



Account Options Form

Regular Mail: Virtus Mutual Funds
 c/o U.S. Bancorp Fund Services, LLC
 PO Box 701
 Milwaukee, WI 53201-0701

Overnight Delivery: Virtus Mutual Funds
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan St., FL3
 Milwaukee, WI 53202-5207

For additional information please call toll-free 1-800-343-8959 or visit our website at Virtus.com.

IMPORTANT: This form is used to make changes to your existing account(s). Please read the Fund's prospectus for complete information about requirements and procedures for account options. Some options on this form may not be permitted for your account.

Account Information | If address for Joint Owner(s)/Trustee(s)/Authorized Signer(s) is identical, please write "Same".

If this box is checked, I/we give Virtus Mutual Funds authorization to update the address of record to the address listed on this form under Owner Name if it is different than the Fund's records. A signature of all account owners must be included in Section 7 in order for this change to be valid.

<i>OWNER NAME / TRUST / CORPORATION / OTHER ENTITY</i>	<i>SOCIAL SECURITY / TAX ID NUMBER</i>	<i>PHONE NUMBER</i>

<i>STREET ADDRESS</i>	<i>CITY / STATE / ZIP</i>

<i>JOINT OWNER NAME / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER</i>	<i>SOCIAL SECURITY / TAX ID NUMBER</i>	<i>PHONE NUMBER</i>

<i>STREET ADDRESS</i>	<i>CITY / STATE / ZIP</i>

<i>JOINT OWNER NAME / CO-TRUSTEE / AUTHORIZED SIGNER</i>	<i>SOCIAL SECURITY / TAX ID NUMBER</i>	<i>PHONE NUMBER</i>

<i>STREET ADDRESS</i>	<i>CITY / STATE / ZIP</i>

<i>JOINT OWNER NAME / CO-TRUSTEE / AUTHORIZED SIGNER</i>	<i>SOCIAL SECURITY / TAX ID NUMBER</i>	<i>PHONE NUMBER</i>

<i>STREET ADDRESS</i>	<i>CITY / STATE / ZIP</i>

Please indicate account(s) that require change:

<i>FUND NAME</i>	<i>FUND NUMBER</i>	<i>ACCOUNT NUMBER</i>

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<i>FUND NAME</i>	<i>FUND NUMBER</i>	<i>ACCOUNT NUMBER</i>

1 Type of Change | Check all that apply

- Telephone Options** - complete Sections 2, 3 (if applicable) & 6
- Bank Information** - complete Sections 3 & 6
- Capital Gains & Dividend Options** - complete Sections 3 (if applicable) & 4
- Systematic Options** - complete Sections 3 (if applicable), 5 & 6

2 Telephone Options | Check option(s) to establish

Please complete Section 3 for purchase or redemption via a bank checking or savings account if bank information has not already been established.

Telephone Purchase *via ACH

Telephone Exchange

Telephone Redemption *By: Wire** ACH Check to Address of Record

*A signature guarantee stamp may be required to establish options per the Fund's prospectus.

**Refer to your Fund's prospectus for information relating to fees for proceeds sent by federal wire.

3 Bank Information* | Check appropriate action

Add Bank Information (attach voided check)

Change or Remove Existing Bank Information (attach voided check)

My existing bank information is no longer valid as of _____.

Note: Your bank information will be removed if no date is specified.

Please attach an original voided check or pre-printed deposit slip. Checking Savings

(We are unable to draft or credit your account via ACH if it is a mutual fund or pass-through ("further credit to") account.

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____

*Adding or changing bank information may require a signature guarantee per the Fund's prospectus.

4 Capital Gains & Dividend Options

Cash distribution should be paid by (select one):

Check to Address of Record ACH to Bank of Record*

		Capital Gains		Dividends	
		Reinvest	Cash*	Reinvest	Cash*
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>FUND NUMBER</small>	<small>ACCOUNT NUMBER</small>				

*If you choose the option to have distributions sent via ACH to bank of record, please confirm whether you currently have valid bank information on record. If adding or changing bank information, please complete Section 3 and attach an original voided check.

5 Systematic Options | Automatic Investment Plan (AIP)

A Add New AIP

Please allow at least 15 days after receipt of this form before your AIP will be effective.

*Please see your Fund's prospectus for requirements on automatic investment plans for details on balance requirements, purchase minimums and frequency. If the AIP cannot be made due to insufficient funds or stop payment, a \$25 fee will be assessed on your account. The AIP will then be terminated after two such consecutive occurrences.

