

Mutual Fund Application For New Accounts

Class A and Class C Shares

INSTRUCTIONS

- Complete all applicable sections of this form.
- Read the Nationwide Funds Privacy Statement.
- Select your Fund investment(s).
- Remember to sign the application, Section 8A, as well as the the Tax Certification, Section 8B
- **Mail your application to:**
Nationwide Funds
P.O. Box 5354
Cincinnati, OH 45201-5354
- **For special delivery or overnight services, mail to:**
Nationwide Funds
303 Broadway, Suite 900
Cincinnati, OH 45202

Questions? Call 1-800-848-0920



**Nationwide
Funds[®]**

On Your Side[®]

PRIVACY STATEMENT

We value you as a customer and respect your right to privacy. We know that you purchase our products and services because you trust that we will stand behind our promises. We pledge our commitment to treat your information responsibly, and we created this privacy policy to show you that we are working hard to protect your privacy.

Confidentiality and security

We use physical and technical safeguards to protect your information. We restrict access to your information to those who need it to perform their jobs. Third-party business partners are bound by law to use the information only for our purposes. They may not disclose it or use it in any other way. We comply with all data security laws.

Collecting your personal information

We collect personal information about you from different sources. We collect information you send us on applications and forms. We collect information from your transactions with us, our sister companies, brokers or other financial intermediaries through whom you buy or sell shares of Nationwide Funds, or others. Based on the product or services requested, we may collect information from a consumer reporting agency.

Sharing your personal information

We do not sell your information to anyone. We may share this information with a business that carries out services and marketing for us. We may disclose your information as required or permitted by law, including to affiliates. We may disclose your information for a legal or regulatory purpose or to combat fraud or inappropriate trading practices in shares of Nationwide Funds. These include the following types of information.

- *Information we receive from you on applications or other forms. This may include your name, address, beneficiaries, Social Security number, and family member information. This may also include assets, income, and the property address and value.*
- *This may include information from your transactions with our sister companies, us or other financial intermediaries. It may include your account balance, trading history, policy coverage, and payment history. It may also include premium paid, preferences, shares you purchase, claims, and purchase method.*

- *This may include information we receive from a consumer-reporting agency or other reporting agencies. It may include your credit report and employment data. These depend on the products you select.*
- *We may share your information with our investment adviser, investment company, broker-dealer, IRA custodian and transfer agent affiliates, as well as to other of our affiliates.*

Information sharing and opt out

We do not sell your personal information to anyone for any reason. We do not share it, except for the reasons described in this notice, which are permitted by federal and state law. Therefore, there is no need for you to opt out. If we change our policy, we will tell you and give you a chance to opt out before we share your information.

Questions

We value our customers and want you to understand how we use the information we collect. If you have any questions about our privacy policy, please contact us toll free at 800-848-0920.

We have a process that allows you to review your information. We can only give access to information that we control and can reasonably retrieve. We also check the identity of the person making the request.

You may request that we correct your information in our files. Please note that we do not control the items provided by third parties. So, you will need to contact the third party and correct their information.

This privacy statement describes our privacy practices for both current and former customers. If you request, we will send more copies of this statement.

**Thank you for choosing us.
Nationwide is On Your Side.®**

Nationwide Funds Group
Nationwide Mutual Funds
Nationwide Variable Insurance Trust
Nationwide Fund Advisors
Nationwide Fund Management LLC
Nationwide Fund Distributors LLC

June 2009



**Nationwide
Funds®**

On Your Side®

Account Holder's Name _____

1. FUND SELECTION

Indicate fund(s), investment amount(s) in dollars (see fund minimums listed below) and share class(es).

Checks must be made payable to Nationwide Funds.

Type of Investment Net Asset Value privilege (Class A shares only): **Please complete Sales Load Waiver Certification form.**

Type of Payment Check (in U.S. dollars) payable to Nationwide Funds

By wire. (Call 1-800-848-0920 for further instructions.)

Transfer funds from another Nationwide Funds® account: _____ Account Number

NATIONWIDE FUNDS

(\$2,000 minimum per fund; \$100 subsequent deposits by check, \$1,000 minimum per fund for systematic investments, which must be at least \$50.)

	Investment Amount	Class A Shares	Class C Shares
TARGET DESTINATION FUNDS			
Nationwide Destination 2010 Fund	\$ _____	<input type="checkbox"/> 101	<input type="checkbox"/> 301
Nationwide Destination 2015 Fund	\$ _____	<input type="checkbox"/> 102	<input type="checkbox"/> 302
Nationwide Destination 2020 Fund	\$ _____	<input type="checkbox"/> 103	<input type="checkbox"/> 303
Nationwide Destination 2025 Fund	\$ _____	<input type="checkbox"/> 104	<input type="checkbox"/> 304
Nationwide Destination 2030 Fund	\$ _____	<input type="checkbox"/> 105	<input type="checkbox"/> 305
Nationwide Destination 2035 Fund	\$ _____	<input type="checkbox"/> 106	<input type="checkbox"/> 306
Nationwide Destination 2040 Fund	\$ _____	<input type="checkbox"/> 107	<input type="checkbox"/> 307
Nationwide Destination 2045 Fund	\$ _____	<input type="checkbox"/> 108	<input type="checkbox"/> 308
Nationwide Destination 2050 Fund	\$ _____	<input type="checkbox"/> 109	<input type="checkbox"/> 309
Nationwide Retirement Income Fund	\$ _____	<input type="checkbox"/> 110	<input type="checkbox"/> 310

INVESTOR DESTINATIONS FUNDS

Nationwide Investor Destinations Aggressive Fund	\$ _____	<input type="checkbox"/> 500	<input type="checkbox"/> 215
Nationwide Investor Destinations Moderately Aggressive Fund	\$ _____	<input type="checkbox"/> 503	<input type="checkbox"/> 216
Nationwide Investor Destinations Moderate Fund	\$ _____	<input type="checkbox"/> 506	<input type="checkbox"/> 217
Nationwide Investor Destinations Moderately Conservative Fund	\$ _____	<input type="checkbox"/> 509	<input type="checkbox"/> 218
Nationwide Investor Destinations Conservative Fund	\$ _____	<input type="checkbox"/> 530	<input type="checkbox"/> 219

EQUITY FUNDS

Nationwide Fund	\$ _____	<input type="checkbox"/> 933	<input type="checkbox"/> 203
Nationwide Growth Fund	\$ _____	<input type="checkbox"/> 918	<input type="checkbox"/> 204
Nationwide International Value Fund	\$ _____	<input type="checkbox"/> 112	<input type="checkbox"/> 312
Nationwide Large Cap Value Fund	\$ _____	<input type="checkbox"/> 973	<input type="checkbox"/> 200
Nationwide U.S. Small Cap Value Fund	\$ _____	<input type="checkbox"/> 111	<input type="checkbox"/> 311
Nationwide Value Fund	\$ _____	<input type="checkbox"/> 121	<input type="checkbox"/> 321

FIXED INCOME FUNDS

Nationwide Bond Fund	\$ _____	<input type="checkbox"/> 935	<input type="checkbox"/> 735
Nationwide Enhanced Income Fund	\$ _____	<input type="checkbox"/> 912	N/A
Nationwide Government Bond Fund	\$ _____	<input type="checkbox"/> 928	<input type="checkbox"/> 728
Nationwide Money Market Fund	\$ _____	<input type="checkbox"/> 930	<input type="checkbox"/> 224
Nationwide Short Duration Bond Fund	\$ _____	<input type="checkbox"/> 672	<input type="checkbox"/> 372

INDEX FUNDS

Nationwide Bond Index Fund	\$ _____	<input type="checkbox"/> 523	<input type="checkbox"/> 228
Nationwide International Index Fund	\$ _____	<input type="checkbox"/> 520	<input type="checkbox"/> 227
Nationwide Mid Cap Market Index Fund	\$ _____	<input type="checkbox"/> 544	<input type="checkbox"/> 229
Nationwide S&P 500 Index Fund	\$ _____	<input type="checkbox"/> 547	<input type="checkbox"/> 225
Nationwide Small Cap Index Fund	\$ _____	<input type="checkbox"/> 517	<input type="checkbox"/> 226

OTHER _____ \$ _____ _____ _____

Total Amount \$ _____

2. ACCOUNT REGISTRATION

Different forms are required to establish an Individual Retirement Account (IRA). To receive the necessary forms, please call 1-800-848-0920.

IMPORTANT INFORMATION ABOUT PROCEDURES WHEN OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money-laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we may ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Estate | <input type="checkbox"/> Custodian for Minor ("UG/TMA") |
| <input type="checkbox"/> Joint Tenants With Rights of Survivorship | <input type="checkbox"/> Nonprofit Organization** | <input type="checkbox"/> Other (Specify)** _____ |
| <input type="checkbox"/> Transfer on Death* | <input type="checkbox"/> Corporation** | |
| <input type="checkbox"/> Partnership** | <input type="checkbox"/> Charitable Organization** | |

*Please submit a Transfer on Death form.

**Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Taxpayer Identification Number. If any such agreements or resolutions are not in existence, please call 1-800-848-0920 for further assistance.

