VIRTUS MUTUAL FUNDS

Virtus Mutual Funds
PO Box 9874
Providence RI 02940-8074

Broker/Dealer Change Request

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

1. Account Information

Shareholder Name(s)/Account Registration	U.S. Social Security Number	Daytime Telephone Number
Address	Email Address	
City, State, ZIP Code	Fund and Account Number(s) or ☐ Update all accounts under SSN	

2. Dealer (Financial Advisor) Information

Please process one of the following options:

☐ Remove the current Broker/Dealer information from my account(s). If I have not named a new Broker/Dealer dealer, VP Distributors, LLC, Virtus's default Broker/Dealer will be assigned to the new account.

☐ Update the Broker/Dealer on my account(s), as follows:

Dealer Name	Dealer Number
Branch - Street Address	Branch Number
Branch - City, State, Zip Code	Branch Telephone Number
Representative Name	Representative Number
Representative E-mail Address	Representative Telephone Number

3. Authorizing Signature(s)

All shareholders listed in the account registration must sign this form exactly as the account(s) is registered.

I/We hereby authorize Virtus Fund Services, or its duly authorized agents, as agent for Virtus Mutual Funds, to honor any requests made in accordance with the instructions on this form, and I/we further affirm that neither Virtus Fund Services ("Transfer Agent") nor Virtus Mutual Funds shall be held liable for any loss, liability, cost or expense for acting in accordance with these instructions.

I/We authorize Virtus Mutual Funds and its agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with the procedures described in the prospectus for this account or any account into which exchanges are made. I/We agree that neither Virtus Mutual Funds nor the Transfer Agent will be liable for any loss, cost or expense for acting on such instructions, provided that the Transfer Agent employs reasonable procedures to confirm that instructions communicated are genuine. I/We understand that I/we bear the risk from instructions given by an unauthorized third party that the Transfer Agent reasonably believes to be genuine.

By signing below, if there is a financial advisor assigned to my existing account(s) listed above or any new account established under the same primary Social Security number in the future, I/we hereby authorize the listed individual(s) to act on my/our behalf with respect to my/our account(s) in all aspects, including without limitation initiating contact specifically for the purposes of unclaimed property laws.

Print Name	Signature	Date
Print Name	Signature	Date