



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. | | | | | |
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| 10. | | | | | |
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| 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. | | | | | |
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