

Institutional New Account Application

(Please Print in Black Ink)

For assistance in completing this application, please call your financial professional or a Virtus Mutual Funds (the "Funds") customer service representative at 800-243-1574. For more information about the Funds, including how to obtain a prospectus, call 800-243-4361 or visit **Virtus.com**.

Please complete this application in its entirety (print or type) and fax to 833-782-4117 or mail with your initial investment to one of the following addresses:

Regular Mail Virtus Mutual Funds PO Box 534470 Pittsburgh, PA 15253-4470 Overnight Mail Virtus Mutual Funds Attn: 534470 AIM: 154-0520 500 Ross Street Pittsburgh, PA 15262

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may check the information you provide against publicly available databases, information obtained from consumer reporting agencies, other financial institutions or other services. If reasonable efforts to verify your identity have failed, we reserve the right to close the account and redeem the shares at the net asset value next calculated after the decision is made by us to close the account.

Pursuant to anti-money laundering rules, U.S. financial institutions must perform due diligence, and in some cases enhanced due diligence, with respect to certain correspondent accounts. As such, we may require additional documentation to conduct an assessment for the correspondent account. If we are unable to obtain and verify the information, we reserve the right to close the account at the next calculated net asset value.

1. Initial Investment and Purchase Instructions

Class I Shares

The initial minimum investment for Class I shares is \$100,000. This share class is generally intended for institutional investors. Class I shares are offered primarily to clients of financial intermediaries that (i) charge such clients and ongoing fee for advisory, investment, consulting, or similar services; or (ii) have entered into an agreement with the distributor to offer Class I shares through a no-load network or platform. Class I Shares are also offered to private and institutional clients of, or referred by, the adviser, the subadvisers or their affiliates, and to Trustees of the funds and trustees/directors of affiliated open- and closed-end funds, and directors, officers and employees of Virtus and its affiliates. Please refer to the prospectus and statement of additional information for more details.

Class R6 Shares

Class R6 shares are available to the following investors (provided that they do not require or receive any compensation, administrative payments, sub-transfer agency payments or service payments with respect to Class R6 shares) without a minimum initial investment: (i) qualified retirement plans, including, but not limited to, 401(k) plans, 457 plans, employer sponsored 403(b) plans, defined benefit plans and other accounts or plans whereby Class R6 shares are held on the books of a fund through plan level or omnibus accounts; (ii) banks and trust companies; (iii) insurance companies; (iv) registered investment companies; and (v) non-qualified deferred compensation plans. Other institutional investors may be permitted to purchase Class R6 shares subject to the fund's determination of eligibility and may be subject to a \$2,500,000 minimum initial investment requirement. Please refer to the prospectus and statement of additional information for more details.

Institutional Class

The minimum investment for Institutional Class shares is \$1,000,000. Institutional Class shares are offered to pension and profit sharing plans, employee benefit trusts, endowments, foundations, corporations and other high net worth individuals. For purchases of Institutional Class Shares by Trustees of the Virtus Mutual Funds and directors, officers and employees of Virtus and its affiliates, the minimum initial investment is waived.

If you are eligible to purchase Class I shares, Class R6 shares or Institutional Class because you are a director, officer or employee or Virtus or its affiliates, or you are a Trustee of the funds or trustee/director of affiliated open- and closed-end funds, please visit VirtusNet, call 800-243-1574 or email virtus.customer.service@virtus.com to obtain the appropriate form.

Not insured by FDIC/NCUSIF or any federal government agency. No bank guarantee. Not a deposit. May lose value. Distributed by VP Distributors, LLC, member FINRA and subsidiary of Virtus Investment Partners, Inc.

1. Initial Investment and Purchase Instructions, continued.

Preferred Methods of Payment

- · Wire transfers or drafts from an account in the name of the Investor or the Investor's company or employer.
- Checks drawn on an account in the name of the Investor or the Investor's company or employer.

□ **Federal Funds Wire** (Your bank may charge a fee for this service)-Instruct your bank to transmit your investment by Federal Funds wire to:

Bank Name	Bank of New York Mellon
Routing Number	0110 0123 4
Account Number	733199
For credit to	BNY Mellon Investment Servicing (US), Inc., as Agent FBO Virtus
For the benefit of	Name of Fund – i.e. Virtus Newfleet Core Plus Bond Fund Shareholder Name Shareholder Account Number (Do not include the fund number)

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- Complete application.
- Make check payable to Virtus Mutual Funds
- Mail application and check to one of the addresses listed above.

