



Coverdell Education Savings Account Application

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

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

>> In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1 Designated Beneficiary | Account Holder (Minor)

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Check if minor should receive statements.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	

2 Responsible Party

<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME
<input type="text"/>		<input type="text"/>
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	
BIRTHDATE (MM/DD/YYYY)	EMAIL ADDRESS	

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
 - The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
 - The responsible party may not change the beneficiary.

3 Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

Coverdell Education Savings Account (CESA)

For Tax Year _____

Rollover Account – specify the type of rollover:

Account Holder's CESA to Account Holder's CESA

Qualifying Family Member's CESA to Account Holder's CESA

Transfer Account – a direct transfer from current CESA custodian.

4 Investment Choices – Class A Shares

By check: Make check payable to Virtus Mutual Funds

Note: Cashier's checks, starter checks, money orders and third party checks are not accepted.

By wire: Call 800-343-8959

Note: A completed application is required in advance of a wire.

Investment Amount

\$100.00 Minimum

The Merger Fund®

\$

Virtus Westchester Event-Driven Fund

\$

Virtus Westchester Credit Event Fund

\$

5 Automatic Investment Plan (AIP)

Your signed Application must be received at least 15 business days prior to the initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach an original voided check, savings deposit slip or letter from your bank confirming the banking information to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one):

Monthly

Quarterly

Semi-annually

Annually

\$100 minimum per fund

If no option is selected, the frequency will default to monthly.

	Amount per Draw	AIP Start Month	AIP Start Day
<input type="checkbox"/> The Merger Fund®	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Virtus Westchester Event-Driven Fund	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Virtus Westchester Credit Event Fund	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon the redemption of all shares.

6 Telephone and Internet Options

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our Customer Service Department for more information.

You automatically have the ability to make telephone and/or internet purchases*, redemptions* or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts. *You must provide bank instructions and a voided check in Section 8.

This option allows authorized persons and/or shareholders to have funds withdrawn and sent to the designated bank account on file according to the terms of the prospectus. Calls/trades received before the market close (generally 4:00 PM Eastern Time for the NYSE) will receive that day's closing price. Calls/trades received after the market close will receive the next day's closing price.

Redemption payments made via ACH will be sent within one to three business days and redemption payments through federal fund wire will typically be sent the next business day and may be subject to a fee at your chosen bank as well as the Fund. If there are insufficient funds in an account to meet a redemption order, the transaction will not be processed. Shares must have been owned for at least 10 calendar days before they can be redeemed.

- I do not elect the telephone and/or internet option for me.
- I do not elect the telephone option for my dealer representative.

7 Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, an original voided check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo: _____	Signed: _____
⑆ 1 2 3 4 5 6 7 8 ⑆	⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

8 E-Delivery Options

I would like to:

- Receive prospectuses, annual reports and semi annual reports electronically
- Receive statements electronically
- Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of the prospectus, fund reports, account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting www.virtus.com.

Please note, you must provide your email address in Section 2 to enroll in eDelivery.

9 Beneficiary Information (Due To Death)

If you need more space, please attach a separate sheet of paper.

Primary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

10 Dealer Information

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DEALER NAME

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DEALER'S ID

BRANCH ID

DEALER HEAD OFFICE INFORMATION:

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ADDRESS

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CITY / STATE / ZIP

--

TELEPHONE NUMBER

--	--	--

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

--

REPRESENTATIVE'S ID

REPRESENTATIVE BRANCH OFFICE INFORMATION:

--	--

ADDRESS

CODE

--

CITY / STATE / ZIP

--

TELEPHONE NUMBER

11 Authorized Signers and Certification Required by the Internal Revenue Service

I certify that, as the Responsible Party, I am of legal age and have the legal capacity to make this purchase. I hereby establish this Coverdell ESA Account for the benefit of the named Designated Beneficiary under the terms and conditions contained in this Coverdell ESA Adoption Agreement and the Coverdell ESA Custodial Agreement (which constitutes a binding agreement). I agree that the Coverdell ESA Account becomes effective only upon written acceptance by the Custodian and that such written acceptance will consist of a confirmation of transaction statement.

