



Required Minimum Distribution Form

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

Overnight Delivery: Virtus Mutual Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., Floor 3
Milwaukee, WI 53202-5207

1 Account Information

NAME OF ACCOUNT OWNER

MUTUAL FUND NAME AND ACCOUNT NUMBER

ADDRESS

SOCIAL SECURITY NUMBER

CITY

DATE OF BIRTH

STATE

ZIP CODE

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 8 of this form.

I request my Required Minimum Distribution (RMD) 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.

2 IRA Assets Transferred During Year

During the year for which you are requesting your RMD, did you transfer or roll over retirement assets into your IRA / Qualified Plan account?

No – Go to Section 3.

Yes – Did you take this year's RMD prior to transferring or rolling over assets from another custodian?

Yes – Go to Section 4.

No – Please enter the account value as of December 31st of the previous year for the account from which you transferred or rolled over assets in the box below. If no amount is provided, we will use the dollar amount that was transferred or rolled over from your previous custodian to calculate your RMD.

3 First Time RMD Payout

Complete this section if this is your first RMD. If you have previously taken an RMD, please proceed to Section 4.

- Special first-year rule: You can delay taking the first distribution until April 1st of the year following the year in which you turn 70 ½ (72 for individuals born on or after July 1, 1949). If you choose to delay your first distribution, please note that you will be responsible for taking two distributions the following year; one by April 1st and the other before December 31st.

Please distribute my first RMD by April 1st (select one box below).

Please calculate and distribute immediately.

Please calculate and distribute on

MONTH / DAY / YEAR

I have calculated the amount needed to meet my first RMD. Please distribute \$ Immediately or

On

MONTH / DAY / YEAR

4 Distribution Instructions | Select One*

- I would like U.S. Bank Global Fund Services to calculate my RMD. Complete Section A.
- I have calculated my RMD. Complete Section B.
- I will be taking the RMD amount from an IRA/Qualified Plan at another financial institution and hereby relieve U.S. Bank Global Fund Services of this responsibility (valid until revoked). If checking this box, proceed to Section 8.

A Life Expectancy Calculation Method (calculation completed by U.S. Bank Global Fund Services)

Please select the method you would like used for your Life Expectancy Calculation. Failure to designate a Life Expectancy Calculation Method will result in distributions made using the Uniform Life Table.

- Uniform Life Table (Standard IRS Method)
- Joint Life and Last Survivor Expectancy. This option can only be used if your spouse is your sole beneficiary and your spouse is more than 10 years younger than you.

My spouse's full date of birth is:

DATE OF BIRTH (MM/DD/YYYY)

Please select how you would like to receive your RMD.

- I wish to have my current year RMD distributed immediately upon receipt of this Form. A distribution fee may apply per the Fund's prospectus.

- I wish to have my current year RMD distributed on a systematic basis.

Frequency: Monthly Quarterly Semi-Annually Annually

START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

B My Own Calculation

- Please distribute \$ immediately upon receipt of this Form. A distribution fee may apply per the Fund's prospectus.

- I would like to establish systematic distribution in the amount of \$

Frequency: Monthly Quarterly Semi-Annually Annually

START DATE (MONTH/YEAR)

DAY(S) OF THE MONTH

* Systematic distributions cannot be made between December 29th – December 31st. 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.

5 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 6. 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 a voided check in Section 6. 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 a 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.

NAME OF PAYEE

ADDRESS

CITY / STATE / ZIP

6 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 Jane Doe 123 Main St. # Anytown, USA 12345	53289
Pay to the order of _____ \$ _____	
_____ DOLLARS	
Memo: _____	Signed: _____

7 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.

8 Signature and Certification

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 Sponsor, or any employee, officer, 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. I expressly assume responsibility for any adverse consequences which may arise from the election(s) made on this form, and I agree that the custodian, the sponsor and their employees, officers, trustees and agents shall be indemnified and held harmless, for any tax, legal or other consequences resulting from my election(s). Virtus Mutual Funds and the Custodian are 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, the undersigned, authorize and request that U.S. Bank Global Fund Services, make the above distribution from the account listed in Section 1.

SIGNATURE OF OWNER [OR GUARDIAN IF IRA OWNER IS A MINOR]

DATE (MM/DD/YYYY)

Signature Guarantee

A **Medallion Guarantee** is required for one-time 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 or if the address on the account has been updated within the 30 days. 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 exchanged to an account not solely registered to the shareholder.

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

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.

Place Stamp Here