



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

1. Important Information

Complete this form to change your current Primary or Contingent Designated Beneficiary(ies). The share percentage must equal 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries. If neither the Primary nor the Contingent Beneficiary box is checked, the beneficiary will be deemed to be a Primary Beneficiary.

2. Participant Information

Shareholder Name U.S. Social Security Number
Street Address Email Address
City, State, ZIP Fund and Account Number
Evening Telephone Number Mobile Telephone Number

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.

3. Participant's Designation

Spousal Provision for Same Sex Couples - In accordance with federal regulations, where an individual is lawfully married to another individual, regardless of sex, both individuals shall be treated as a "spouse" for federal tax purposes.

Per Stirpes Beneficiary Designations - The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

I hereby revoke any previous beneficiary designation.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated).

Primary or Contingent Share Percentage: % Optional: Apply a per stirpes designation

Name: Social Security Number:

Date of Birth: Relationship: Telephone Number:

Address:

Primary or Contingent Share Percentage: % Optional: Apply a per stirpes designation

Name: Social Security Number:

Date of Birth: Relationship: Telephone Number:

Address:

3. Participant's Designation, continued

Primary or Contingent Share Percentage: _____% *Optional:* Apply a per stirpes designation

Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship: _____ Telephone Number: _____

Address: _____

Primary or Contingent Share Percentage: _____% *Optional:* Apply a per stirpes designation

Name: _____ Social Security Number: _____

Date of Birth: _____ Relationship: _____ Telephone Number: _____

Address: _____

Please check here if you have attached a separate sheet with additional primary or contingent beneficiary designations. Include the date and your signature.

4. Authorizing Signature(s)

Spousal Consent – Custodian Disclaimer: The Participant's spouse may have a property interest in the account and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories or other persons or entities associated with the investments in the account, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation in this Beneficiary Designation Form, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted.

By signing below, I acknowledge that I understand that, if I am subject to community property or marital property state requirements, my spouse may be required to consent to any beneficiary I designate who is not my spouse, or who is in addition to my spouse. I also understand that any beneficiary designation I make, other than my spouse, or in addition to my spouse, may not be effective without my spouse's consent. I certify, under penalty of perjury, if I am married, and have not named my spouse as my sole Primary Beneficiary, I have consulted a qualified tax or legal professional about the need to document spousal consent, and about the consequences of not obtaining my spouse's consent.

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.

IMPORTANT: This Beneficiary Designation will be considered recorded and in effect when it is received in good order and having been sent before the participant's death. Any beneficiary designation that does not comply with the custodial guidelines outlined in the Participants Designation section above will be rejected and returned to the participant. The Custodian will not accept beneficiary contingencies that are applied to either Primary or Contingent beneficiary designations. The Custodian, Virtus Mutual Funds and their employees, officers, directors/trustees and agents will not be responsible for any action taken with regard to an inheritance claim paid before a beneficiary designation request is received in good order and recorded to the account. In addition, if naming a trust or an estate as a primary or contingent beneficiary the Custodian will pay the inheritance proceeds directly to the trust or estate but not the underlying beneficiaries of said trust or estate.

By completing this form, I understand and agree that (1) the account(s) and this Beneficiary Designation are governed by the terms and conditions set forth in the applicable documentation relating to Virtus Mutual Funds and the account(s), including without limitation applicable prospectuses and account agreements, and (2) all prior beneficiary designations are revoked.

Note: If you are an active participant in an Employer's 403(b) plan, you should provide your employer with a copy of your beneficiary election.

Print Name _____ Signature _____ Date _____