



Virtus Mutual Funds  
 C/O State Street Bank & Trust Co.  
 PO Box 8301  
 Boston MA 02266-8301

**Systematic Withdrawal/  
 Redemption Request**

**For assistance, please contact us at 1-800-243-1574 or visit our website at Virtus.com**

**1. Important Information**

- This form may not be used for State Street Bank and Trust Company Custodial IRA or 403(b) accounts.
- The Systematic Withdrawal Plan Option is only available for accounts with at least a \$5,000.00 balance.
- Please use a separate form for each fund and account number.

**2. Account Information**

Shareholder Name	Daytime Phone Number	U.S. Social Security Number
Address		Email Address
City, State, ZIP Code		Fund and Account Number

**3. Distribution Options**

**Lump Sum** – Complete this section to take a single distribution from your account. Lump sum distributions are processed at the close of business on the day the request is received in good order. Requests received after 4:00PM Eastern Time will be processed at the next day's closing price.

Amount of distribution:

Partial Distribution of \$ \_\_\_\_\_ or \_\_\_\_\_ shares    OR     All Shares

*Class B, C and T Shareholders* – Shareholders withdrawing from Class B, C and T shares must indicate whether the sales charge should be taken from the redemption proceeds (gross) or taken from the remaining balance in the account (net). If no indication is made, the distribution will be processed as gross. Class B, C and T shareholders may withdraw up to 1% of their aggregate net investments each month or up to 3% of their aggregate net investments each quarter without incurring the applicable contingent deferred sales charges. Shareholders redeeming more shares than the percentage permitted will be subject to any applicable contingent deferred sales charges.

Distribution proceeds should be calculated as:                       Gross                       Net

**Systematic Withdrawal Plan** – Withdrawals will be split equally at the frequency indicated below. Shareholders electing this option must have dividend and capital gain distributions reinvested.

Distribution Amount: \$ \_\_\_\_\_ or \_\_\_\_\_ shares

Frequency of distributions:

Monthly     Quarterly     Semi-Annually     Annually    Beginning \_\_\_\_\_ (month/year)

**4. Delivery Instructions**

**A. Distribution by Mail**

→ *Systematic Withdrawal Plan*

\*\* Payable as requested \*\* Trade date 15<sup>th</sup> of the month \*\* Mailed two business days later \*\*

→ *Lump Sum Distribution*

\*\* Payable as requested \*\* Mailed the next business day \*\*

- Name and address on the account
- Special Payee below (Signature Guarantee required)
- Overnight Delivery – Lump sum distributions may be sent by overnight mail using Virtus' courier. A charge of \$14.00 will be taken from the account in addition to the distribution. This option is not available for Systematic Withdrawal Plan distributions.

Special Payee Name

Special Payee Address

**B. Direct-to-Bank Distributions (Signature Guarantee required)**

→ *Systematic Withdrawal Plan*

\*\* Payable as requested \*\* Any trade date \*\* Initiates next business day \*\*

I elect to take systematic withdrawals on the \_\_\_\_\_ day of the month. If no selection is made, withdrawals will commence on the 15<sup>th</sup> of the month following receipt of this request. Systematic withdrawals will be sent through the Automated Clearing House (ACH).

→ *Lump Sum Distribution*

\*\* Payable as requested

\*\* Lump Sum distributions will be sent to your bank via Federal Fund Wire. Your bank may charge a fee for this service.

Please complete the following section and include a VOID check to have your withdrawals electronically transmitted to your bank. If you wish to have the banking information added to your account for future transactions, please check the following box:

Bank Name

Bank Routing Number

Account Type (Checking or Savings)

Bank Registration

Bank Account Number

Bank Telephone Number

**5. Authorizing Signature(s) – All shareholder(s) listed in the account registration must sign below.**

I/We authorize Virtus Mutual Funds to honor any requests made in accordance with the terms of this form and I/we further agree to hold Virtus Mutual Funds, its agents and assigns harmless from acting upon the instructions set forth on this form.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

**6. Signature Guarantee**

A **Medallion Guarantee** is required for lump sum distributions that meet the following criteria: Distributions that are being wired to a bank account (not currently maintained on the account), the redemption check is to be made payable to someone other than the shareholder and/or mailed to an address not presently on our records, the distribution exceeds \$50,000.00, the address on the account has been updated within 30 days.

An **SVP (Signature Validation Program) Stamp\*** is required for the following circumstances: Withdrawals under a Systematic Withdrawal Plan are to be sent to a bank account or mailed in check form to a special payee.

\*In the event your bank or financial institution does not participate in the SVP Stamp program, we will accept a Medallion Guarantee.

**Place Stamp Here**

A Medallion Guarantee Stamp may be obtained from an eligible guarantor. Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions, as defined by the Federal Deposit Insurance Act and registered Broker/Dealers.

An SVP (Signature Validation Program) Stamp may be obtained from eligible members of the Medallion Guarantee Program, including banks, Broker/Dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations.



**Notarization from a Notary Public is not acceptable.**