

LETTER OF INTENT (LOI) FORM

ir you nave any questions at	bout completing this form, pleas	e contact Shareholder	Services at 1.8	300.992.3863.	
Mailing Instructions	3				
Please send completed form to	0:				
Regular Mail Delivery Alger Funds PO Box 2175 Milwaukee WI 53201-2175		Overnight Delivery Alger Funds C/O UMB Fund Service 235 W Galena Street Milwaukee WI 53212	es, Inc		
SECTION 1: LETTER OF	INTENT				
charge discount on my purcha interest in the shares to be res	nal shares issued by Alger Funds ise. I agree to the terms of the Lette erved. Although I am not obliged to an aggregate amount at least ed	er of Intent described in the odo so, the aggregate am	e applicable pro	spectus(es) and	grant the Fund a security
□ \$25,000	□ \$50,000 □ \$100,000	□ \$250,000	\$500,000	□ \$750,000	□ \$1,000,000
	ave your 12-month period compute will be adjusted upon completion		eexecution of th	is LOI in order to	include earlier purchases
SECTION 2: RIGHT OF	ACCUMULATION				
	r amount of any new purchases and y for a reduced Class A shares ch			ass A, B and C sh	ares held in the following
Fund:		Account Number: _			
Fund:		Account Number:			
SECTION 3: CURRENT	ACCOUNT INFORMATION				
Request will apply to the follo	wing account(s):				
Name:		Social Security Nu	ımber:		
Residence Address:					
City		State:		Zip Code:	
Fund:		Account Number:			
Fund:		Account Number:			
	paperwork may be required for c reholder Services at 1.800.992.		verify what pa	perwork needs	to be included with your
SECTION 4: SIGNATURE	ES				
	dividual, you must state your title or orized signers dated within 60 day				
Account Owner Signature:				Date:	
Title / Capacity:					
Joint Owner Signature (if app	licable):			Date:	

Title / Capacity: