

Account Maintenance Form

Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718

Dear Shareholder,

Thank you for contacting Broadridge Corporate Issuer Solutions. The enclosed form can be used to: request statements, tax documents, or replacement checks, update your address, and/or contact information. Please read the content carefully and follow all of the instructions provided.

Things to remember before sending in your completed form:

- 1. These and other changes can be expedited online through our shareholder portal. Simply visit us at shareholder.broadridge.com for further information.
- 2. Make sure your form has all of the required signatures. If the account has a joint tenant registration, both shareholders are required to sign. If you are signing for the shareholder, please include your title (i.e., POA, Custodian, Executor) after your signature and the proper documentation supporting your title, if applicable (i.e., appointment documents).
- 3. If you are requesting replacement checks, please consult your plan document regarding any fees which may be associated with this process.
- 4. Please retain a copy of all documents for your records. Please return the above items to:

<u>Regular Mail</u>		<u>Overnight Mail</u>
Broadridge Corporate Issuer Solutions P.O. Box 1342 Brentwood, NY 11717-0718	<u>OR</u>	Broadridge Corporate Issuer Solutions Attn: BCIS IWS 51 Mercedes Way Edgewood, NY 11717

If you have any questions regarding your shareholder account, please contact us at:

Telephone Number: (866) 205-7273 between the hours of 8:30AM and 6:00PM Eastern Time Monday through Thursday and between 8:30AM and 5:00PM Eastern Time on Friday.

E-mail: virtus.investment.partners@virtus.com. Fax: (215) 553-5402

Sincerely,

Correspondence Department Broadridge Corporate Issuer Solutions



Account Maintenance Form

USE THIS FORM TO	O REQUES	T AND AUTI	HORIZE BRO	OADRIDGE 1	TO MAKE CHANG	ES TO THE FOL	LOWING ACCOUNT
Account Number: (2-10 dig	its after the da	ash)					
Account Registration: (Exa	mple: John Sm	nith OR John Smi	th and Mary Sn	nith JT)			

FORM REPLACEMENT REQUEST	CHECK REPLACEMENT
1. 1099 DIV B For Tax Year:	 Please replace the following un-cashed check(s): There may be a fee associated with this transaction. Replace all outstanding checks older than 180 days.
2. Statement BOOK	Check Number:
For Period:	Date: Amount: *Please do not cash outdated checks. You may incur a fee at your financial institution.

CONTACT INFO CHANGE			
4. Write New Primary Address:			
Telephone No.:	E-mail Address:		

TRANSACTION APPROVAL				
7.	I/We authorize Broadridge to make the account maintenance changes detailed above and I/we confirm that I/we am/are the correct and right party to request these changes. The signature of all registered holders is required.			
	Print Name:			
	Sign Name:	Date:		
	Print Name:			
	Sign Name:	Date:		