

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

SIMPLE IRA Distribution Form

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

## **Important Information**

1. Participant Information

For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. This form is not intended to facilitate a beneficiary/inherited IRA transfer due to death. For revocations, refer to the SIMPLE Individual Retirement Account (IRA) Disclosure Statement for instructions and information regarding your revocation rights. All required documentation must be received in good order before the distribution request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Participant Authorization Section for an explanation of the Medallion Signature Guarantee.

### **RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS**

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs) – "Application of one-rollover-per-year limitation."

U.S. Social Security Number

Address	Email Address			
		1		
City, State, ZIP Code	Fund and Account Number(s)	SIMPLE IRA – Year First Established*		
<ul> <li>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.</li> </ul>	Mobile Telephone Number	Evening Telephone Number		
2. Reason for Distribution				
The distribution is being made for the following reason (check one):				
$\hfill \square$ Normal Distribution- You are age 59 $\hfill \!\!\! / \!\!\! \! \!\! /  \!\!\!\! \! \!\! \! \! \! \! \!$				
□ Early (Premature) Distribution - You are under age 59½, including distributions due to medical expenses, health insurance premiums, higher education expenses, first time homebuyer expenses, or other reasons. *A distribution received before you attain age 59½ is considered a premature distribution and is subject to a penalty tax equal to 10% of the distribution unless an exception applies (see "Early Distributions from a SIMPLE IRA" in your SIMPLE IRA Disclosure Statement). If a premature distribution is made prior to satisfying the required two year holding period (2 years from the date on which you first participated in a SIMPLE IRA maintained by your employer) and no exception applies, then the penalty tax is increased to 25%.				
□ Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code. You must complete <b>Section 4 (Distribution Amount)</b> .				
□ Permanent disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code. For purposes of section 72(m)(7), an individual shall be considered to be disabled if he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.				
<ul> <li>Transfer incident due to divorce or legal separation – Contact Shareholder Services regarding additional documentation requirements.</li> </ul>				
□ Removal of excess - You must complete <b>Section 3, Excess Contribution Election</b> in its entirety.				
☐ Direct rollover to a Qualified Plan, 401(k), TSP or 403(b) - You are certifying that the receiving custodian will accept the IRA assets issued and that you have satisfied the required two-year holding period.				
☐ Qualified Reservist Distribution				
☐ Qualified Hurricane Distribution	☐ Qualified Hurricane Distribution			
☐ Qualified Birth or Adoption Distribution as defined in section 72(t)(2) of the Internal Revenue Code.				
Class C and C1 Shareholders – Shareholders withdrawing from Class C and C1 shares must indicate whether the sales charge should be taken from the redemption proceeds (gross) or taken from the remaining balance in the account (net). If no indication is made, the distribution will be processed as gross. Shareholders taking their required minimum distribution do not need to complete this. Distribution proceeds should be calculated as:   Gross or  Net				

## 3. Excess Contribution Election

**Instructions for the Participant:** You must indicate how the return of excess should be distributed in Section 4, Distribution Amount (subsection B). A check for the proceeds will be mailed to your address of record unless the amounts are attributable to employer contributions that are being returned to the employer with your authorization. Amounts returned as excess contributions are not eligible for rollover.

**Important:** Please consult with your employer to discuss the appropriate steps to correct excess contributions. Amounts deferred to your SIMPLE IRA in excess of the allowable limit may be subject to a non-deductible excise tax of 6% for each year until the excess is removed. The 6% excise tax on excess contributions will not apply if the excess contribution and earnings allocable to it are distributed by April 15th of the year following the annual deferral.

Earnings on Salary Deferral and Employer Contributions - For the purpose of the excess contribution, we will calculate the net income attributable ("NIA") to the contribution using the method provided for in the IRS Final Regulations for Earnings Calculation for Returned or Recharacterized Contributions. This method calculates the NIA based on the actual earnings and losses of the SIMPLE IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution. The IRS may impose an early distribution penalty tax on the earnings if you are under age 59%. You must file IRS Form 5329 to report any excise tax

