



Virtus Mutual Funds  
 PO Box 9874  
 Providence RI 02940-8074

**Qualified Charitable  
 Distribution Request Form**

**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 age 70½ or older, may make tax-free distributions from a Traditional or Roth IRA and donate the amount distributed to an eligible tax-exempt charitable organization. The total of all QCDs for a single tax year cannot exceed \$100,000. The QCD amount can be used toward satisfying your Required Minimum Distribution ("RMD") for the tax year. The QCD will be reported to the IRS on Form 1099-R as a normal distribution (Code 7) based on your age. You must document the tax-free qualification to the Internal Revenue Service "IRS" on your Federal income tax return (Form 1040). Please visit the IRS web site [www.irs.gov](http://www.irs.gov), or contact a professional tax advisor for more information.

**1. Account Information - You must be at least 70 ½ years old to request a Qualified Charitable Distribution.**

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

**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. If you do not request to have the withdrawal(s) deferred, they will continue to run as originally scheduled. Virtus Mutual Funds will not be responsible for making any account adjustments if proper notification regarding the deferment of withdrawals was not received.

- 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, your 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 proportionally across all funds, (or)
- Distribute as indicated below:

Fund: _____	Amount: \$ _____	or Percentage: _____ %
Fund: _____	Amount: \$ _____	or Percentage: _____ %
Fund: _____	Amount: \$ _____	or Percentage: _____ %
Fund: _____	Amount: \$ _____	or Percentage: _____ %
Fund: _____	Amount: \$ _____	or Percentage: _____ %
Total Amount \$ _____		Total 100%

#### 4. Payment and Mailing Instructions

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

##### Charitable Organization (1)

Amount: \_\_\_\_\_ % of 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: \_\_\_\_\_ % of 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: \_\_\_\_\_ % of 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: \_\_\_\_\_ % of 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**6. Medallion Guarantee – Required**

Place Medallion Guarantee Stamp Here

**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.***