<input type="text"/>	Purchase with: Bank Account	<input type="text"/>
<small>FUND & ACCOUNT NUMBER</small>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<small>AIP START DATE (MONTH/YEAR)</small>	<small>DAY(S) OF THE MONTH</small>	<small>DOLLAR AMOUNT (\$100 MINIMUM PER FUND)</small>

NOTE: The AIP will be purchased on the date requested or first business day after.

Frequency (check one) Monthly Quarterly Semi-Annually Annually

B Update Existing AIP

Note: This form must be received at least 5 days prior to the effective date of the next transaction in order to change or terminate your transaction.

If you are changing your bank information please indicate the last date you would like your current AIP to run:

Stop Immediately Specific Date _____ (Note: Your AIP will be stopped if no date is specified)

<input type="text"/>	Purchase with: Bank Account	<input type="text"/>
<small>FUND & ACCOUNT NUMBER</small>		
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<small>AIP START DATE (MONTH/YEAR)</small>	<small>DAY(S) OF THE MONTH</small>	<small>DOLLAR AMOUNT (\$100 MINIMUM PER FUND)</small>

Frequency (check one) Monthly Quarterly Semi-Annually Annually

NOTE: The AIP will be purchased on the date requested or first business day after.

6 Systematic Options | Systematic Withdrawal Plan (SWP)

<input type="text"/>	NOTE: The SWP will be withdrawn on the date requested or the first business day after.
<small>FUND & ACCOUNT NUMBER</small>	

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<small>SWP START DATE (MONTH/YEAR)</small>	<small>DAY(S) OF THE MONTH</small>	<small>DOLLAR AMOUNT</small>

Frequency (check one) Monthly Quarterly Semi-Annually Annually

Send proceeds by (check one) Check OR ACH to: (check one) Existing Bank Information New Bank Information** Special Payee**

<input type="text"/>	<input type="text"/>
<small>MAKE CHECK PAYABLE TO</small>	<small>STREET ADDRESS / CITY / STATE / ZIP</small>

<input type="text"/>	NOTE: The SWP will be withdrawn on the date requested or the first business day after.
<small>FUND & ACCOUNT NUMBER</small>	

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<small>SWP START DATE (MONTH/YEAR)</small>	<small>DAY(S) OF THE MONTH</small>	<small>DOLLAR AMOUNT</small>

Frequency (check one) Monthly Quarterly Semi-Annually Annually

Send proceeds by (check one) Check OR ACH to: (check one) Existing Bank Information New Bank Information** Special Payee**

<input type="text"/>	<input type="text"/>
<small>MAKE CHECK PAYABLE TO</small>	<small>STREET ADDRESS / CITY / STATE / ZIP</small>

*Please see the Fund's prospectus for requirements on systematic withdrawal plans for details on balance requirements, minimum withdrawal amounts and frequency.

**Requesting proceeds to a new checking or savings account will require a signature guarantee stamp. If we do not have bank information on record, please complete Section 3 of this form. Establishing a Special Payee will require a signature guarantee stamp.

7 Signature(s)

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.

I/We authorize Virtus Fund Services to debit and/or credit my bank account for purchases and redemptions of shares of the fund specified. I/We agree that Virtus Fund Services is purchasing and redeeming such shares voluntarily at my/our request and shall not be held liable from any loss, liability, cost or expense arising from any delay in processing or failure to process such purchases and/or redemptions. I/We understand that this service does not constitute an offer to sell shares of any fund. I/We have verified that my bank is a member of the Automated Clearing House (ACH).

If I/we change banks, I/we agree to notify Virtus Fund Services promptly in writing. I/We agree to give adequate notice (normally 15 days) to terminate this service. I/We understand that if a transaction cannot be made due to insufficient funds or share balance for two drafts, or because either account has been closed, this service will be cancelled by Virtus Fund Services, and I/we agree to promptly return any amount overpaid to me from a redemption of shares purchased with that payment. I/We understand that any of the features and privileges described herein may be modified, suspended, or cancelled by Virtus Fund Services at any time without notice and that all services described herein are subject to terms of the applicable fund prospectus, which I/we acknowledge I/we have received and read.

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER / TRUSTEE / CUSTODIAN / AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

*If shares are registered in (1) joint names, ALL persons must sign, (2) custodian for a minor, the custodian must sign, (3) a trust, ALL trustee(s) must sign, or (4) a corporation or other entity, an officers(s) must sign.

AUTHORIZED SIGNATURE GUARANTEE STAMP

DATE (MM/DD/YYYY)

If required, signatures must be guaranteed by a bank, savings association, credit union, a member firm of domestic stock exchange or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.**