

Virtus Mutual Funds PO Box 534470 Pittsburgh PA 15253-4470

Add a Trusted Contact

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

Important Information

Use this form to add a Trusted Contact to your Virtus Funds account(s). To designate a Trusted Contact person, please complete and sign this form, have your signature notarized, and mail to the address listed at the top of this form. Adding a Trusted Contact provides us with a resource to contact on your behalf, if necessary. A Trusted Contact is someone you allow us, our agents, and/or your financial advisor to contact and disclose information to about your account in the event that we suspect financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by applicable rules.

- Naming a Trusted Contact is optional.
- The Trusted Contact must be at least 18 years old.
- > The Trusted Contact will not be able to execute transactions or inquire about account activity.
- ➤ We suggest that your Trusted Contact not be already authorized to transact business on your account(s) or already able to receive information about your account(s)—e.g., financial consultant, financial advisor, or by virtue of Power of Attorney or View Only authority.
- For accounts with multiple account holders, trustees, or agents, please fill out a separate Trusted Contact form for each account holder, trustee or agent.
- Only you as the account holder has the ability to add, update, or remove a Trusted Contact for your account(s).

1. Account Holder Information	
Account Holder Name	U.S. Social Security Number
Address	Email Address
City, State, ZIP Code	Fund and Account Number(s)
Mobile Telephone Number	Evening/Alternate Number
	Virtus Mutual Funds to replace any conflicting information and/or add any missing information to , email address and telephone numbers provided in this section.
2. Trusted Contact Person	
	ided on this form will replace all Trusted Contact information currently on file. f contact for the Trusted Contact listed.
Trusted Contact Name	Relationship to Account Holder
Address	Email Address
City, State, ZIP Code	Mobile/Alternate Number

3. Account Holder / Trustee / Agent Authorization Agreement and Signature

I understand that there is no requirement that Virtus Funds reach out to my Trusted Contact and that I may withdraw this Authorization at any time by notifying Virtus Funds via phone or in writing at the address shown on my account statement. By signing below, I agree on behalf of myself and my heirs to indemnify and hold Virtus Funds, their transfer agent and sub-transfer agent, and the predecessors, successors, officers, directors, trustees, employees, agents, representatives, parents, affiliates, assigns, and attorneys of each harmless from and against any and all claims, judgments, taxes, fines, penalties, damages, liabilities, costs, and expenses (including but not limited to attorneys' fees and expert witness fees) incurred by them as a result of any claim, judgment, or proceeding arising out of or relating to Virtus Funds or their representatives contacting, or failing to contact, my Trusted Contact identified in this form.

I understand that Virtus Funds, their transfer agent, or my financial advisor may contact the Trusted Contact and disclose information about my account to address possible financial exploitation; to confirm the specifics of my current contact information or health status or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by FINRA rules.

I understand that if financial advisor is linked to my account(s), then my Trusted Contact information will be made available to the financial advisor, and Virtus Funds may notify the financial advisor of our interactions with the Trusted Contact. I agree that Virtus Funds and its agents will not be responsible for, and cannot monitor, the financial advisor's use of the Trusted Contact information.

I understand that Virtus Funds and their agents may continue to treat this designation of my Trusted Contact as valid until either I notify Virtus Funds of its withdrawal as described above or they become aware that I have died.

Print Name	Signature	Date
4. Notarization – Tr	ne signature in Section 3 must be not	tarized
On thisbefore me, personally	day ofappeared:	, 20
	be the person whose name is subscribed to be the purposes therein contained.	known to me o to within this instrument and acknowledges the he
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