2. Type of Account - Select only	one type of registration and complete the r	requested information.
Class I Shares & Institutional Class available:	- Generally, for Class I Shares and Instituti	onal Class, the following account types are
☐ Pension Plan	☐ Profit Sharing Plan	☐ Employee Benefit Trust
☐ Endowment	☐ Foundation	☐ C Corporation
☐ S Corporation		
☐ Limited Liability Company	(indicate the U.S. federal income tax class	sification of LLC):
☐ *Other - List type of regis	tration or type of business	
· · · · · · · · · · · · · · · · · · ·	private and institutional client of, or have been re	eferred by, the adviser, the subadvisers or their
R6 Shares - Generally, for R6 Shares	, the following account types are available:	
☐ Pension Plan	☐ Profit Sharing Plan	☐ Employee Benefit Trust
☐ Endowment	☐ Foundation	☐ C Corporation
☐ S Corporation		
☐ Limited Liability Company	(indicate the U.S. federal income tax class	sification of LLC):
☐ Qualified Retirement Plar	n – Specify plan type	
☐ Bank / Trust Company	☐ Insurance Company	☐ Registered Investment Company
☐ Non-Qualified Deferred C	ompensation Plan	
*Other - List type of regis	tration or type of business	

If applicable, a copy of the articles of organization, articles of incorporation or other document confirming the existence of the entity and a copy of the corporate resolution or equivalent document indicating who is authorized to act on the behalf of the entity must be attached. In the case of a trust, a properly executed Certificate of Trust may be submitted. All documentation must be certified within 60 days of our receipt. Please contact our office for the necessary requirements.

^{*}Contact our office prior to submitting the application for possible additional documentation requirements.

2. Type of Account, continued.

- Bolded fields are required to be completed and will be verified.
- If bolded fields in Sections 2 and 3 are not completed, this application will not be accepted.
- Note that all legal entity accounts must also complete Section 4. If not completed, we will be unable to establish the account.

Name of Trust, Corporation	or Other Entity			
U.S. Tax I.D. Number	Date of Trust/Incorporation	Name of Trust Beneficiary (0	Optional)	
Trustee's Name (first, middle	initial, last)	Social Security Number	Date of Birth	(month/date/year)
Trustee's Name (first, middle	initial, last)			
If additional trustees are to be all trustees.	listed, please submit a separate she	eet with the names, addresses, dates	s of birth and Social Se	ecurity numbers of
Check if exempt from verif	ication due to:			
□ Publicly traded cor□ Financial Institutior□ Bank regulated by□ Retirement plan co	n regulated by a federal functional a state regulator	regulator		
3. Account Mailing a	nd Email Addresses			
Street Address (If your mailing address is a P.	O. Box, you must provide your stree	City et address. APO and FPO addresse	State s will be accepted.)	Zip Code
Mailing Address if different from	m above	City	State	Zip Code
Attention Person(s)		Daytime Telephone	Email Address	

4. Certification of Beneficial Owners for Legal Entity Customers

What is this?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this information?

This section must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this application, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This application requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (*i.e.*, the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

4. Certification of Beneficial Owners for Legal Entity Customers, continued.

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section 4(c), below, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section 4(c), you must provide the identifying information of one individual under section 4(d), below. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section 4(d)), and up to five individuals (i.e., one individual under section 4(d) and four 25 percent equity holders under section 4(c)).

If the legal entity information requested on this form is not provided, we will be unable to establish an account. Virtus Mutual Funds may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this application.

Certification of Beneficial Owner(s)				
Persons opening an account on behalf of a legal entity mus	t provide the following information:			
. Name and Title of Natural Person Opening the Account:				
b. Name and Address of Legal Entity for Which the Account is E	Being Opened:			
c. The following information for <u>each</u> individual, if any, who, dire understanding, relationship or otherwise, owns 25 percent or	ectly or indirectly, through any contract, arrangement, more of the equity interests of the legal entity listed above:			
Name	Date of Birth			
Address (Residential or Business Street Address)				
For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance or other similar identification number ¹			
Name	Date of Birth			
Address (Residential or Business Street Address)				
For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance or other similar identification number ¹			
Name	Date of Birth			
Address (Residential or Business Street Address)				
For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance or other similar identification number ¹			
Name	Date of Birth			
Address (Residential or Business Street Address)				
For U.S. Persons: Social Security Number (If no individual meets this definition, please write "Not Applicable")	For Foreign Persons: Passport Number and Country of Issuance or other similar identification number ¹ e".)			

