

Virtus Mutual Funds PO Box 534470 Pittsburgh, PA 15253-4470

Transcript Request

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

1. Requestor information	
Name(s)	Daytime Telephone Number
Address	Alternate or Cell Phone Number
City, State, ZIP Code	Email Address
2. Transcript Fees	
•	cable per shareholder and may include all accounts owned by that individual:
 The last seven (7) years are free, inclu \$5 per year going back to 1990. This fe \$50 for available transcripts prior to 1990. 	ee will not exceed \$25, regardless of the number of years.
3. Account Information	
contact our office for the establishment date prior	unsure of the year that the account was opened, please include the approximate year or or to submitting your request. Please list ALL fund and account numbers for which you t sufficient space below, please list the additional account information on the back side
Fund/Account Number:	OR All funds under the account number
Full Name(s) of Shareholder(s)/Registration	Requested Years
Fund/Account Number:	OR All funds under the account number
Full Name(s) of Shareholder(s)/Registration	Requested Years
Fund/Account Number:	OR All funds under the account number
Full Name(s) of Shareholder(s)/Registration	Requested Years
Fund/Account Number:	OR All funds under the account number
Full Name(s) of Shareholder(s)/Registration	Requested Years
Fund/Account Number:	OR All funds under the account number
Full Name(s) of Shareholder(s)/Registration	Requested Years
Fund/Account Number:	OR All funds under the account number
Full Name(s) of Shareholder(s)/Registration	Requested Years

Payment & Delivery Instructions A. Payment Information - Payment can be made by check, or if you currently hold an active account, the fee can be deducted from the account. If submitting a check, please make your check payable to Virtus Fund Services. Total cost for transcripts: \$ ☐ Check Enclosed OR ☐ Deduct the fee from fund/account number IMPORTANT: If you hold multiple funds under an account number, please specify the fund that you would like the fee to be deducted from. If you do not provide a specific fund, we will deduct the fee pro rata from all open funds under the account number. B. Delivery Instructions - Choose one or more of the options below. ☐ Mail the transcripts to the following: Fax to: Attention: Email to: IMPORTANT: All transcripts will be sent via encrypted email, which will require the receiver to establish a password, if one has not already been established, to download the information. Overnight delivery is available at a varying rate depending on the weight of the package. Please contact our office at the number listed above and we will be happy to provide you with a quote for the fee. Important Information Regarding Fees: If you are requesting to have a transcript or overnight fee deducted from an account, due to IRS regulations, fees are now considered taxable and reportable. 5. Authorizing 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. If you are requesting to have the fee deducted from the account, the shares will be redeemed at the close of business on the day the request is received in good order. Any request received after 4:00 PM Eastern Time will be processed at the next day's closing price. All shareholders named in the account registration must sign and date this form as authorization to process the request. If the signer is not listed in the registration of the account and is acting in a capacity such as executor/personal representative/administrator of an estate, successor trustee, attorney-in-fact, etc., documentation showing the appointment must accompany this form if we do not already have the documentation on file. Print Name Signature Date Print Name Signature Date

Please send the completed form and payment, if applicable, to one of the following:

Regular Mail Virtus Mutual Funds PO Box 534470 Pittsburgh, PA 15253-4470

Print Name

Overnight Mail
Virtus Mutual Funds
Attn: 534470
AIM: 154-0520
500 Ross Street

Pittsburg, PA 15262

Signature

Fax – 833-782-4117
The form may be faxed if a fee is not

The form may be faxed if a fee is not required or if the fee is to be deducted from an active account.

Date