



**Virtus Mutual Funds**  
 c/o State Street Bank & Trust Company  
 PO Box 8301  
 Boston MA 02266-8301

## Transfer on Death (TOD) Registration Request

Please Print in Black Ink

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

### 1. Provisions

A Transfer on Death registration allows shareholders to name one or more beneficiaries on a non-fiduciary account while maintaining control of the account during their lifetime. Upon the shareholder's death, the ownership of the account passes to the surviving named beneficiaries.

**Important Note:** If you are married, state laws may restrict your right to designate a beneficiary other than your spouse, restrict the amount of benefit available to a non-spouse beneficiary and may have significant legal or tax consequences. You should review these restrictions carefully and consult with your tax or financial advisor prior to designating a non-spouse beneficiary.

### 2. Account Information

Name(s) (Registration)	Daytime Phone Number	Email Address
Address	U.S. Social Security Number	
City, State, ZIP Code	Fund & Account Number(s)	

### 3. Beneficiary Designation

Upon my death, the above indicated account(s) shall be transferred in equal shares (unless otherwise indicated) to each beneficiary designated below. In the event a beneficiary does not survive me, such beneficiary's share shall be transferred equally to the surviving beneficiary(ies).

If there is not sufficient space on this form to list the beneficiary designation, please attach a brief note providing the additional beneficiary(ies) name(s), Social Security number(s), relationship to the investor, address(es), date(s) of birth and percentage(s).

A minor may be named as beneficiary only if a custodian, trustee or guardian is set forth for the minor.

All percentages must add up to 100%.

Name	U.S. Social Security Number	Relationship
Address	Date of Birth	Percentage
Name	U.S. Social Security Number	Relationship
Address	Date of Birth	Percentage

### 4. Authorizing Signature(s)

This designation shall be effective when it is filed and approved by the Fund Company. Upon approval, it will take effect as of the date the request is signed. The Fund Company will not be responsible for any payment made or action taken before the request is received and approved. By completing this form, I understand that all prior designations are revoked.

Shareholder's Signature	Date
Shareholder's Signature	Date