4. Certification of Beneficial Owners for Legal Er	itity Customers, continued.
d. The following information for <u>one</u> individual, with significant r as:	responsibility for managing the legal entity listed above, such
If appropriate, an individual listed under section (c) may also	be listed in section (d).
Name	Date of Birth
Address (Residential or Business Street Address)	
For U.S. Persons: Social Security Number	For Foreign Persons: Passport Number and Country of Issuance or other similar identification number ¹
In lieu of a passport number, foreign persons may also provide a other government-issued document evidencing nationality or resi	
Authorizing Signature for Certification of Beneficial Owners	s for Legal Entity Customers
I, account), hereby certify, to the best of my knowledge, that the in	(name of natural person opening nformation provided on this application is complete and correct.
Signature/Capacity	Date
5. Dealer Information	
Is this investment made through an investment dealer? $\hfill\Box$	Yes No If "Yes", please provide the following information:
NOTE: Accurate completion of this section will expedite dealer of	concession. Please print clearly.
Dealer Name	Dealer Number
Branch - Street Address	Branch Number
Branch - City, State, Zip Code	Branch Telephone Number
Representative Name	Representative Number
Representative E-mail Address	Representative Telephone Number
Representative's Signature	Date (Month/Date/Year)

6. Cost Basis Election

IRS regulations require mutual fund companies to report cost basis on mutual fund purchases made after January 1, 2012 ("covered shares") on accounts that are eligible for 1099-B tax reporting. The Funds have elected Average Cost as our default method. You have the option to choose the same method as our default or you may choose any of the other cost basis reporting methods. This election is good for all future transactions unless you either revoke or change the election.

The average cost method can be revoked, and replaced with another method, up to the time of the first disposition of covered shares. After the first disposition of covered shares has occurred, then a change from the Average Cost method is effective only for the shares acquired after the change was made. Shares acquired prior to the change will retain the previously averaged cost per share for the purpose of calculating the gain or loss at the time of the sale. Note: IRS Regulations do not permit the change of a cost basis election on executed trades.

You may choose one cost basis election method to apply to all Funds under one account number or you may choose a different cost basis election for each Fund held under the account number. If you elect to choose a different cost basis election for each Fund held under the account number, please complete our **Cost Basis Election Form**, which is available on our website www.Virtus.com, and submit with this application. Otherwise, the following election will apply to all Funds that are established under your new account number. Please elect one of the following cost basis methods:

□ Average Cost – Calculates the cost of shares in an account by averaging the cost of all purchases of covered shares. The gain/loss is calculated by taking the cumulative dollar cost of the covered shares owned and dividing it by the number of covered shares in the account.
☐ First In, First Out (FIFO) – Shares acquired first in the account are the first shares depleted.
□ Last In, First Out (LIFO) – Shares acquired last in the account are the first shares depleted.
☐ High Cost In, First Out (HIFO) – Shares acquired with the highest cost per share are the first shares depleted.
□ Low Cost In, First Out (LIFO) – Shares acquired with the lowest cost per share are the first shares depleted.
☐ High Cost Long-Term In, First Out (HILT) – The long-term highest cost shares are the first shares depleted.
☐ High Cost Short-Term In, First Out (HIST) – The short-term highest cost shares are the first shares depleted.
□ Low Cost Long-Term In, First Out (LILT) – The long-term lowest cost shares are the first shares depleted.
□ Low Cost Short-Term In, First Out (LIST) – The short-term lowest cost shares are the first shares depleted.
□ Specific Lot Depletion – This method allows you to specify exactly which shares you are selling at the time of the sale.

Due to the tax and financial consequences associated with this election, we recommend that you review the information available on the IRS website, www.irs.gov and/or consult a tax or financial professional for guidance.

If you do not make an election, we will apply our default method Average Cost to all of your Funds and accounts.

