



Virtus Mutual Funds
 PO Box 9874
 Providence RI 02940-8074

Name Change Authorization

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

1. Important Information

- If your account has the Checkwriting Privilege, please make sure that all outstanding checks are paid before submitting this form. When we change your name on the account, we will send you a new book of checks. Additionally, we will forward a Checkwriting Application for your completion so that we can have an updated signature card on file.
- If the bank account information maintained on your account has changed please contact us.
- Your account number will remain the same. If you wish to change account ownership (e.g. from an UGMA custodial account to a regular individual account), please contact us at the telephone number listed above for additional requirements.

2. Account Information

Name	U.S. Social Security Number
Address	Mobile Telephone Number
City, State, ZIP Code	Email Address
<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 number provided in this section.	Fund and Account Number(s)

3. Substitute W-9 Form

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.

4. Authorizing Signatures

No information provided by the Virtus Mutual Funds shall be considered to be or is advice on which I may rely as the primary basis for my investment decisions. I agree that I need to make my own decisions, with whatever third-party advice I wish to obtain, and I agree that I am not to rely on any information Virtus Mutual Funds is providing as advice that is a primary basis for my decisions. I expressly confirm, and by signing below, I 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 may make to invest or otherwise proceed with Virtus Mutual Funds.

By signing below, I request that my account(s) with Virtus Mutual Funds be updated to reflect my current name. For the purpose of inducing Virtus Mutual Funds, their agents and affiliates to act upon these instructions, I agree to fully indemnify and hold harmless Virtus Mutual Funds, their agents, affiliates, officers, directors, employees, successors and assigns from and against any and all losses, liabilities, claims and costs of whatever kind (including reasonable attorney's fees) resulting from or caused by transactions made in accordance with these instructions.

_____	_____	_____
Print Name – Former Name	Signature – Former Name	Date
_____	_____	_____
Print Name – Current Name	Signature – Current Name	Date

5. Notarization – The signatures 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 names are 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: _____