



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

**Transfer on Death (TOD)  
 Registration Request**

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

**1. Provisions**

A Transfer on Death registration allows shareholders to name one or more beneficiaries on a non-fiduciary account while maintaining control of the account during their lifetime. Upon the shareholder's death, the ownership of the account passes to the surviving named beneficiaries.

**Important Note:** If you are married, state laws may restrict your right to designate a beneficiary other than your spouse, restrict the amount of benefit available to a non-spouse beneficiary and may have significant legal or tax consequences. You should review these restrictions carefully and consult with your tax or financial advisor prior to designating a non-spouse beneficiary.

If you wish, you may designate more than one individual/entity as either primary or contingent beneficiary. Please complete the beneficiary information and the percentage of the proceeds to be designated for each person/entity named. Acceptable beneficiaries may be a person or other legal entity such as a trust, or corporation. If there is not sufficient space on this form to list all beneficiary designations, please attach a brief note or add the information to the back of this form, providing the additional beneficiary(ies) name(s), Social Security number(s), relationship to the investor, address(es), date(s) of birth, percentage(s) and type of beneficiary.

- Except as otherwise provided in this form, all amounts payable from the account by reason of death of all account owners:
  1. Shall be paid to the Primary Beneficiary(ies) who survive(s) the account owner (in the indicated ratios).
  2. If no Primary Beneficiary survives the account owner, such amounts will be paid to the Contingent Beneficiary(ies) (in the indicated ratios).
- If a beneficiary is a minor, you must also indicate the name of an adult and the person's legal capacity (e.g., trustee, custodian, guardian) to act for the minor in the designation.
- Percentages must total 100%. If no percentages are indicated, all beneficiaries who survive the account owner will receive equal shares. If there are multiple beneficiaries and the percentages are not evenly divided, the first beneficiary listed would receive the additional fraction necessary to bring the total to 100%. Example: 3 individuals at 1/3 each. The first individual will be listed to receive 33.334% while the remaining two beneficiaries will be listed to receive 33.333% each.

**2. Account Information**

Shareholder Name(s) / Account Registration	U.S. Social Security Number	
Address	Email Address	
City, State, ZIP Code	Fund and Account Number(s) or <input type="checkbox"/> Update all accounts under SSN	
<input type="checkbox"/> 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.	Mobile Telephone Number	Evening Telephone Number

**3. Beneficiary Designation**

<input type="checkbox"/>	<b>Primary, or</b>	Name _____	Social Security Number _____	Relationship _____
<input type="checkbox"/>	<b>Contingent</b>	Address _____	Date of Birth _____	Percentage _____
		City _____	State _____	ZIP Code _____
		<input type="checkbox"/> Apply a per-stirpes designation		
<input type="checkbox"/>	<b>Primary, or</b>	Name _____	Social Security Number _____	Relationship _____
<input type="checkbox"/>	<b>Contingent</b>	Address _____	Date of Birth _____	Percentage _____
		City _____	State _____	ZIP Code _____
		<input type="checkbox"/> Apply a per-stirpes designation		

Continued on next page.

**Beneficiary Designation, continued**

<input type="checkbox"/> <b>Primary, or</b>	_____	_____	_____
<input type="checkbox"/> <b>Contingent</b>	Name	Social Security Number	Relationship
	_____	_____	_____
	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
	_____	_____	_____
	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
	_____	_____	_____
	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
	_____	_____	_____
	Address	Date of Birth	Percentage
	_____	_____	_____
	City	State	ZIP Code
	_____	_____	_____
	<input type="checkbox"/> Apply a per-stirpes designation		

**4. Authorizing Signature(s)**

**All account owners must sign this form.** I/We designate the individual(s) named on the previous page as the beneficiary(ies) of the accounts referenced in Section 1. I/We revoke all prior beneficiary designations, if any, made by me/us for these assets. I/We understand that I/we may change or add beneficiaries at any time with written notice to the Fund or its agent. If no beneficiary survives the last surviving account owner and no Lineal Descendants Per Stirpes (LDPS) designation has been made, the account will be treated as part of the estate of the account owner.

The beneficiary designation shall be valid when dated and signed by me/us and approved by the Fund or its agent as being in good order prior to my/our death. If so approved, it will take effect as of the approval date. Virtus Mutual Funds and their agents will not be responsible for any payment made or action taken before the request is received and approved.

By completing this form, I/we agree to the terms herein and understand that all prior designations are revoked.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date