



**Nationwide
FundsSM**

On Your Side[®]

Affidavit of Domicile

Please use a pen and print clearly in CAPITAL LETTERS.

State of _____)
 County of _____)

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Social Security Number

I, _____, being duly sworn, depose and say that he / she resides at _____,
 County of _____, State of _____. That he / she is _____ (Executor, Administrator,
 Successor, Survivor in, or Joint Tenant) of/to/for the estate of _____ who died on _____.
 That at the time of death the domicile (legal residence) of said decedent was at _____, County of _____,
 State of _____. That said decedent resided in the State of _____ for _____ years prior to death. That decedent's last Federal
 Income Tax return, which was for the year _____, was filed as a resident of the State of _____. That within three years prior to death the
 decedent was not a resident of any other state. That at the date of death the decedent was the registered owner of the following described securities, which were
 physically located in the City of _____, State of _____:
 (List securities): _____

That any and all debts of the decedent, claims against the estate, administration expenses, inheritance and estate taxes and prior legacies have been paid and provided, that this affidavit is made for the purpose of securing the transfer or delivery of property owned at the time of the decedent's death to a purchaser or the person or persons legally entitled thereto under the laws of the decedent's domicile and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

 Signature Date

Sworn to me before me this _____ day of _____, 20____.

Notary Public Stamp:

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

<p><i>Mail:</i></p> <p>Nationwide Funds P.O. Box 182205 Columbus, OH 43218-2205</p>	<p><i>Overnight Services:</i></p> <p>Nationwide Funds 3435 Stelzer Road, Suite 1000 Columbus, OH 43219</p>
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