



Virtus Mutual Funds
 PO Box 9874
 Providence RI 02940-8074

Contribution Allocation Form

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

This form should accompany all contributions to the plan regardless of the number of participants. Please forward the original to Virtus Mutual Funds and keep a copy for your records.

Employer Information

Name of Employer _____ Virtus Group ID _____

Address _____

City _____ State _____ ZIP Code _____

Contact Name _____ Telephone Number _____ Date _____

Employee Name	Social Security Number	Fund Name or Number (Please indicate if this is a new fund)	Account Number	Employer Amount	Employee Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total This Page					
Total Next Page					
Grand Total (should correspond with amount of check)					

Employee Name	Social Security Number	Fund Name or Number (Please indicate if this is a new fund)	Account Number	Employer Amount	Employee Amount
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Total This Page					