9/2. You must life IRS Form 5329 to report any	excise tax.			
Salary Deferral Corrections				
Excess Salary Deferral: \$	Date Deposited:			
Salary deferral excess is to be corrected: (	select one option)			
<ul> <li>Within the same calendar year that the of correction.</li> </ul>	e excess deferral was deposited. Earnings (if any) will be calculated through the date			
	lowing the calendar year in which excess deferral was deposited. Earnings (if any) will r 31 <sup>st</sup> value for the deferral calendar year.			
<ul> <li>After April 15<sup>th</sup> following the calendar y through the date of correction.</li> </ul>	year in which the excess deferral was deposited. Earnings (if any) will be calculated			
Employer Contribution Corrections – (Em	ployer signature required)			
Excess Employer Contribution: \$	Date Deposited:			
Important: The participant must complete Section 4, Distribution Amount (subsection B) and sign the Participant Authorization section to facilitate this request. Please indicate how we should distribute the proceeds:				
Earnings (if any) will be calculated through	the date of correction.			
Company Name	Telephone Number			
Address	City State Zip			
Employer Signature (required)	Date			
Employer Printed Name (required)				
Distribution Amount				
. Choose one:				
☐ Liquidate entire account.				
or the following options, distributions will be ta the distribution allocation instructions below:	ken proportionately across all funds unless specific funds and amounts are indicated			
☐ One-Time Partial Distribution of \$				
□ Periodic Distributions of \$	to be distributed at the following frequency:			
☐ Monthly ☐ Quarterly ☐ Sem	ni-Annually			
Continued on next page				

4. Distribution Amount, continued		
☐ Substantially Equal Periodic Payments ("SEPP" Section 72	2(t) of the Internal Revenue Co	ode)
<ul> <li>☐ Fixed distribution amount of \$</li></ul>	<b>or</b> unt of your SEPP annually usin ods to use: □ Joint & Last Survivor	
*Beneficiary's Name:	Dat	e of Birth:
I acknowledge I have consulted with a qualified tax profess Retirement Arrangements (IRAs). I understand I am solely monitoring if a modification of the SEPP under Section 72(I monitor the SEPP. I understand the custodian does not rep distribution penalty and that I am expected to file IRS Form tax exception for this reason.	ional and <i>IRS Publication 590</i> responsible for determining the c) has occurred. Neither the cu port SEPP distributions on IRS	D-B; Distributions from Individual ne amount to distribute and for ustodian nor the plan sponsor will S Form 1099-R as exempt from the early
Distributions allocation instructions:		
Fund:	Amount: \$	or Percentage:%
Fund:	Amount: \$	or Percentage:%
Fund:	Amount: \$	or Percentage:%
Fund:	Amount: \$	or Percentage:%
Fund:	Amount: \$	or Percentage:%
	Total Amount \$	Total 100%
I elect to take periodic distributions on theabout the 15 <sup>th</sup> of the month.	day of the month. If no select	ion is made, withdrawals will run on or
5. Distribution Instructions		
Based on your selected delivery method, a signature guarantee st selected a method that requires a signature guarantee and you did payable to you and mailed to your address of record. Your deliver requesting a change.  A. Distribution by Mail – Checks are generally mailed within tw    Name and address on the account, or    Special Payee below (Signature Guarantee required)    Mail for Deposit – The check will be made payable to the   Qualified Plan, 401(k), TSP or 403(b) Direct Rollover Deposited and mailed to the following address. Please be sure to   OPTION IF YOU ELECTED A DIRECT ROLLOVER TO A QUAL   OTHER PAYMENT INCLUDING MOVING ASSETS TO AN IRACT.  Type of plan receiving IRA assets:   401(k) 403(li)	or not obtain the stamp, your pry method will remain in effect we business days.  The registered IRA account ow Deposit – The check will be made include the applicable account our price of the price o	vayment will be issued as a check is until we receive notice from you when and mailed to the following address. The payable to the receiving custodian unt number. ONLY COMPLETE THIS ON 2. DO NOT USE THIS OPTION FOR ANY
Special Payee Name / Receiving Custodian		
Special Payee Address		
B. Direct-to-Bank Distributions (Signature Guarantee require	d)	
☐ One-Time Distribution - May be sent to your bank electronically method if an election is not made. Choose one:	y using one of two methods.	ACH will be considered the default
☐ Federal Fund Wire – Initiates the next business day. Thi check with the receiving custodian for alternative payme		
☐ Automated Clearing House (ACH) – Initiates within one t	o three business days.	
☐ Periodic Distributions — Periodic distributions will be sent throu must be submitted at least 10 business days prior to the first transfinformation has not been verified prior to the draft, a check will be a	action for the banking information	
Please complete the following section and include banking docum transmitted to your bank account. The registered shareholder(s shareholder(s) is not listed on the bank account, please contains.	) name(s) must appear on t	he bank account. If the registered
If you are requesting a one-time partial distribution or periodic dist be added to the account for future transactions, unless otherwise:		n is provided below, it will automatically
Continued on next page.		