7. Investment Choices

7. Investment Choices				
Fund Name	Class I	Class R6	Inst. Class	Amount
The Merger Fund®	□ 301	n/a	n/a	\$
AlphaSimplex Global Alternatives	□ 1993	□ 1994	n/a	\$
AlphaSimplex Managed Futures Strategy	□ 2608	□ 2609	n/a	\$
Virtus Ceredex Large-Cap Value Equity	□ 5512	□ 5993	n/a	\$
Virtus Ceredex Mid-Cap Value Equity	□ 5412	□ 5994	n/a	\$
Virtus Ceredex Small-Cap Value Equity	□ 5588	□ 5589	n/a	\$
Virtus Convertible	n/a	□ 6557	□ 6408	\$
Virtus Duff & Phelps Global Infrastructure	□ 1850	□ 2529	n/a	\$
Virtus Duff & Phelps Global Real Estate Securities	□ 1860	□ 2498	n/a	\$
Virtus Duff & Phelps Real Asset	□ 1870	□ 1879	n/a	\$
Virtus Duff & Phelps Real Estate Securities	□ 1793	□ 2449	n/a	\$
Virtus Duff & Phelps Select MLP and Energy	□ 2466	n/a	n/a	\$
Virtus Duff & Phelps Water	n/a	n/a	□ 4861	\$
Virtus Emerging Markets Opportunities	n/a	□ 4836	□ 4636	\$
Virtus Global Allocation	n/a	□ 4517	□ 4616	\$
Virtus Income & Growth	n/a	n/a	□ 4635	\$
Virtus International Small-Cap	n/a	□ 6810	□ 6610	\$
Virtus KAR Capital Growth	□ 1789	□ 2530	n/a	\$
Virtus KAR Developing Markets	□ 2555	□ 2556	n/a	\$
Virtus KAR Emerging Markets Small-Cap	□ 2425	□ 2544	n/a	\$
Virtus KAR Equity Income	□ 1798	□ 2534	n/a	\$
Virtus KAR Global Quality Dividend	□ 1853	□ 1596	n/a	\$
Virtus KAR Global Small-Cap	n/a	n/a	□ 4664	\$
Virtus KAR Health Sciences	n/a	n/a	□ 4659	\$
Virtus KAR International Small-Mid Cap	□ 1967	□ 2446	n/a	\$
Virtus KAR Long/Short Equity	□ 1567 □ 2542	□ 2543	n/a	\$
Virtus KAR Mid-Cap Core	□ 1868	□ 2531	n/a	\$
Virtus KAR Mid-Cap Growth	□ 1794	□ 2532	n/a	\$
Virtus KAR Small-Cap Growth	□ 179 4 □ 1787	□ 2532 □ 2533	n/a	\$ \$
Virtus KAR Small-Cap Value	□ 1767 □ 1764	□ 2502	n/a	\$
Virtus KAR Small-Mid Cap Core	□ 1704 □ 2538	□ 2502 □ 2539	n/a	\$ \$
Virtus KAR Small-Mid Cap Growth	□ 2551	□ 2552	n/a	\$ \$
Virtus KAR Small-Mid Cap Value	□ 2559	□ 2560	n/a	Φ.
Virtus Newfleet Core Plus Bond	□ *256	□ 2300 □ 2497	n/a	*
Virtus Newfleet High Yield	□ 256 □ *1972		n/a n/a	Φ.
Virtus Newfleet Low Duration Core Plus Bond			n/a n/a	
Virtus Newfleet Multi-Sector Intermediate Bond		☐ 1771 □ 2447	n/a n/a	Φ.
Virtus Newfleet Multi-Sector Short Term Bond	□ *1872 □ *1952	□ 2447 □ 2500		Φ.
	□ *1852 □ 400 7	□ 2500 □ 2500	n/a	
Virtus Newfleet Senior Floating Rate	☐ 1807	□ 2503 □ co52	n/a □ ccso	\$
Virtus Newfleet Short Duration High Income	n/a	□ 6852 □ 4057	□ 6652	\$
Virtus NFJ Dividend Value	n/a	☐ 4857	□ 4657	\$
Virtus NFJ Emerging Markets Value	n/a	n/a	□ 6663	\$
Virtus NFJ Global Sustainability	n/a	n/a	□ 6673	\$
Virtus NFJ International Value	n/a	□ 4868 □ 2552	□ 4668	\$
Virtus NFJ Large-Cap Value	n/a	□ 6556	□ 4650	\$
Virtus NFJ Mid-Cap Value	n/a	□ 4525	□ 4622	\$
Virtus NFJ Small-Cap Value	n/a	□ 4830	□ 4630	\$

