Nationwide Funds℠

On Your Side®

Coverdell Education Savings Account Distribution Form

Please use a pen and print clearly in CAPITAL LETTERS.

Designated Beneficiary Information (Child)

Individual (First Name / Initial / Last Name)

Address Apt. #

City State ZIP

Date of Birth *(mm/dd/yy)* Social Security Number

Responsible Individual Information (Parent / Guardian)

Individual (First Name / Initial / Last Name)

Home Phone Number Business Phone Number

Distribution Amount _____

Fund / Account Number Please note dollars, shares or percentage

Distribution Reason

☐ Disability ☐ Death ☐ Other, including distribution for qualified education expenses

☐ Removal of Excess Contribution: Is the excess contribution being removed on or before the tax filing deadline (including extensions) of the year the excess was made?

☐ No ☐ Yes: Was the contribution made during the prior year?

☐ No

☐ Yes

Payment Information

Please review the fund prospectus. Certain redemption requests may require a Medallion signature guarantee. (See "Signatures and Guarantee" below.)

By check via: ☐ U.S. Postal Service ☐ Overnight Courier (may require additional fee)

Recipient (First Name / Initial / Last Name)

Address Apt. #

City State ZIP

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Signatures and Guarantee

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 with 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.

NOTE: A signature guarantee may be required for your distribution. A signature guarantee may be executed by a bank, a broker-dealer, a credit union, a national securities exchange or a savings association. A guarantee by a notary public is not acceptable. The authorized officer who guarantees the signature must sign in capacity and the words "signature guaranteed" must appear with the required stamp.

Signature	Date	Medallion Signature Guarantee
Print Name	Date	

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

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