

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

Systematic Exchange Application

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

## 1. Important Information

- If you are under the age of 59 ½ and are making an exchange from an IRA account to a non-IRA account, along with regular tax liability, you may be subject to a premature distribution penalty.
- Exchanges from a non-retirement account to an IRA account will be treated as current year contributions.
- Exchanges between IRA accounts will be treated as a Transfer of Assets for tax reporting purposes.
- You may exchange shares of one fund for the same class of shares of another Virtus Mutual Fund (e.g., Class A Shares for Class A Shares). Class C Shares are also exchangeable for Class C1 Shares of those Virtus Mutual Funds offering them.
- The "From" account must have a minimum balance at the time the Exchange Option is established. The minimum account balances are as follows:

- Regular account \$5,000 - IRA or 403(b) account \$2,000

Shareholder Name			U.S. Social	U.S. Social Security Number				
Address				Email Address				
City, State, ZIP Code				Fund and Account Number(s)				
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. Exchange Information								
□ Exchange a Dollar Amount								
Amount of Exchange:								
\$	Day of the month for exchanges(\$100 minimum) (If no selection is made, exchanges will occur on or about the 10 <sup>th</sup> of to month.)				ccur on or about the 10 <sup>th</sup> of the			
Frequency of exchan								
☐ Monthly	□ Quarterly □	Semi-Annually	☐ Annually	Beginning		(month/year)		
OR								
☐ Exchange Distributions								
Type of Distribution				<b>5</b>				
□ Dividends	□ Capital Gains □	Dividends <i>and</i> Cap	ital Gains	Beginning		(month/year)		
4. Receiving Acco	ount Information -	\$100.00 minimum ap	plies to each re	ceiving accour	nt.			
Dollar Amount	Fund Number			t Number		Shareholder Name		
\$								
\$								
\$								
\$								
\$								
\$								
\$								
\$								
Ψ								

5. Authorizing Signature(s) - All shareholder(s) liste	ed in the "From" account req	gistration must sign below.					
No information provided by the Virtus Mutual Funds shall be considered to be or is advice on which I/we may rely as the primary basis for my/our investment decisions. I/We agree that I/we need to make my/our own decisions, with whatever third-party advice I/we wish to obtain, and I/we agree that I/we are not to rely on any information Virtus Mutual Funds is providing as advice that is a primary basis for my/our decisions. I/We expressly confirm, and by signing below, I/we 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/we may make to invest or otherwise proceed with Virtus Mutual Funds.							
For the purpose of inducing Virtus Mutual Funds, their agents and affiliates to act upon my/our instructions, I/we agree to fully indemnify and hold harmless Virtus Mutual Funds, their agents including Virtus Fund Services and BNY Mellon Investment Servicing (US) Inc., and the affiliates, officers, directors, employees, successors and assigns of each, from and against any and all losses, liabilities, claims and costs of whatever kind (including reasonable attorneys' fees) resulting from or caused by transactions made in accordance with these instructions.							
I/We affirm that I/we have obtained a current prospectus for the series, portfolio or fund into which shares are being exchanged. I/We have read the prospectus and agree to its terms.							
Print Name	Signature		Date				
Print Name	Signature		Date				
6. Signature Guarantee							
A signature guarantee is required if the registration receiving accounts are not identical.	n of the "From" and	Place Stamp	<u>Here</u>				
If required, the signature(s) in Section 5 must be g Stamp. An SVP (Signature Validation Program) Stam from eligible members of the Medallion Guarantee Probanks, Broker/Dealers, credit unions, national securities registered securities associations, clearing agencies a associations.							
*In the event your bank or financial institution does not SVP Stamp program, we will accept a Medallion Guara							
Notarization from a Notary Public is not a							
Please contact your financial institution in advance supporting documentation requirements							

Circular 230 Notice: The information contained in this communication (including any attachments) is not intended to (and cannot) be used by anyone to avoid penalties under the Internal Revenue Code. This communication supports the promotion and marketing of the products or matters discussed. Individuals should seek independent tax advice based on their own circumstances.