5. Distribution Inst	ructions, continue	d			
B. Direct-to-Bank Dis					
Type of Account:	· · · · · · · · · · · · · · · · · · ·				
	Savings Account – A letter from your bank, on bank letterhead, signed by an officer of the bank, confirming the banking information is required.				
Bank Name		Bank Routing Number		Account Type (Checking or Savings)	
Bank Account Holder's Name	e(s)	Bank Account Number		Bank Telephone Number	
shareholder)		nt (Signature Guarantee requent account. Account Number		unt is not solely in the name of the	
☐ Invest propor	rtionally across all fund	(s) (or) □ Invest in (Fund	I Name):		
☐ Purchase into n	ew non-retirement acc	ount – Attach a completed a	pplication with investme	ent instructions.	
6. Taxes					
withholding rate of 0% beven though you may be withholding procedure in distribution, or if you do estimated tax. You may You understand that you lelect federal incomplete I elect fed	be withheld at the rate pelow or have previous e receiving amounts the may result in excess without have enough feder incur penalties under our below election will recome tax withholding of the work withholding of W-4R Withholding Celeium with with withholding Celeium with withholding Celeium with withholding Celeium with with withholding Celeium wi	ly elected out of withholding, at are not subject to withhold thholding on the payments. I ral income tax withheld from the estimated tax rules if you emain in effect until such time.  O%. Do not withhold federal must be a whole tificate for Nonperiodic Payres.	Tax will be withheld or ding because they are of f you elect to have no for your distribution, you must withholding and estime e as you make a differed income tax from my dister e percent. You may elements which has the <b>Ma</b>	hholding rules, unless you elect a not the gross amount of the payment excluded from gross income. This ederal taxes withheld from your may be responsible for payment of nated tax payments are not sufficient. Entire election with the Custodian.  Stributions.*  In the control of the payment of the payment of the election with the Custodian.  Stributions.*  In the control of the payment of the payment of the election with the Custodian.  Stributions.*  In the gross amount of the payment of the paym	
rate.	_	•		vered outside the United States and its	
State Income Tax With Your state of residence may require state incom regardless of your feder have no income tax on a your state requirements election in writing to the  I elect NOT to have require mandatory  I elect TO have the	will determine your stane tax to be withheld from the tax election. Volunt retirement payments. If you are completing Custodian.  Ye state income tax with y state withholding).	orn payments if federal incon ary states let individuals dete Please consult with a tax ad- this form, your below election wheld from my retirement accurate and the control of the control of the control of the contro	ne taxes are withheld or ermine whether they wa visor or your state's tax on will remain in effect u count distributions (only	ose states with mandatory withholding r may mandate a fixed amount ant state taxes withheld. Some states authority for additional information on until such time as you make a different of for residents of states that do not oution withheld for state income taxes or	

that I am not to rely on any inform confirm, and by signing below, I a has made or is making a recomm	that I need to make my own decisions, with whatevation Virtus Mutual Funds is providing as advice that cknowledge, that none of Virtus Mutual Funds, their endation, or has provided or is providing investment ce in a fiduciary capacity with any decision I may may may be a fiduciary capacity with any decision I may may may be a fiduciary capacity with any decision I may may may be a fiduciary capacity with any decision I may may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision I may may be a fiduciary capacity with any decision of the fiduciary capacity with a fi	at is a primary basis for my decisions. I expressly distributor, their transfer agent, and their affiliates, tadvice of any kind whatsoever (whether impartial
that the Custodian, the Virtus Mut to me, and that all decisions regal distribute funds from my account without further investigation or inq election(s) and agree that the Cus	ual Funds, or any employee, officer, trustee or agen	The Custodian is hereby authorized and directed to lusively rely on this certification and authorization erse consequences which may arise from the officers, trustees and agents shall in no way be
Print Name	Signature	Date
8. Signature Guarantee		
account (not currently maintained and/or mailed to an address not p	ed for one-time distributions that meet the following on the account), the redemption check is to be madesently on our records, the distribution exceeds \$5 reholder is signing using an electronic signature.	de payable to someone other than the shareholder
An SVP (Signature Validation P	ogram) Stamp is required for the following circums	stances: Withdrawals under a Systematic

Withdrawal Plan are to be sent to a bank account, mailed in check form to a special payee, if the funds are to be exchange to an account not solely registered to the shareholder or if the shareholder is signing using an electronic signature. In the event your bank or

Place Stamp Here

financial institution does not participate in the SVP Stamp program, we will accept a Medallion Guarantee.

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

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.

7. Authorizing Signature

An SVP (Signature Verification 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.

Notarization from a Notary Public is not acceptable.

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

### Substitute W-4R 2024 - Withholding Certificate for Nonperiodic Payments - For use with IRAs ONLY

Where instructed to provide your withholding election on "line 2" use the space provided on the attached form under "Federal Income Withholding Election."

### 2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See below for more information on how to use this table.

Single or Married	filing Separately	Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%
*If married filing separately, use \$380,200 instead for this 37% rate.					

General Instructions: Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering "-0-" on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including "-0-") on any payments to be delivered outside the United States and its territories .

**Note**: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

#### **Specific Instructions**

**Line 2 - More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables above to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions,

and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

**Example 2.** You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700 is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18.050 that is in the lower bracket). Multiply \$1,950 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.