



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

**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)	
<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

**2. Trusted Contact Person**

The Trusted Contact information provided on this form will replace all Trusted Contact information currently on file. Please provide at least one method of contact for the Trusted Contact listed.

_____	_____	_____
Name	Relationship to Account Holder	Mobile Telephone Number
_____	_____	_____
Address		Evening Telephone Number
_____	_____	_____
City, State, ZIP code		Email Address

**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 – The signature in Section 4 must be notarized.**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ before me, personally appeared

\_\_\_\_\_ known to me or satisfactorily proved to be the person whose name is subscribed to within this instrument and acknowledges the he or she executed the same for the purposes therein contained.

\_\_\_\_\_

NOTARY PUBLIC (affix Notarial Seal)

My Commission Expires: \_\_\_\_\_