

## FINANCIAL INTERMEDIARY CHANGE FORM

Use this form to authorize the Alger Family of Funds to change the financial intermediary designated on your Alger Family of Funds account. This authorization must be signed by all account owners. We require authorization from both the resigning firm as well as the accepting firm. If you have any questions about completing this form, please contact Shareholder Services at 1.800.992.3863.

## Mailing Instructions

Please send completed form to:

Regular Mail Delivery
Alger Family of Funds
PO Box 2175
Milwaukee WI 53201-2175

## **Overnight Delivery**

Alger Family of Funds C/O UMB Fund Services, INC 235 W Galena Street Milwaukee WI 53212

SECTION 1: ACCOUNT REGISTRATION	
Owner(s)/Account Title (as listed on your statemen	t):
Account Number:	Social Security Number:
SECTION 2: CURRENT FINANCIAL INTER	MEDIARY INFORMATION
Financial Advisor's Name:	Rep Number:
Name of Firm:	Dealer Number:Branch Number:
Branch Address:	City, State, Zip:
Main Office Address:	City, State, Zip:
I am authorized and resign designation as a regist	tered representative on the account(s) listed above.
Authorized Signature of Financial Intermediary (red	quired):
SECTION 3: NEW FINANCIAL INTERMEDIA	ARY INFORMATION
Financial Advisor's Name:	
Name of Firm:	
Branch Address:	City, State, Zip:
Main Office Address:	City, State, Zip:
, c	stered representative on the account(s) listed above.
Authorized Signature of Financial Intermediary (rec	quired):
SECTION 4: ACKNOWLEDGEMENT AND S	SIGNATURE
Note: All account owners/trustees must sign. For U	JGMA/UTMAs, custodian should sign.
I hereby authorize the Alger Family of Funds to char in Section 3 of this form.	nge the current Financial Intermediary on the account(s) listed in Section 1 to the Intermediary listed
Authorized Signature (owner, custodian, trustee):	
Authorized Signature (owner, custodian, trustee):	