7. Investment Choices, continued.					
Fund Name	Class I	Class R6	Inst. Class	Amount	
Virtus Seix Core Bond	□ 5506	□ 5738	n/a	\$	
Virtus Seix Corporate Bond	□ 5414	□ 5415	n/a	\$	
Virtus Seix Floating Rate High Income	□ 5203	□ 5999	n/a	\$	
Virtus Seix High Grade Municipal Bond	□ 5524	n/a	n/a	\$	
Virtus Seix High Yield	□ 5855	□ 6001	n/a	\$	
Virtus Seix Investment Grade Tax-Exempt Bond	□ 5508	n/a	n/a	\$	
Virtus Seix Tax-Exempt Bond	□ 1785	n/a	n/a	\$	
Virtus Seix Total Return Bond	□ 5800	□ 5997	n/a	\$	
Virtus Seix U.S. Government Securities Ultra-Short Bond	□ 5932*	□ 6000	n/a	\$	
Virtus SGA Emerging Markets Equity	□ 1736	□ 2443	n/a	\$	
Virtus SGA Global Growth	□ 4811	□ 4810	n/a	\$	
Virtus SGA International Growth	□ 5540	□ 5980	n/a	\$	
Virtus Silvant Focused Growth	n/a	□ 4823	□ 4623	\$	
Virtus Silvant Large-Cap Growth Stock	□ 5510	□ 5995	n/a	\$	
Virtus Silvant Mid-Cap Growth	n/a	n/a	□ 4665	\$	
Virtus Small-Cap	n/a	□ 6867	□ 6667	\$	
Virtus Stone Harbor Emerging Markets Bond	□ 4971	n/a	n/a	\$	
Virtus Stone Harbor Emerging Markets Debt Income	□ 4975	n/a	n/a	\$	
Virtus Stone Harbor Local Markets	□ 4979	n/a	n/a	\$	

Dividend and capital gain options will be reinvested in shares of the same Fund at net asset value unless otherwise specified in Section 8.

□ 708

□ 5559

n/a

n/a

n/a

n/a

n/a

n/a

n/a

□ 4660

\$__

\$

□ 703

□ 4501

□ 2517

□ 5558

□ ____

n/a

Virtus Zevenbergen Innovative Growth Stock

Virtus Tactical Allocation

Other:

Virtus Westchester Credit Event

Virtus Westchester Event-Driven

Virtus Zevenbergen Technology

^{*}Checkwriting available. Details on page 11.

8. Banking Information & Options

Unless otherwise specified, if banking information is provided below, it will be added to the account for future transactions. An original voided check or letter from your bank is required. If submitting a letter, it must be on bank letterhead and be signed by a bank officer. Starter checks and photocopies of checks will not be accepted. The registered shareholder(s)/entity(ies) name(s) must appear on the bank account. If the registered shareholder(s)/entity(ies) is not listed in the bank registration, please contact our office for additional requirements.