_____ Individual (First Name/Initial/Last Name)	_____ Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Soc. Security Number or <input type="checkbox"/> Taxpayer ID Number
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_____ Joint Owner - If Any (First Name/Initial/Last Name)	_____ Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Soc. Security Number or <input type="checkbox"/> Taxpayer ID Number
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_____ Name of Custodian (Only One) as Custodian for <i>See below to appoint a Successor Custodian.</i>	_____ Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Soc. Security Number or <input type="checkbox"/> Taxpayer ID Number
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_____ Name of Minor (Only One)	_____ Minor's State of Residence	_____ Minor's Date of Birth (mm/dd/yyyy)	_____ Minor's Social Security Number
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Name of Employer/Organization/Trust/Plan

_____ Name of Trustee/Authorized Signer	_____ Date of Trust (mm/dd/yyyy)	_____ Taxpayer ID Number
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_____ Legal Residence (No P.O. Boxes)	_____ Mailing Address (If Different from the Legal Residence)		
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_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
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_____ Residential Phone Number	_____ Business Phone Number	_____ Residential Phone Number	_____ Business Phone Number
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Appointment of Successor Custodian (Uniform Gift/Transfer to Minor Accounts Only)

In the event of my death, I, _____, hereby appoint _____
Custodian Successor Custodian for this Account

_____ Custodian Social Security Number	_____ Custodian Date of Birth (mm/dd/yyyy)	_____ Successor Social Security Number	_____ Successor Date of Birth (mm/dd/yyyy)
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_____ Signature of Custodian	_____ Signature of Successor Custodian (Signifies Acceptance of Appointment)
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Appointment of Authority for Organization/Trust/Plan

The undersigned hereby certifies that the person named above has authority to take any and all actions on behalf of the account, and that the Organization/Trust/Plan has taken any and all actions necessary to establish this account and to grant such authority to the person listed above.

_____ Print Name	_____ Title	_____ Signature
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3. CITIZENSHIP AND AFFILIATIONS

U.S. Citizen U.S. Resident Alien Non-resident Alien (Attach IRS Form W-8. Dividends are subject to tax withholding.)

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: An Individual Taxpayer Identification Number, passport number with country of issuance, alien identification card number, or number with country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Please indicate form of identification:

Alien ID Card Passport Other

Alternate Identification Number Issuing Body Country of Origin

Are you or the joint owner or any member of your immediate family affiliated with or employed by a member of a stock exchange or member of the Financial Industry Regulatory Authority (FINRA)?

No Yes. If Yes, what is the affiliation? _____

Are you or the joint owner a current or former employee, representative, or agent of a foreign (non-U.S.) government or any agency or instrumentality of a foreign (non-U.S.) government, including the military?

No Yes

If Yes, please provide details, including all positions and titles held, and dates held: _____

Within the past five years, has any immediate family member of you or the joint owner been an employee, representative or agent of a foreign (non-U.S.) government or any agency or instrumentality of a foreign (non-U.S.) government, including the military?

No Yes. If Yes, please provide details, including all positions and titles held, and dates held: _____

4. INCOME DISTRIBUTION OPTIONS

We automatically will reinvest your dividend and capital gains distributions into your Fund account unless you indicate otherwise below.

How do you want your dividend and capital gains distributions handled?

I authorize Nationwide Funds to electronically deposit my distributions into my bank account. (Please complete Section 6.)

Dividends Capital Gains

I want my distributions reinvested into my Fund account. Dividends Capital Gains

I want my distributions from the _____ Fund deposited into the _____ Fund.

Dividends Capital Gains

5. SHAREHOLDER PRIVILEGES

A. LETTER OF INTENT (optional)

I want to establish a Letter of Intent for the Nationwide Funds **Class A shares**, and during a 13-month period, I will invest:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 or more to obtain a reduced sales charge.

Note: You also can combine your purchase of Class A shares with your purchase of Class B or Class C shares to fulfill your Letter of Intent.

B. TELEPHONE PRIVILEGES (optional)

Unless indicated below, I authorize Nationwide Funds to accept instructions from any authorized owner to exchange or redeem shares in my account(s) by telephone, in accordance with the procedures and conditions covered in the prospectus.

I do **NOT** want the Telephone **Exchange** Privilege.

I do **NOT** want the Telephone **Redemption** Privilege.

C. AUTOMATIC ASSET ACCUMULATION (optional)

Your first transaction will be effective following verification from your financial institution. Please allow up to 30 days to change or discontinue this feature.

I authorize Nationwide Funds to deduct the dollar amount(s) specified below and to invest the amounts monthly into the Fund(s) of my choice.

(Please complete Section 6.)

Fund Name(s) (\$50 Minimum)

Select an investment date. (If no box is checked, it will automatically be the 15th.): 5th 15th 25th

D. AUTOMATIC WITHDRAWAL PLAN (optional)

I would like to receive checks for \$50 or more from the _____ Fund.

