

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

UGMA/UTMA Account Transfer Form

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

## Important Information

This form can only be used to transfer assets from an account registered under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA) to an individual account in the name of the former minor beneficiary once the former minor has reached the age of majority for the state in which the account is registered. If a different registration type is desired, or if a redemption is being requested, please complete our Non-Retirement Account Transfer/Redemption Form, which can be obtained by calling a representative at the number above, or downloaded from our website, Virtus.com.

| 4 Evicting Associat Information  |                              |                                       |                 |                       |  |  |
|--|------------------------------|---------------------------------------|-----------------|-----------------------|--|--|
| 1. Existing Account Information Custodian and Former Minor's Names   |                              | Former Minor's U.S. Social Security I | Number          |                       |  |  |
|  |                              | •                                     |                 |                       |  |  |
| Address  |                              | Former Minor's Date of Birth          |                 |                       |  |  |
| Address  |                              | Former Million's Date of Birtin       |                 |                       |  |  |
|  |                              |                                       |                 |                       |  |  |
| City, State, ZIP Code  |                              | Account Number(s)*                    |                 |                       |  |  |
|  |                              |                                       |                 |                       |  |  |
|  |                              | * All funds associated with the       | account numb    | er will be processed. |  |  |
| 2. New Account Information – Must be complete  | ted in full for all reques   | ts.                                   |                 |                       |  |  |
| IMPORTANT INFORMATION ABOUT PROCEDUR   |                              |                                       |                 |                       |  |  |
| • Cost Basis Reporting: Virtus Mutual Funds has elected Average Cost as our default method. We will apply our default method Average   |                              |                                       |                 |                       |  |  |
| Cost to all of the new funds and accounts, unless a <b>Cost Basis Election Form</b> , which is available on our website <u>www.Virtus.com</u> , is   |                              |                                       |                 |                       |  |  |
| submitted with this form. Due to the tax and financial consequences associated with this election, we recommend that you review the information available on the IRS website, <u>www.irs.gov</u> and/or consult a tax or financial professional for guidance.                                      |                              |                                       |                 |                       |  |  |
| Options: The dividend and capital gain options will automatically be reinvested and the Telephone Redemption/Exchange Option will  |                              |                                       |                 |                       |  |  |
| automatically be added for the new owner and, if applicable, the financial professional, unless the new owner notifies us otherwise. If the  |                              |                                       |                 |                       |  |  |
| current account has the eDelivery option, and the new account will have the same primary Social Security or tax identification number as the current account, the eDelivery option will be carried over to the new account. <b>No additional options will be maintained on the new</b>             |                              |                                       |                 |                       |  |  |
| <b>account.</b> If any options are to be established, the owner of the new account will need to complete the appropriate form or contact us.   |                              |                                       |                 |                       |  |  |
| <ul> <li>Investment Selection: Unless otherwise specified,</li> </ul>  |                              |                                       |                 |                       |  |  |
| investment selection, please attach a brief note pr<br>the new investment(s) must be in the same share   |                              |                                       |                 |                       |  |  |
| exchange of shares, may be considered a taxa   |                              |                                       |                 |                       |  |  |
| any questions.   | •                            | -                                     | -               |                       |  |  |
| To help the government fight the funding of terrorism a  |                              | vities, Federal Law requires all fin  | ancial institut | ions to obtain,       |  |  |
| verify and record information that identifies each persor  | n who opens an account.      |                                       |                 |                       |  |  |
| What this means for you: When you open an account,   |                              |                                       |                 |                       |  |  |
| identify you. We may check the information you provide against publicly available databases, information obtained from consumer reporting agencies, other financial institutions or other services. If reasonable efforts to verify your identity have failed, we reserve the right to reject this |                              |                                       |                 |                       |  |  |
| form. Bolded fields must be completed and will be  |                              |                                       |                 |                       |  |  |
| Otan A. Managara and Maritima Andreas  |                              |                                       |                 |                       |  |  |
| Step 1 – Name and Mailing Address  |                              |                                       |                 |                       |  |  |
|  |                              |                                       |                 |                       |  |  |
| Name of Taxable Individual (Former Minor)  |                              | Social Security Number                | Date of         | Birth                 |  |  |
| If the mailing address is a post office box, a street addr   | ess is also required. APC    | and FPO addresses will be acce        | pted.           |                       |  |  |
|  |                              |                                       |                 |                       |  |  |
| Email Address  |                              | Daytime Phone Number                  |                 |                       |  |  |
|  |                              | ,                                     |                 |                       |  |  |
| Street Address   | City                         |                                       | Ctata           | 7ID Code              |  |  |
| Street Address   | City                         |                                       | State           | ZIP Code              |  |  |
|  |                              |                                       |                 |                       |  |  |
| Mailing Address (if different from above)  | City                         |                                       | State           | ZIP Code              |  |  |
| Ston 2 Documentony Fridance  |                              |                                       |                 |                       |  |  |
| Step 2 – Documentary Evidence  Documentary evidence showing the minor has reached  | I the age of majority for th | e state in which the account is red   | nistered must   | he submitted          |  |  |
| Please check off and include a clear copy of one of the  |                              |                                       | ,               | 20 oubilittou.        |  |  |
| ☐ Copy of Birth Certificate  | -                            |                                       |                 |                       |  |  |
| ☐ Copy of Britin Certificate   |                              |                                       |                 |                       |  |  |
| ☐ Copy of Social Security Benefit Statement; or  |                              |                                       |                 |                       |  |  |
| ☐ Copy of Passport or other Government ID  |                              |                                       |                 |                       |  |  |

