



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

For each requested, the following fees are applicable per shareholder and may include all accounts owned by that individual:

- The last seven (7) years are free, including the current year.
- \$5 per year going back to 1990. This fee will not exceed \$25, regardless of the number of years.
- \$50 for available transcripts prior to 1990.

3. Account Information

If you are requesting a complete history but are unsure of the year that the account was opened, please include the approximate year or contact our office for the establishment date prior to submitting your request. Please list ALL fund and account numbers for which you are requesting a complete history. If there is not sufficient space below, please list the additional account information on the back side of this form.

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

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