



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

Use this form to request a Qualified Charitable Distribution ("QCD") from your IRA or beneficiary inherited IRA. Retirement plan participants or their beneficiaries, who have attained the Required Minimum Distribution ("RMD") age, may make tax-free distributions from a Traditional or Roth IRA and donate the amount distributed to an eligible tax-exempt charitable organization.

1. Account Information

Shareholder Name U.S. Social Security Number
Street Address Date of Birth
City, State, ZIP Code Email Address
Daytime Telephone Number Fund and Account 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.

2. Type of Account (excluding SEP or SIMPLE IRAs)

- Traditional / Rollover IRA
Roth IRA
Beneficiary Inherited Traditional IRA
Beneficiary Inherited Roth IRA

3. Distribution Instructions

Attention Shareholders with an Existing Distribution Plan:

Following our receipt of this form in good order, if you have an existing systematic withdrawal plan which still has remaining withdrawal(s) scheduled during the current year, you may request to have the remaining withdrawal(s) deferred.

Defer any remaining systematic withdrawal(s) for the current year. I understand that the systematic withdrawal plan will resume in the next calendar year, and every year thereafter, unless otherwise indicated.

A. Distribution Amount: (Not to exceed the allowable limit of \$100,000)

- Liquidate entire account.
One-Time Partial Distribution of \$
Use my calculated RMD amount. If the calculated amount exceeds the \$100,000 limit, the request will be rejected.

Note: Federal tax withholding is not required from a QCD and will not be withheld from the distribution amount.

B. Distribution Method

- Distribute proportionately across all funds; or
Distribute as indicated below:

Table with 3 columns: Fund, Amount, Percentage. Includes a Total Amount row.

## 4. Payment and Mailing Instructions

We reserve the right to reject requests for more than four charities.

### Charitable Organization (1)

Amount: \_\_\_\_\_ % or the distribution proceeds **or** specific dollar amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Charity Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

Choose one:

- Mail the check to my address currently on file. I will forward the proceeds to the charity.  
 Mail the check directly to the charity.

### Charitable Organization (2)

Amount: \_\_\_\_\_ % or the distribution proceeds **or** specific dollar amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Charity Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

Choose one:

- Mail the check to my address currently on file. I will forward the proceeds to the charity.  
 Mail the check directly to the charity.

### Charitable Organization (3)

Amount: \_\_\_\_\_ % or the distribution proceeds **or** specific dollar amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Charity Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

Choose one:

- Mail the check to my address currently on file. I will forward the proceeds to the charity.  
 Mail the check directly to the charity.

### Charitable Organization (4)

Amount: \_\_\_\_\_ % or the distribution proceeds **or** specific dollar amount of \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Charity Attention

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

Choose one:

- Mail the check to my address currently on file. I will forward the proceeds to the charity.  
 Mail the check directly to the charity.

## 5. Authorizing 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.

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Print Name

Signature

Date

## 6. Medallion Guarantee - Required

**The signature in Section 5 must be Medallion Guaranteed.**

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.

**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**

