



Instructions For assistance, call 800-243-1574.

Use this form to request an IRA transfer of assets or a direct rollover (excluding qualified rollover contributions (conversions) to a Roth IRA) from an existing retirement plan account to your IRA at Virtus Mutual Funds.

DIRECT ROLLOVER NOTICE

If this contribution is a direct rollover from a qualified plan, 403(b), or 457 plan, I understand that by signing page 3 of this form, I am acknowledging that the direct rollover contribution is an irrevocable election and is no longer eligible for special tax treatment which may be accorded to distributions from a qualified plan, 403(b), or 457 plan.

You should contact your current plan administrator or custodian prior to completing this form to ensure that you have received and completed any in-house forms that they may require. Direct rollovers from a qualified plan to an IRA can only be in the form of cash.

Section 1 PARTICIPANT INFORMATION

Name Daytime Telephone Number
Address (If your mailing address is a P.O. Box, you must provide your street address.)
City State Zip Code
Social Security Number Date of Birth

Section 2 INVESTMENT INSTRUCTIONS

Complete items A, B, C and D.

- A. I am opening a new IRA and have attached the required IRA Application.
Deposit the proceeds into my existing IRA. Account Number:
B. Type of account transferring into: Traditional IRA Rollover IRA
SEP IRA Roth IRA Inherited IRA
C. Invest the proceeds in accordance with the investment allocation provided on the IRA Application & Adoption Agreement.
OR
Invest as follows:
Fund Name: Amount \$ or %
D. Type of Request
IRA Transfer of Assets (like accounts) - SEP and SIMPLE (after the required two year holding period) IRAs can be transferred into a Traditional IRA.
Direct Rollover from a Qualified Plan to an IRA
Direct Rollover from a 403(b) or 457 to an IRA

**Section 3****CURRENT CUSTODIAN AND ACCOUNT INFORMATION**

Please attach your most recent statement, if possible. Note: your current custodian may require a Medallion Signature Guarantee to process your transfer request. Please see the Participant Authorization section for an explanation of the Medallion Signature Guarantee.

Name of Current Custodian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Type of account you are transferring/rolling over from (check one):

- Traditional/Rollover IRA
- SEP IRA
- Roth IRA - Please provide the establishment date of the original Roth IRA: \_\_\_\_\_
- 403(b)
- 457 Plan
- Qualified Plan - Please contact your current plan administrator for distribution/rollover in-house form requirements.
- SIMPLE IRA (after the required two year holding period) that is being transferred into a Traditional IRA.
- Inherited IRA - Please provide the following information for the original decedent:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

\$ \_\_\_\_\_  
Prior Year-End Balance

Has the current year required minimum distribution been satisfied?  Yes  No

**Investment to transfer:**

1. Account Number: \_\_\_\_\_ Share Class \_\_\_\_\_ CUSIP \_\_\_\_\_  
 Liquidate Entire Account  Partial Dollar or Share Amount \_\_\_\_\_  Transfer-In-Kind  
 For Certificates of Deposit:  Immediately\*  At Maturity Date \_\_\_\_\_
2. Account Number: \_\_\_\_\_ Share Class \_\_\_\_\_ CUSIP \_\_\_\_\_  
 Liquidate Entire Account  Partial Dollar or Share Amount \_\_\_\_\_  Transfer-In-Kind  
 For Certificates of Deposit:  Immediately\*  At Maturity Date \_\_\_\_\_
3. Account Number: \_\_\_\_\_ Share Class \_\_\_\_\_ CUSIP \_\_\_\_\_  
 Liquidate Entire Account  Partial Dollar or Share Amount \_\_\_\_\_  Transfer-In-Kind  
 For Certificates of Deposit:  Immediately\*  At Maturity Date \_\_\_\_\_
4. Account Number: \_\_\_\_\_ Share Class \_\_\_\_\_ CUSIP \_\_\_\_\_  
 Liquidate Entire Account  Partial Dollar or Share Amount \_\_\_\_\_  Transfer-In-Kind  
 For Certificates of Deposit:  Immediately\*  At Maturity Date \_\_\_\_\_
5. Account Number: \_\_\_\_\_ Share Class \_\_\_\_\_ CUSIP \_\_\_\_\_  
 Liquidate Entire Account  Partial Dollar or Share Amount \_\_\_\_\_  Transfer-In-Kind  
 For Certificates of Deposit:  Immediately\*  At Maturity Date \_\_\_\_\_

**\*Note:** If you wish to have certificates of deposit transferred immediately and they have not matured, you may incur a redemption penalty. We cannot accept requests to transfer assets from certificates of deposit more than 60 days before their maturity.

**Section 4**

**PARTICIPANT AUTHORIZATION**

No information provided by the Virtus Mutual Funds shall be considered to be or is advice on which I may rely as the primary basis for my investment decisions. I agree that I need to make my own decisions, with whatever third-party advice I wish to obtain, and I agree that I am not to rely on any information Virtus Mutual Funds is providing as advice that is a primary basis for my decisions. I expressly confirm, and by signing below, I acknowledge, that none of Virtus Mutual Funds, their distributor, their transfer agent, and their affiliates, has made or is making a recommendation, or has provided or is providing investment advice of any kind whatsoever (whether impartial or otherwise), or is giving any advice in a fiduciary capacity with any decision I may make to invest or otherwise proceed with Virtus Mutual Funds.

I authorize the transfer of assets or direct rollover as noted above to my Virtus Mutual Funds IRA and authorize my current custodian, Virtus Mutual Funds and BNY Mellon Investment Servicing Trust Company, to process this request on my behalf. I understand it is my responsibility to insure the prompt transfer of assets or direct rollover by the current custodian. I have read and understand all information on this form and hereby provide the applicable authorization.

Participant's Signature

Date

**IMPORTANT: Your existing custodian may require a signature guarantee. A signature guarantee helps to protect you and the parties who act upon your instructions from fraud. It guarantees that the person who signs this is, in fact, the person named. If a signature guarantee is required, notarization will not be acceptable. Please check with your existing custodian for requirements.**

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

**Place Signature Guarantee Stamp Here**

Name of Bank or Firm

Signature Guarantee By:

Signature and Title of Officer

**Please mail to one of the following addresses:**

**First Class Mail:**

Virtus Mutual Funds  
PO Box 9874  
Providence, RI 02940-8074

**Overnight Mail:**

Virtus Mutual Funds  
4400 Computer Drive  
Westborough, MA 01581-1722