



# Nationwide®

## Limited Power of Attorney Form

Nationwide Funds are required to comply with the USA Patriot Act, which obligates us to obtain, verify and maintain certain pieces of information for all registered owners and all authorized individuals. This Act is part of an overall effort to combat money laundering and terrorism. Please know that we respect the confidentiality of this information and that we will not share this personal information with anyone unless required by law. We will not accept your appointment of the below Power of Attorney without the following required information for the individual: Full Name, Date of Birth, Social Security Number and Permanent Street Address.

**Mail this form, along with any required documents to:**

**Mail:** Nationwide Funds  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

**Overnight Express Mail:** Nationwide Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

**For additional information please call toll-free 1-800-848-0920 or visit us on the Web at [nationwide.com/mutualfunds](http://nationwide.com/mutualfunds).**

### 1 INVESTOR INFORMATION | PLEASE COMPLETE THE FOLLOWING INFORMATION AS IT APPEARS ON YOUR ACCOUNT STATEMENT

Fund Name	Account Number
Taxable Social Security Number	Account Registration (Account Owner(s))

### 2 ATTORNEY-IN-FACT INFORMATION | PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE INDIVIDUAL GRANTED POWER OF ATTORNEY.

Full Name	Social Security Number	
Date of Birth (MM/DD/YYYY)	Street Address	Apt/Suite
City / State/ Zip		

### 3 SIGNATURE GUARANTEE INFORMATION

I/We, owners of shares listed in section 1 above, do hereby designate and give power of attorney to the individual listed in section 2 above, to act as my/our attorney-in-fact to purchase, transfer, exchange and/or redeem shares on my/our behalf in the above mentioned Nationwide Funds. Nationwide Funds and its transfer agent, U.S. Bancorp Fund Services, LLC (hereinafter "USBFS"), are hereby authorized to honor all such purchase, transfer, exchange and/or redemption requests received by them on my/our behalf from my/our behalf from my/our power of attorney. This authorization is limited to allow my/our power of attorney to act only for the account listed in section A above.

This authorization shall be binding and remain in effect until such time as written notification of cancellation from the undersigned is received by the transfer agent USBFS. I/We agree to assume full responsibility and liability against loss, cost, damage or expense offered or incurred by Nationwide Funds and/or USBFS arising out of the unauthorized use of the powers set forth in this agreement. Further, I/we agree to indemnify, hold harmless and release Nationwide Funds and USBFS, from any and all damage I/we incur by reason of the unauthorized use of powers set forth above.

Signature of Owner	Date (MM/DD/YYYY)
<b>X</b>	
Signature of Joint Owner (If Applicable)	Date (MM/DD/YYYY)
<b>X</b>	
Signature of Attorney-In-Fact	Date (MM/DD/YYYY)
<b>X</b>	

\*Note: Signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

Signature Guarantee\*

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Date (MM/DD/YYYY)