



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

**Non-Retirement Account
 Transfer/Redemption Form**

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

Important Information

- This form is intended to be used to provide transfer or redemption instructions for non-retirement accounts when the shareholder, trustee, custodian, etc., is deceased.
- This form cannot be used for retirement accounts with State Street Bank & Trust Company as custodian.
- Types of registrations that may be eligible to use this form are:
 - Individually registered accounts
 - Joint Accounts
 - Transfer on Death (TOD)
 - Trusts
- If a redemption is being requested, the shares must be transferred to a new account prior to the shares be redeemed. Example: If you are a beneficiary listed on a Transfer on Death account, the shares must first be transferred to a new account in your name and then can be redeemed under your Social Security number. Therefore, transfer instructions must be provided for all requests.

Additional Documentation Requirements:

- If the shareholder's legal residence was in one of the following states, an *original Tax Waiver* must accompany this form:
 Indiana, Ohio, Oklahoma, Pennsylvania*, Puerto Rico, Tennessee
- * A Tax waiver required for Pennsylvania only if the transfer/redeem is from a Transfer on Death (TOD) registration and the beneficiary is a non-spouse entitled to a direct inheritance.
- **Small Estates** - If the estate was not probated, we suggest that you contact your local probate court/office for the specific requirements regarding the administration of small estates for the state in which the shareholder resided at the time of his or her death.

If the state requirements allow for an affidavit, although a photocopy of the affidavit is acceptable, it must bear the affiant's original signature and original notarization and be dated within 12 months of our receipt for account balances \$50,000 and under and within 60 days for account balances over \$50,000. The affidavit must be accompanied by a certified death certificate.

If the state requires documentation for the administration of small estates be issued by the court, although a photocopy is acceptable, it must bear the original court certification stamp or raised seal and be certified by the court or clerk of the court within 12 months of our receipt for account balances \$50,000 and under and within 60 days for account balances over \$50,000.

1. Existing Account Information

Shareholder Name/Account Registration	U.S. Social Security Number	
Address	Shareholder Date of Birth	Shareholder Date of Death
City, State, ZIP Code	Fund and Account Number(s)	

2. Claimant Information

I/We are requesting that the shares in the fund and account number(s) in Section 1, be:

- Transferred, or
- Transferred and Redeemed

I/We are requesting this transaction, acting in my/our capacity as:

- Surviving Joint Tenant(s)
- Executor(s)/Administrator(s) of the estate
- Successor Trustee(s)
- Transfer on Death beneficiary
- Other: _____

5. Dealer (Financial Advisor) Information – If left blank, current information will be maintained.

Dealer Name _____	Dealer Number _____	
Branch Address _____	Branch Number _____	
Registered Representative Name _____	Phone Number _____	Representative Number _____

6. Redemption Instructions

Option 1 – Distribution by mail

- ** Redemptions will be processed at the close of business on the day the request is received in good order.
- ** Redemption checks are mailed the next business day after the request has been processed.
- ** Requests received after 4:00PM Eastern Time, will be processed at the next day's closing price.

Please provide complete payee and mailing instructions for the redemption check:

Payee – Line 1 _____

Payee – Line 2 _____

Payee – Line 3 _____

Payee – Line 4 _____

Option 2 – Direct to Bank Distribution

- ** Redemptions will be 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.
- ** Lump Sum distributions will be sent to the bank via Federal Fund Wire. The bank may charge a fee for this service.

Please complete the following section and include a VOID check to have the distribution electronically transmitted to a bank account.

Bank Name _____	Bank Routing Number _____	Account Type (Checking or Savings) _____
Bank Registration _____	Bank Account Number _____	Bank Telephone Number _____

7. Substitute W-9 Form - Request for Taxpayer Identification Number and Certification (TIN)

This section must be signed by all new account owner(s), trustee(s), custodian or executor(s)/administrator(s).

Please check one of the boxes below:

I am: a U.S. citizen, a U.S. resident alien, or a representative of a U.S. entity.

Under penalties of perjury, I certify that:

1. The Social Security number or tax identification number I have given on this form is correct.
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. **Important:** Cross off item #2 if you have been notified by the IRS that you are currently subject to back withholding.
3. I am a U.S. person (including Resident Alien)
 - I am a nonresident alien. I certify that I have provided a completed Form W-8BEN to certify my foreign status. (To obtain Form W-8BEN, call 1-800-243-1574.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

