



Virtus Mutual Funds
 PO Box 9874
 Providence RI 02940-8074

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 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.
- \$5.00 per year going back to 1990. This fee will not exceed \$25.00, regardless of the number of years.
- \$50.00 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	Account Registration	Requested Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Payment & Delivery Instructions

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 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 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.

Print Name

Signature

Date

Print Name

Signature

Date