



Virtus Mutual Funds  
PO Box 9874  
Providence RI 02940-8074

**Affidavit of Domicile**

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

**1. Account Information**

Shareholder Name/Registration

U.S. Social Security Number

Fund and Account Number(s)

**2. Affidavit of Domicile**

TO BE COMPLETED BY THE EXECUTOR, ADMINISTRATOR, SURVIVOR AND/OR HEIR

STATE/Commonwealth of \_\_\_\_\_ )

SS:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes

and says that (he-she) resides at \_\_\_\_\_,

(State-Commonwealth) of \_\_\_\_\_, and is the (executor-administrator-survivor-heir)

of the estate of \_\_\_\_\_ deceased,

who died on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; that at the time of (his-her) death

the domicile (legal residence) of said decedent was at \_\_\_\_\_;

County of \_\_\_\_\_, (State-Commonwealth) of \_\_\_\_\_,

for \_\_\_\_\_ years prior to death, and was not a resident of any other State or Commonwealth (other than that of his/her domicile) within the United States of America, at the time of death.

This affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of, or owned by, said decedent at the time of his/her death.

\_\_\_\_\_  
EXECUTOR / ADMINISTRATOR / SURVIVOR / HEIR

(Notary Seal)

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission Expires \_\_\_\_\_