



Virtus Mutual Funds  
 PO Box 9874  
 Providence, RI 02940-8074

Corporate Authorized Trader  
 (Institutional Clients Only)

For assistance, please contact us at 1-800-243-1574 or visit our website at Virtus.com

**1. Account Information**

Account/Company Name	Fund and Account Number(s)
Account/Company Name	Fund and Account Number(s)
Account/Company Name	Fund and Account Number(s)
Account/Company Name	Fund and Account Number(s)

IMPORTANT: Please list all fund and account numbers to be updated. Only the listed fund and account numbers will be updated.

**2. Authorized Trader Information**

The following levels of access are available for the Authorized Persons:

**Inquiry Only** – Inquiry Only access allows the Authorized Persons to request information by phone as to account status, share balances, to confirm receipt of wire or transaction proceeds or redemptions, verify addresses and other information concerning the Mutual Fund Accounts, but not to effect any change or transactions in the Account(s).

**Inquiry and Transaction** – Inquiry and Transaction access allows the Authorized Persons to:

- Issue instructions via phone or in writing for the purchase, sale, exchange or transfer of shares with respect to the mutual fund account(s) named above. Sale proceeds must be sent to the address or banking instructions on file.
- Make, draw, sign, endorse, negotiate, cash, deliver or make a stop payment on checks drawn on any of the mutual fund account(s) named above.
- Approve updates or changes to the account registration address on file for any of the mutual fund account(s) named above.

**Change Banking Information** – Change Banking Information allows the Authorized Persons to approve updates or changes to the banking information on file for any of the mutual fund account(s) named above.

**Some transactions must be submitted in writing with the signature(s) Medallion Guaranteed. Please contact our office for the necessary requirements.**

The following list of Authorized Persons shall:

- Be added to the existing list of Authorized Persons currently maintained on the account(s); or
- Supersede any existing list of Authorized Persons currently maintained on the account(s)

The undersigned holder of the above-referenced Mutual Fund Account(s) hereby confirms that it has granted and delegated the following powers to the persons named below (the "Authorized Persons") to act, singularly and without restriction as to dollar or share amounts unless indicated below, with respect to such Mutual Fund Account(s) on behalf of and in the name of the undersigned.

Authorized Person		Title and Signature of Authorized	
Inquiry Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Inquiry & Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No	Change Banking Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Dollar Amount \$
Authorized Person		Title and Signature of Authorized	
Inquiry Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Inquiry & Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No	Change Banking Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Dollar Amount \$
Authorized Person		Title and Signature of Authorized	
Inquiry Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Inquiry & Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No	Change Banking Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Dollar Amount \$
Authorized Person		Title and Signature of Authorized	
Inquiry Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Inquiry & Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No	Change Banking Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Dollar Amount \$
Authorized Person		Title and Signature of Authorized	
Inquiry Only <input type="checkbox"/> Yes <input type="checkbox"/> No	Inquiry & Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No	Change Banking Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Dollar Amount \$

### 3. Authorizing Signature & Certification

The authorization outlined in Section 2 is a continuing one and shall remain in full force and effect until revoked by the undersigned by a written noticed addressed to VP Distributors, LLC and delivered to its main office. Such revocation will become effective as soon as VP Distributors, LLC has had reasonable amount of time to act upon it. The revocation shall not affect any liability in any way resulting from transactions initiated prior to VP Distributors, LLC acting on such instructions.

VP Distributors, LLC shall be entitled to rely on any written or oral instructions received by which it reasonably believes to be in accordance with the foregoing authorizations. The undersigned hereby agrees to indemnify and hold VP Distributors, LLC and VP Distributors' affiliates, directors, employees, successors and assigns, harmless from and against any losses, claims, liabilities and expenses arising or resulting from any action taken in reasonable reliance upon instructions, either oral or written, from persons reasonably believed by VP Distributors, LLC to have originated from Authorized Persons with respect to the Mutual Fund Account(s). The undersigned further agrees that VP Distributors, LLC has no duty to monitor or supervise any acts of any Authorized Persons and hereby ratified and confirms any and all transactions and dealings effected in or for the Mutual Fund Account(s) by them. The provisions of this paragraph are continuing and shall survive in perpetuity notwithstanding the termination of any Authorized Person's authority or the termination or redemption of the Mutual Fund Account(s).

Signature and Address of Authorized Signer:

_____	_____	_____
Print Name	Signature/Capacity	Date
_____	_____	_____
Address	City, State, ZIP Code	Daytime Telephone Number

**A currently certified copy of the Corporate Resolution must accompany this form.** *The document must be in full force and effect and the certification must be dated within 60 days of our receipt. The document must be certified by an officer or a majority of the board other than the individual(s) signing this form and must bear an original corporate stamp or seal.*