

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

Name(s)	Daytime Telephone Number	
**		
Address	Alternate or Cell Phone Number	
City, State, ZIP Code	Email Address	
2. Transcript Fees		
For each request, the following fees are applicable per shareholder and may include all accounts owned by that individual: • The last 7 years are free, including the current year.		
\$50.00 for available transcripts prior to 1990.		
3. Account Information		
If you are requesting a complete history but are unsure of the y approximate year or contact our office for the establishment daraccount numbers for which you are requesting a complete history additional account information on the back side of this form.	te prior to submitting your request. Please list ALL fund and	
Fund/Account Number Acc	ount Registration Requested Years	
4. Payment & Delivery Instructions		
Payment can be made by check, or if you currently hold an acti		
submitting a check, please make your check payable to Virtus	Fund Services.	
Total cost for transcripts: \$		
☐ Check Enclosed or ☐ Deduct the fee from account number		
☐ Mail the transcripts to the following address: and/or	☐ Fax the transcripts, as follows:	
Name	Fax Number	
Address	Attention	
City, State, ZIP Code		
Overnight delivery is available at a varying rate depending on the number listed above and we will be happy to provide you with a		
Important Information Regarding Fees: If you are requesting due to IRS regulations, fees are now considered taxable and re	to have a transcript or overnight fee deducted from an account, eportable.	

5. Authorizing Signature(s)			
primary basis for my/our investment decisions party advice I/we wish to obtain, and I/we agree advice that is a primary basis for my/our decision of Virtus Mutual Funds, their distributor, their thas provided or is providing investment advice in a fiduciary capacity with any decision I/we relieve the requesting to have the fee deducted day the request is received in good order. An day's closing price.	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.		
Print Name	Signature	Date	
Print Name	Signature		