



Virtus Mutual Funds
 PO Box 534470
 Pittsburgh, PA 15253-4470

Individual Retirement Account (IRA)
 Self-Certification for Acceptance of
 a Late Rollover Contribution Form

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

1. Important Information

IMPORTANT: Your self-certification is not an automatic waiver by the Internal Revenue Service (“IRS”) of the 60-day rollover requirement. On October 16, 2020, the IRS released guidance under Rev. Proc. 2020-46 “Waiver of the 60-Day Rollover Requirement” that sets forth the criteria by which an IRA participant may self-certify their qualification to deposit a late rollover contribution and for a custodian to accept the late rollover contribution. A contribution made within 30 days after the reason or reasons that prevented the taxpayer from making a timely rollover will be deemed made “as soon as practicable.” The rollover contribution will be reported to the IRS on Form 5498 and will be earmarked as a late deposit. The IRS may, in the course of an examination, determine that your contribution does not meet the requirements for a waiver. If the rollover contribution is deemed invalid you may be subject to additional income, income taxes and penalties, such as the penalty for failure to pay the proper amount of tax under Internal Revenue Code § 6651.

2. Participant Information

Name	U.S. Social Security Number	
Address	Email Address	
City, State, ZIP Code	Fund and Account Number(s)	
<input type="checkbox"/> By checking the preceding box, I authorize Virtus Mutual Funds to replace any conflicting information and/or add any missing information to my account records, with regard to the address, email address and telephone numbers provided in this section.	Mobile Telephone Number	Evening Telephone Number

3. Reason for Late Contribution

Pursuant to Internal Revenue Service Revenue Procedure 2020-46, I certify that my contribution of \$ _____ missed the 60-day rollover deadline for the reason(s) listed below under Reasons for Late Contribution. I am making this contribution as soon as practicable after the reason or reasons listed below no longer prevent me from making the contribution. I understand that this certification concerns only the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with your rollover procedures.

Pursuant to Revenue Procedure 2020-46, unless you have actual knowledge to the contrary, you may rely on this certification to show that I have satisfied the conditions for a waiver of the 60-day rollover requirement for the amount identified above. You may not rely on this certification in determining whether the contribution satisfies other requirements for a valid rollover.

REASON FOR LATE CONTRIBUTION

I intended to make the rollover within 60 days after receiving the distribution but was unable to do so for the following reason(s) (check all that apply):

- An error was committed by the financial institution making the distribution or receiving the contribution.
- The distribution was in the form of a check and the check was misplaced and never cashed.
- The distribution was deposited into and remained in an account that I mistakenly thought was a retirement plan or IRA.
- My principal residence was severely damaged.
- One of my family members died.
- I or one of my family members was seriously ill.
- I was incarcerated.
- Restrictions were imposed by a foreign country.
- A postal error occurred.
- The distribution was made on account of an IRS levy and the proceeds of the levy have been returned to me.
- The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.
- The distribution was made to a state unclaimed property fund.

4. Participant Signature

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 certify that I am the Participant authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Virtus Mutual Funds, or any employee, officer, director/trustee or agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian, Virtus Mutual Funds and the employees, officers, directors/trustees and agents of each may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Virtus Mutual Funds and the employees, officers, directors/trustees and agents of each shall be indemnified and held harmless, for any tax, legal or other consequences resulting from my election(s). The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. I have read and understand and agree to be legally bound by the terms of this form.

I declare that the representations made in this document are true and that the IRS has not previously denied a request for a waiver of the 60-day rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates. I understand that in the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest, and penalties. If the contribution is made to an IRA, I understand you will be required to report the contribution to the IRS. I also understand that I should retain a copy of this signed certification with my tax records.

Print Name

Signature

Date

Mail to one of the following:

First Class Mail
Virtus Funds
PO Box 534470
Pittsburgh, PA 15253-4470

Overnight Mail
Virtus Mutual Funds
Attn: 534470
AIM: 154-0520
500 Ross Street
Pittsburgh, PA 15262