purchase of Fund shares to/from t	the bank account refere	other instructions from any authorized person nced below. A savings and loan or credit u k may charge an incoming wire fee. Pleason	nion may not be able to
Bank Name		Bank Routing I	Number
Bank Account Holder's Name(s)	Bank Account N	lumber Bank Telephor	ne Number
The following option will autom representative, if any, unless of		e account for all registered shareholder	s and dealer
to the terms of the prospectus.	eholders to have funds Calls/trades received be	withdrawn and sent to the designated bank efore the market close (generally 4:00 PM I s received after the market close will receiv	Eastern Time for the
Exchanges can only be made w current prospectus (e.g., Class exchanged for Class C of any o	A to Class A). Virtus Ne	ne same class and are subject to limitations ewfleet Multi-Sector Short Term Bond Fund	as described in the Class C1 may be
be sent within one to three busines business day and may be subject	ess days and redemption to a fee at your chosen b	via ACH or federal fund wire. Redemption pay payments through federal fund wire will typica pank. If there are insufficient funds in an acco have been owned for at least 10 calendar day	ally be sent the next unt to meet a redemption
		or me or for my dealer representative. me or my dealer representative.	
The following election is option	al and will be added to	the account if the section is completed	:
Cash Dividends and/or Capital of Allows shareholders to have the information provided above, unl	eir distributions sent to tl	heir designated bank account via federal fu	nd wire to the banking
Fund Name:			
Check one of the following:	□ Dividends Only	☐ Both Dividends and Capital Gains	☐ Capital Gains <i>Only</i>
Fund Name:			
Check one of the following:	☐ Dividends Only	☐ <i>Both</i> Dividends and Capital Gains	☐ Capital Gains <i>Only</i>
Fund Name:			
Check one of the following:	□ Dividends Only	☐ Both Dividends and Capital Gains	☐ Capital Gains <i>Only</i>
Fund Name:			
Check one of the following:	□ Dividends Only	☐ Both Dividends and Capital Gains	☐ Capital Gains <i>Only</i>
Fund Name:			
Check one of the following:	☐ Dividends Only	☐ <i>Both</i> Dividends and Capital Gains	☐ Capital Gains <i>Only</i>

9. Phone Order Authorization - For Corporations, Trusts, and other business entities only

Please list up to five individuals who will be authorized to act on the account ("Authorized Persons") as well as the type of transactions and the dollar or share amount each is authorized for. The Authorized Persons will be able to act singularly, and without restriction to dollar amount unless indicated below, with respect to the mutual fund account(s) being established with this application. If there is not sufficient space to list all authorized individuals, please attach a separate list with the full name(s), title(s), signature(s), type of transactions and the dollar amount each is authorized for.

Inquiry Only access allows the Authorized Persons to request information by phone as to the account status, share balances, to confirm receipt of wire or transaction proceeds of redemptions, verify addresses, and other information concerning the mutual fund account(s), but not to effect any change or transactions in the account(s).

Inquiry and Transaction access allows the Authorized Persons to:

- ♦ Issue instructions via phone or in writing for the purchase, sale, exchange or transfer of shares with respect to the mutual fund account(s) being established with this application.
- Make, draw, sign, endorse, negotiate, cash, deliver or make a stop payment on checks drawn on any of the mutual fund account(s) being established with this application.
- Approve updates or changes to the account registration address on file for any of the mutual fund account(s) being established with this application.

Change Banking Information allows the Authorized Persons to approve updates or changes to the banking information on file for any of the mutual fund account(s) being established with this application. Medallion Guaranteed instructions must be submitted to our office to update banking information maintained on the account.

				
Name and Title		Signature		
\$		☐ Inquiry Only	☐ Inquiry and Transaction	☐ Change Banking Information
Approved Dollar Amount	Daytime Telephone Number			
Name and Title		Signature		
\$		☐ Inquiry Only	☐ Inquiry and	☐ Change Banking
Approved Dollar Amount	Daytime Telephone Number		Transaction	Information
Name and Title		Signature		
¢		☐ Inquiry Only	\square Inquiry and	☐ Change Banking
\$Approved Dollar Amount	Daytime Telephone Number		Transaction	Information
Name and Title		 Signature		
\$		☐ Inquiry Only	☐ Inquiry and	☐ Change Banking
Approved Dollar Amount	Daytime Telephone Number	<u> </u>	Transaction	Information
Name and Title		Signature		
\$		☐ Inquiry Only	☐ Inquiry and	☐ Change Banking
Approved Dollar Amount	Daytime Telephone Number	<u> </u>	Transaction	Information
Name and Title		Signature		
\$		☐ Inquiry Only	☐ Inquiry and	☐ Change Banking
Approved Dollar Amount	Daytime Telephone Number		Transaction	Information
Name and Title		Signature		
\$		☐ Inquiry Only	☐ Inquiry and	☐ Change Banking
Approved Dollar Amount	Daytime Telephone Number		Transaction	Information

10.	Che	ckwr	iting	Privi	lege

Please refer to your prospectus for restrictions, if applicable.

Checkwriting minimum is \$250 per check.