Beginning on the 25th day of _____ I want to receive \$ _____
(mm/yy) (\$50 Minimum)

Please send my payments (check only one):	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semiannually
	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Annually
	<input type="checkbox"/> Quarterly	

Deposit my withdrawals automatically to my bank account. (Please complete section 6.) OR Send my checks to my mailing address.

E. AUTOMATIC ASSET TRANSFER (optional)

(\$5,000 minimum balance required.)

I would like to have regular transfers made from the _____ Fund to the _____ Fund.
Account Number (For Existing Accounts) Account Number (For Existing Accounts)

Beginning on the 25th day of _____ transfer \$ _____ monthly or quarterly.
(mm/yy) (\$50 Minimum)

F. HOUSEHOLDING DELIVERY OF DOCUMENTS (optional)

Unless you elect otherwise below, we will automatically deliver to your address only one copy of any prospectus or financial report mailed by Nationwide Funds to shareholders, even if more than one person at your address is a shareholder of Nationwide Funds. By "householding" these mailings, we can reduce the volume of mail you receive from us and help reduce fund expenses. Please note that you may continue to receive multiple mailings if you or others at your address hold Nationwide Funds shares through a broker or other financial institution.

I do **NOT** wish to participate in Householding. Please send me my own prospectus and financial reports.

G. ELECTRONIC DELIVERY (optional)

You may elect to electronically receive your account statements, prospectuses and financial reports. Please call 1-800-848-0920, or visit nationwidefunds.com for further instructions.

H. CHECKWRITING – NATIONWIDE MONEY MARKET FUND PRIME SHARES (optional)

I would like to receive a free supply of checks to use for withdrawing funds from my Nationwide Money Market Fund Prime Shares account. NOTE: Checks must be written for \$500 or more. All authorized account holders must sign below – exactly as their names appear in Section 2. If the checkwriting privilege is established after the account has been opened, or if any change is made in the above information, Nationwide Funds reserves the right to require that the signature(s) be guaranteed.

The payment of funds is authorized by the signature(s) appearing in the section below. Nationwide Funds is hereby appointed Agent by the person(s) signing the application and will cause to be redeemed a sufficient number of shares from the Nationwide Money Market Fund Prime Shares account in order to cover checks presented for payment without requiring signature guarantees. Nationwide Funds and the Nationwide Money Market Fund Prime Shares will not be liable for any loss, expense or cost arising out of check redemptions or checks returned without payment. Shares outstanding in the account for less than 10 business days will not be liquidated to pay checks presented unless Nationwide Funds is assured that good payment has been collected through normal banking channels. Nationwide Funds has the right not to honor checks that are for less than \$500 or checks in an amount exceeding the value of the account minus any applicable sales charges at the time the check is presented. If the checkwriting privilege is established after the opening of an account or if any information concerning the privilege is changed, Nationwide Funds reserves the right that signature(s) will be guaranteed.

How many signatures are required to sign the checks?

(If no box is checked, Nationwide Funds will only require one signature on the checks.)

Signature of One Account Owner Signatures of Both Account Owners

Account Owner Signature (Required)

Date

Joint Account Owner Signature (If Applicable, Required)

Date

Account Number (For Existing Accounts)

IF THIS IS A JOINT ACCOUNT, ALL PERSONS MUST SIGN.

8. CERTIFICATION AND SIGNATURES

PLEASE NOTE:

YOU MUST SIGN BOTH SECTION A AND SECTION B BELOW. APPLICATIONS CANNOT BE PROCESSED WITHOUT YOUR SIGNATURES.

A. SIGNATURES

I/We have received and read the current prospectus(es) and agree to be bound by its/their terms. I/We hereby acknowledge that I/we understand and agree to the terms set forth in the Nationwide Fund Mutual Fund Application for New Accounts and represent that the information provided by me/us in this document accurately reflects my/our account registration information, citizenship and tax certification. Also, I/we have read the Nationwide Funds Privacy Statement as part of this document.

By signing this form, I/we certify that I am/we are of legal age and capacity and am/are authorized to purchase shares. I/We agree that all account options chosen on this application will apply to any new fund into which the shares may be exchanged unless updated instructions are received in writing by Nationwide Funds. Communications may be sent to me/us at the address listed on the application or such other address which I/we may hereafter give to Nationwide Funds, and all communications so sent, whether by mail, e-mail, messenger or otherwise, shall be deemed to be given to me/us personally, whether actually received or not.

Account Owner Name

Account Owner Signature

Date

Joint Account Owner Name

Joint Account Owner Signature

Date

B. TAX CERTIFICATION

CERTIFICATION INSTRUCTIONS – For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct Taxpayer Identification Number.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number(s), (or I am awaiting for a number to be issued to me), and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3. I am a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).**

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

Account Owner Signature

Date

Joint Account Owner Signature

Date