VIRTUS MUTUAL FUNDS

Virtus Mutual Funds
PO Box 9874
Providence RI 02940-8074

Affidavit of Domicile

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

1. Account Information

Shareholder Name/Registration

U.S. Social Security Number	Fund and Account Number(s)

2. Affidavit of Domicile

TO BE COMPLETED BY THE EXECUTOR, ADMINISTRATOR, SURVIVOR AND/OR HEIR

STATE OF _____)
ss:
COUNTY OF _____)

I, (name of individual taking the affidavit)_____ , being duly sworn, deposes

and says that (he-she) resides at_____ ,

State of _____ , and is the (executor-administrator-survivor-heir)

of the estate of _____ deceased,

who died on the _____ day of _____ , _____ ; that at the time of (his-her) death

the domicile (legal residence) of said decedent was at_____ ;

County of _____, State of _____,

for _____ years prior to death, and was not a resident of any other State (other than that of his/her domicile) within the United States of America, at the time of death.

This affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of, or owned by, said decedent at the time of his/her death.

_____
EXECUTOR / ADMINISTRATOR / SURVIVOR / HEIR

(Notary Seal)

Subscribed and sworn to before me

This _____ day of _____, 20 ____

_____
(Notary Public)
My commission Expires _____