Checkwriting is an optional feature available for the following funds:

- Virtus Newfleet Core Plus Bond Fund
- Virtus Newfleet High Yield Fund
- Virtus Newfleet Multi-Sector Intermediate Bond Fund
- Virtus Newfleet Multi-Sector Short-Term Bond Fund
- > Virtus Seix U.S. Government Securities Ultra-Short Bond Fund
- We require the original signatures of all authorized persons.

will be that only one signature is required.	
 □ One Signature □ Both Signatures – when 2 signatures are listed below □ Combination of Signatures (Any 2 of the 3 signatures 	
Printed name(s) of authorized person(s).	Original signature(s) of authorized person(s).
1	1
2	2
3	3

> For multiple signers, please check a box below for the number of required signatures. If no box is checked, the default

Checkwriting Terms and Conditions

Payment of funds is authorized by the signature(s) above. Regular checks may not be for less than \$250.

If the Checkwriting section is signed by more than one person, all checks will require only one of the signatures, unless otherwise indicated. Each signer guarantees the other's signature. The Bank of New York Mellon ("the Bank") is hereby appointed agent by the persons signing the Checkwriting section (the "Shareholders") and, as agent, is authorized and directed to present checks drawn on this checking account to Virtus Mutual Funds or its redemption agent as requested to redeem shares registered in the name of the Shareholders in the amounts of such checks, and to deposit the proceeds of such redemptions in this checking account. The Bank shall be held liable only for its own negligence. Shareholders hereby authorize Virtus Mutual Funds or its redemption agent to honor redemption requests presented in the above manner by the Bank. Virtus Mutual Funds and its redemption agent will not be held liable for any loss, expense or cost arising out of check redemptions. The Bank has the right not to honor checks in amounts exceeding the value of the Shareholders' account at the time the check is presented for payment less the value of any shares purchased by other than Federal Funds wire in the preceding 10 calendar days. The Shareholders agree to be subject to the rules and regulations of the Bank pertaining to this checking account as amended from time to time. The Bank reserves the right to change, modify or terminate this checking account at any time upon notification mailed to the address of record of the Shareholders.

Check Account Number(s) – To be completed by the Fund	
1	2

11. Authorized Signers

The undersigned certifies that he/she has full authority and legal capacity to purchase shares of the Fund(s) and establish and use any related privileges including specifically the authorization of individuals to place telephone orders. This authorization is a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to the Funds(s) and delivered to Virtus Mutual Funds, P.O. Box 534470, Pittsburgh, PA 15253-4470. Such revocation will become effective as soon as the Funds and/or their agents have had reasonable amount of time to act upon it. The revocation shall not affect any liability in any way resulting from transactions initiated prior to the Funds and/or their agents acting on such instructions.

I hereby authorize Virtus Fund Services (the "Transfer Agent"), or its duly authorized agents, as agents for Virtus Mutual Funds, to honor any requests made in accordance with the terms of this application, and I further affirm that neither the Funds nor their agents shall be held liable for any loss, liability, cost or expense for acting in accordance with this application, or any section thereof. I authorize the Funds and their agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with the procedures described in the prospectus for this account or any account into which exchanges are made. I agree that neither the Funds nor their agents will be liable for any loss, cost or expense for acting on such instructions, provided that the Funds or their agent employs reasonable procedures to confirm that instructions communicated are genuine. I understand that I bear the risk from instructions given by an unauthorized third party that the Funds or their agent reasonably believes to be genuine. I certify that I have full right, power, authority and legal capacity to purchase shares and affirm that I have read and understand the prospectus and agree to its terms. I agree to obtain and read the prospectus for any Virtus Mutual Fund(s) into which I may request an exchange in the future.

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 understand that if I am a Texas state resident, I may designate a "representative for notice" for escheatment purposes by submitting the completed designation form from the state of Texas Comptroller's website to Virtus Mutual Funds, P.O. Box 534470, Pittsburgh, PA 15253-4470. I acknowledge that the designee has no rights to claim or access the account or assets.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien); and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

NOTE: The IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.

If I am a nonresident alien, I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that I am not under penalties of perjury certifying the above information.

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.

<u>EU Residents or Citizens Only:</u> 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. □

Individual (or Custodian)	Date
Co-Owner (or Corporate Officer, Partner or Trustee)	Date
(if applicable, Trustee)	Date
(if applicable, Trustee)	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.