

**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**

Name	U.S. Social Security Number	Daytime Telephone Number
Address	Email Address	
City, State, ZIP Code	Fund and Account Number(s)	

**3. Participant's Designation**

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). I understand that, unless I have specified otherwise, if I name multiple Primary Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Primary Beneficiaries. Similarly, unless I have specified otherwise, if no Primary Beneficiary survives me and I have named multiple Contingent Beneficiaries and a beneficiary does not survive me, such interest is terminated and that percentage will be divided proportionately among the remaining Contingent Beneficiaries. If I name a beneficiary that is a Trust, I understand that I must provide certain information concerning the Trust to the Custodian. I understand that I may change my beneficiaries at any time by giving written notice to the Custodian. If I do not designate a beneficiary, or if all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, my estate will become the beneficiary of my IRA.

**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.

The custodian will not accept beneficiary contingencies that are applied to either primary or contingent designations.

**Primary, or** \_\_\_\_\_  
 **Contingent** Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

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

Apply a per-stirpes designation

**Primary, or** \_\_\_\_\_  
 **Contingent** Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Percentage \_\_\_\_\_

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

Apply a per-stirpes designation

Continued on next page.

### 3. Participant's Designation, continued.

<input type="checkbox"/> <b>Primary, or</b>	_____	_____	_____
<input type="checkbox"/> <b>Contingent</b>	Name	Social Security Number	Relationship to Participant
	_____	_____	_____
	Address	Date of Birth	Percentage
	_____	_____	_____
	City	State	ZIP Code
	_____	_____	_____
<input type="checkbox"/>	Apply a per-stirpes designation		
<input type="checkbox"/> <b>Primary, or</b>	_____	_____	_____
<input type="checkbox"/> <b>Contingent</b>	Name	Social Security Number	Relationship to Participant
	_____	_____	_____
	Address	Date of Birth	Percentage
	_____	_____	_____
	City	State	ZIP Code
	_____	_____	_____
<input type="checkbox"/>	Apply a per-stirpes designation		
<input type="checkbox"/>	<b>Please check here if you have attached a separate sheet with additional primary or contingent beneficiary designations. Include the date and your signature.</b>		

### 4. Community Property Disclaimer

**Disclaimer for Community and Marital Property States:** The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, any sponsors, issuers, depositories and other persons or entities associated with the investments and the Custodian specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

**Consent of Owner's Spouse:** Spousal consent is required in community property and marital property states where an IRA Participant wishes to name a beneficiary other than, or in addition to, the spouse. Spouses of Participants who reside in community property or marital property states must sign the consent below.

I hereby consent to and join in the designation of beneficiary above. I give to the Participant any interest I have in the funds deposited in this account.

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

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

### 5. Participant 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.

**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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date