

## **CERTIFICATION OF BENEFICIAL OWNERS FOR LEGAL ENTITY CLIENTS**

This form is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity. If you have any questions about completing this form, please contact Shareholder Services at 1.800.992.3863.

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. A legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in The United States of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own

Do not complete if the entity is publicly traded on an exchange or subject to ERISA.

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Please send completed form to:

Regular Mail Delivery

ownership.

Beneficial Owner 1:

Date of Birth:

Name: \_\_\_

Beneficial Owner 2:

**Overnight Delivery** 

Alger Family of Funds PO Box 2175 Milwaukee WI 53201-2175	Alger Family of Funds C/O UMB Fund Services, Inc 235 W Galena Street Milwaukee WI 53212
SECTION 1: ENTITY INFORMATION	
Alger Funds Account Number	
Legal Entity Name	Entity's Tax Payer Identification Number
Entity's Street Address	City, State, ZIP
Legal Name and Title of Individual Cor	pleting this Form
SECTION 2: BENEFICIAL OWNERS	
Identify each individual who owns—directly or of the equity interests of the legal entity.	indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more
	al, provide IRS Form W-8 and a copy of your passport. In lieu of a passport, foreign persons may also preign government-issued documents evidencing nationality or residence and bearing a photograph.
☐ Check this box if no individual owns 25% o	more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more

Social Security Number:

Date of Birth: \_\_\_\_\_Social Security Number: \_\_\_\_

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Residence Address:

Residence Address:

Beneficial Owner 3:	
Name:	
Residence Address:	
Date of Birth:	Social Security Number:
Beneficial Owner 4:	
Name:	
Residence Address:	
Date of Birth:	Social Security Number:
SECTION 3: AUTHORIZED CONTROL	LING INDIVIDUAL
	nificant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partne ndividual listed as beneficial owner may also be listed as the authorized controlling individual.
	al, provide IRS Form W-8 and a copy of your passport. In lieu of a passport, foreign persons may also preign government-issued documents evidencing nationality or residence and bearing a photograph.
Name:	
Residence Address:	
Date of Birth:	Social Security Number:
SECTION 4: CERTIFICATION	
I hereby certify to the best of my knowledge t	hat the information provided above is complete and correct.
Signature	Date