

Signature of Account Holder (Joint) / Co-Trustee / Custodian / Authorized Signer / Other* Date (mm/dd/yyyy)

*If someone other than the registered account owner is signing this request, Nationwide Funds requires the capacity of the signer in order to process the transaction. Please provide documentation pertaining to one of the following as the signer's capacity:

Administrator, Appropriate Person by Small Estate Affidavit, Conservator, Corporate Officer, Executor, General Partner, Guardian, Minor Who Has Reached Age of Majority, Personal Representative, Power of Attorney or Surviving Joint Tenant

Medallion Signature Guarantee Stamp Primary Owner	Medallion Signature Guarantee Stamp Joint Owner
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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