| 3. Dealer (Financial Professional) Information  | 1  |  |
|---|--|--|
|   |  | roker/dealer information to:   |
| Dealer Name   |  | Dealer Number  |
| Branch Address  |  | Branch Number  |
| Registered Representative Name Phone  |  | Representative Number  |
| If no election is made above or you elect not to ma<br>broker/dealer will be assigned to the new account.   |  | on, VP Distributors, LLC, Virtus's default   |
| 4. Authorizing Signature, New Account Acce  | ptance and Certification   |  |
| This section must be signed by the owner of the   | e new account (the former minor).  |  |
| held liable for any loss, liability, cost or expense for act and its agents to act upon instructions (by phone, in w procedures described in the prospectus for this account and the Transfer Agent will be liable for any loss employs reasonable procedures to confirm that instruction by an unauthorized third party that the Transfer Agent legal capacity to receive and purchase shares and affiobtain and read the prospectus for any Virtus Mutual Facknowledge and agree that any financial professional primary Social Security Number or Tax Identification N with respect to my/our account(s) in all respects, includes.  In addition to the above statements, my signature the terms stated. In addition, by signing below, I a Fund shares. | riting, on-line or by other means) believed to be not or any account into which exchanges are mage, cost or expense for acting on such instruction stions communicated are genuine. I understand reasonably believes to be genuine. I certify the rm that I have read and understand the prospe Fund(s) into which I may request an exchange it assigned to my/our account(s) (including any lumber) will be for the period assigned to such ding without limitation initiating contact specificates below indicates that I have read the Fund present and successions.  | e genuine and in accordance with the ade. I agree that neither Virtus Mutual as, provided that the Transfer Agent d that I bear the risk from instructions given at I have full right, power, authority and ctus and agree to its terms. I agree to in the future. By signing below, I new account(s) established under the same account(s) authorized to act on my behalf ally for the purposes of unclaimed property |
| Texas State Residents may designate a "representativof Texas Comptroller's website. The designee has no be mailed to one of the addresses listed on the first page.   | rights to claim or access the shareholder's acc  |  |
| <b><u>EU Residents or Citizens Only:</u></b> By checking the box terms of the Privacy Policy applicable to shareholders   |  |  |
| I am not subject to backup withholding b     a. I am exempt from backup withholdi     b. I have not been notified by the IRS dividends, or     c. the IRS has notified me that I am n     I am a U.S. person (including a U.S. res indicating that I am exempt from FATCA)  | orrect taxpayer identification number; and because: ng, or that I am subject to backup withholding as a rest or longer subject to backup withholding; and ident alien); and (4) The FATCA code(s) entered reporting is correct. Cross out item 2 above if holding because you have failed to report all integet the appropriate Form W-8 to certify my fore rmation. NOTE REGARDING FORM W-9: The the certification required to avoid backup we attest to transfer the shares to a new account, as of inducing Virtus Mutual Funds, their agents a tual Funds, their agents including Virtus Fund Sis, employees, successors and assigns of each | ed on this form (if any) you have been notified by the IRS that terest and dividends on your tax return. ign status. I understand that I am not a IRS does not require your consent withholding.  so outlined in Section 2 on the previous page. and affiliates to act upon my/our instructions, Services and BNY Mellon Investment , from and against any and all losses,   |
| Print Name  | Signature  | <br>Date   |