



Nationwide Funds™

On Your Side®

Transfer on Death

Please use a pen and print clearly in CAPITAL LETTERS.

Account Number(s): _____

Account Registration:

First Name / Initial / Last Name

Address (Number and Street) Apt. #

City State ZIP

() _____

Daytime Phone Number

{I/We} request that the mutual fund account that is opened with this application be registered in beneficiary form under the Ohio Uniform Transfer-On-Death Security Registration Act. {I/We} assign ownership upon {my/our} death to the beneficiar{y/ies} named below in the percentage shares indicated. {I/We} direct the transfer agent to transfer the shares in such account and any unpaid dividends and capital gains payments in accordance with this direction and the provisions of the Ohio Uniform Transfer-On-Death Securities Registration Act. If the account created with this application is established in joint tenancy, no transfer of ownership of shares under this beneficiary designation will occur until the death of all owners of the account. This beneficiary designation may be modified or revoked for the account anytime prior to the death of the last surviving owner of the account. This may be done without the consent of the beneficiar{y/ies}, provided that the modification or revocation is on the form provided by Nationwide Funds, and is received by Nationwide Funds, in Columbus, Ohio, prior to the death of the owner{s} of the account. All beneficiaries will be considered primary and will receive equal portions of the account unless otherwise indicated.

Beneficiaries (If he/she/they shall survive {me/us}):

Primary Contingent _____
First Name/Initial/Last Name

Address (Number and Street)

City

State / ZIP

_____ %
Share

Social Security Number

Date of Birth (mm/dd/yy)

Relationship

Primary Contingent _____
First Name/Initial/Last Name

Address (Number and Street)

City

State / ZIP

_____ %
Share

Social Security Number

Date of Birth (mm/dd/yy)

Relationship



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Funds™**

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Primary Contingent

_____ %
First Name/Initial/Last Name

Share

Address (Number and Street)

--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

City

--	--	--	--	--	--	--	--

Date of Birth (mm/dd/yy)

State, Zip

Relationship

Signature

Date

--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number

Signature (If Joint Account)

Date

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Social Security Number

Each registered owner on the account needs to sign in order to add the Transfer-On-Death option.

With your signature, we will update the information contained on this form.

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

Mail:

Nationwide Funds
P.O. Box 182205
Columbus, OH 43218-2205

Overnight Services:

Nationwide Funds
3435 Stelzer Road, Suite 1000
Columbus, OH 43219