



# IRA/Qualified Plan Distribution Request Form

Do not complete this form if request is for a Required Minimum Distribution (RMD). If request is for a RMD, please complete the Required Minimum Distribution Form.

Regular Mail: Virtus Mutual Funds  
c/o U.S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Delivery: Virtus Mutual Funds  
c/o U.S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207

## 1 Account Information

NAME (AS IT APPEARS ON YOUR ACCOUNT REGISTRATION)

ADDRESS

CITY

STATE

ZIP CODE

MUTUAL FUND NAME AND ACCOUNT NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DAYTIME PHONE

Note: If the address listed above is different than the address currently listed in our records, we will change all accounts under your Social Security number to reflect your new address. All future correspondence will be sent to the new address until you advise us otherwise. Distributions to a new address will require a signature guarantee in Section 7 of this Form.

## 2 Type of Distribution | Select One

I request a distribution from my Retirement Account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations. I understand that a distribution fee may apply per the Fund's prospectus. **We recommend that you consult with your professional tax advisor prior to requesting the distribution.**

- Normal Distribution. I have reached age 59 ½.
- Premature Distribution. I am under age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty in addition to normal income tax for an early withdrawal. \*To claim an exception from the premature distribution penalty, you should file IRS Form 5329.
- 72(t) Substantially Equal Periodic Payments. (under IRS Code Section 72(t)(2)(A)(iv)). Please see your professional tax advisor for guidance.
- Death Distribution. Please contact a shareholder services representative to determine what additional documents are required.  
  
DATE OF DEATH (MM/DD/YYYY)
- Excess Contribution Removal. I am withdrawing the excess contribution I made and any earnings attributable to such contribution. Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline, pursuant to Internal Revenue Code Section 408(d)(4) and IRS Publication 590. The IRS may impose a 10% premature withdrawal penalty on the earnings if you are under age 59 ½.
- Conversion to Roth IRA. Conversion from a Traditional, SEP, or SIMPLE IRA. The deadline for a conversion is December 31st. Conversions are not allowed from a SIMPLE IRA within two years of the initial SIMPLE contribution. If you are 70 ½ years of age or older, your Required Minimum Distribution (RMD) must be distributed prior to the conversion.
  - Please distribute my current year RMD before the conversion.
  - I will satisfy my current year RMD from an IRA at another financial institution.
- Recharacterization. This is a recharacterization of a current or prior year Traditional or Roth IRA contribution, or a recharacterization of a conversion to a Roth IRA. The deadline for a prior year recharacterization is the due date of your federal tax return, including extensions (generally October 15th).
- Divorce. By checking this box, I represent that the transfer is payment to a former spouse pursuant to a decree of divorce or Qualified Domestic Relations Order (QDRO). Please contact a shareholder services representative to determine what additional documents are required.
- Coverdell ESA Distribution. Distributions not used for qualified education expenses may be subject to a penalty. No tax withholding is permitted.

### 3 Distribution Instructions

#### A One-Time Distribution

- I wish to liquidate my entire account.
- I wish to make a one-time distribution of \$ \_\_\_\_\_ or \_\_\_\_\_ shares, and the distribution should be paid out immediately.
- I wish to convert \$ \_\_\_\_\_ or \_\_\_\_\_ shares to my existing or new Roth IRA account # \_\_\_\_\_.  
 Check this box if a new Roth IRA account needs to be established. An IRA Application must be included with this Form.
- I wish to recharacterize \$ \_\_\_\_\_ of my conversion dated \_\_\_\_\_ or my contribution for tax-year \_\_\_\_\_.
- I wish to withdraw the excess contribution of \$ \_\_\_\_\_ made for the tax year \_\_\_\_\_ and any earnings attributable to such contribution (select one box below).\*
  - I wish to have my excess contribution and my earnings distributed to my address of record.
  - I wish to have my excess contribution and any earnings applied to my IRA/Qualified Plan contribution for tax-year \_\_\_\_\_.
  - I wish to have my excess contribution applied to my IRA/Qualified Plan contribution for tax-year \_\_\_\_\_, and my earnings distributed to my address of record.
  - I wish to have my excess contribution and any earnings applied to my Non-IRA account, Fund Number \_\_\_\_\_, Account Number \_\_\_\_\_ OR open a new Non-IRA account for distributions (a New Account Application must be attached).

\*Earnings must remain in the account if the excess contribution is removed after October 15th following the year in which the contribution was made.

#### B Periodic Distributions\*

- I wish to take periodic distributions in the amount of \$ \_\_\_\_\_.  
Frequency:  Monthly  Quarterly  Semi-Annually  Annually

START DATE (MONTH, YEAR)

DAY(S) OF THE MONTH

\*If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on December 5th.

### 4 Delivery Instructions

- Please send a check to the address of record currently on my account.
  - Regular Mail  Overnight Mail: A \$15 fee will apply.
- Deposit distribution proceeds directly into my existing Non-IRA account, Fund Number \_\_\_\_\_, Account Number \_\_\_\_\_, OR open a new Non-IRA account for distributions (a New Account Application must be attached).
- ACH (Automated Clearing House): Electronic Funds Transfer to the bank instructions currently on my account. No fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 5. You must obtain a signature guarantee if establishing or changing your bank instructions.
- Wire Redemption: Wire distribution proceeds to the bank instructions currently on my account. A \$15 wire fee applies. If you are establishing or changing your bank instructions, please attach an original voided check in Section 5. You must obtain a signature guarantee if establishing or changing your bank instructions.
- Alternate payee and/or address other than the address of record. You must obtain signature guarantee if having the redemption proceeds payable to a third party or sent to an address that is currently not listed on the account.

Please complete the boxes below with the payee information.

NAME OF PAYEE

ADDRESS

CITY / STATE / ZIP

## 5 Bank Information

- Add Bank Information (attach voided check)  
 My existing bank information is no longer valid.

Please attach an original voided check or pre-printed deposit slip.  Checking  Savings

*If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, an original voided check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.*

*Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).*

John·Doe·	53289*
Jane·Doe·	
123·Main·St.¶	
Anytown·USA·12345*	
Pay to the order of _____ →	\$ →
¶ _____ →	DOLLARS*
Memo: _____ →	Signed: _____ →
⑆ 1 2 3 4 5 6 7 8 ⑆	⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

## 6 Tax Withholding Election

Federal taxes will automatically be withheld from distributions at the rate of 10%, unless you check one of the boxes below.

- Do not withhold taxes. I understand that I am responsible for payment of any federal or state taxes on my distribution(s).  
 Please withhold \_\_\_\_\_% (minimum 10%) from my distribution(s). State withholding may also apply.

*For systematic distributions, your withholding election indicated above will remain in effect until you revoke or change your withholding election, which you may do at any time.*

- Residents of Arkansas and California only: Please check if you wish to opt out of state withholding.

## 7 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.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## 8 Signature Guarantee

A **Medallion Guarantee** is required for lump sum distributions that meet the following criteria: Distributions that are being sent 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 of submitting this request.

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, mailed in check form to a special payee or if the funds are to be exchange to an account not solely registered to the shareholder.

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.

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

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

***Please contact your financial institution in advance to determine their supporting documentation requirements, if any.***

**Place Stamp Here**