I agree that the Custodian may amend (add to, delete from or revise) any term of the Coverdell ESA Custodial Agreement at any time by notice to me and that my sole remedy if I disagree with the amendment is to transfer funds in the Coverdell ESA Account to another custodian. I understand that fees relating to my account may be collected by redeeming sufficient shares. I agree that the Full Agreement is binding on me and on my successors in interest.

Each contribution to the Coverdell ESA Account will be invested in accordance with the written instructions provided with respect to that contribution. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects to treat the contribution as a rollover contribution.

I acknowledge receiving and reading the Disclosure Statement and Custodial Account Agreement for Individual Retirement Accounts & Coverdell Education Savings Accounts. I also acknowledge receiving and reading the current prospectus for each Mutual Fund that is an Eligible Investment that I have designated for investment. The Custodian, upon proper instructions from me, is authorized to exchange units of one Eligible Asset for units of any other Eligible Asset and to purchase units of any Eligible Asset with the proceeds of any redemption.

I acknowledge and consent to the householding (i.e. consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements and other similar documents. I may contact the Fund to revoke my consent.

The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the appropriate section on the application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

I understand that the telephone transaction privileges will apply to my account. If I have telephone transaction privileges, I agree that neither the Custodian, Virtus Mutual Funds, nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting, or refusing to act on instructions given under the telephone transaction privileges that are reasonably believed to be genuine and I accept the risk of loss.

If there is a financial professional and/or dealer assigned to my account, currently or in the future, I hereby authorize the listed individual(s) to act on my behalf with respect to my account in all aspects, including without limitation initiating contact specifically for the purposes of unclaimed property laws.

I acknowledge and understand that no information that the Funds or their agents provide or have provided shall be considered to be or is advice on which I may rely as the primary basis for my investment decisions. I acknowledge and agree that I need to make my own decisions, with whatever third-party advice I wish to obtain, and I am not authorized to rely on any information the Funds or their agents provide or have provided as advice that is a primary basis for my decisions. I acknowledge that the Funds and their agents have expressly confirmed that none of the Funds, their agents nor any of 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, in connection with any decision I may make to invest or otherwise proceed with Virtus Mutual Funds.

I certify under penalties of perjury that the Designated Beneficiary is a U.S. person (including a US resident alien) and that the Social Security Numbers filled in on this Coverdell ESA Adoption Agreement for myself, the Responsible Individual and the Designated Beneficiary are true, correct and complete and that these numbers are the Taxpayer Identification Numbers of the respective individuals. *(Foreign persons must use the appropriate Form W-8.)*

To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts. To comply, the Custodian requires the participant's name, address, date of birth and government-issued identification number (generally, a Social Security Number) and other information that may help the Custodian identify the participant; and the Custodian may ask for copies of related documentation and may consult third-party databases to help verify the identity of the Contributor and the Responsible Individual. I have read and I understand the Disclosure Statement which explains the risks of opening this account if I do not provide all requested identification materials or if my identity cannot be adequately verified in accordance with U.S. Government requirements.

In addition to the above statements, my signature below indicates that I have read the Fund prospectus(es) and this form and agree to the terms stated. In addition, by signing below, I agree to receive the Fund Privacy Notice within a reasonable time after I purchase Fund shares.

EU Residents or Citizens Only: By checking the box at the end of this sentence, I acknowledge that I have received, read and accepted the terms of the Privacy Policy applicable to shareholders who are residents or citizens of the European Union, which is available on Virtus.com.

Participant's Signature (or signature of Responsible Individual)

Date

Please note: If no activity occurs in your account within the time period specified by your state law, the assets in your account may be transferred to the state.

Appointment as Custodian accepted:
U.S. BANK, NA

