

# ALGER

## ALGER FAMILY OF FUNDS ADDITIONAL SERVICES FORM

Complete this form to add one or more of the following services to your Alger account.

Mail completed form to:

Alger Family of Funds, P. O. Box 219432 Kansas City, MO 64121-9432

PLEASE PRINT

### 1 CURRENT ACCOUNT INFORMATION

Alger Funds Account Registration Fund Name(s)

Account Number Social Security Number Daytime Phone Number

### 2 AUTOMATIC INVESTMENT PLAN

- Check here to authorize automatic monthly investments from your bank account into your Alger account. The minimum automatic investment is \$50 per fund once you meet the fund minimum initial investment of \$500. Any co-signer of the bank account who is not a joint owner of the Alger account must authorize this service by signing below.

Co-Owner Authorization Signature

Date

**Attach a voided check from your bank account below if requesting the Automatic Investment Plan. We do not accept third party checks.**

Please select an investment date below. If no selection is made, the investment will be made on or about the 15<sup>th</sup> of each month.

Day of Month: \_\_\_\_\_

#### Fund Allocation (\$50 minimum per Fund):

	Class A	Class B	Class C
Alger Focus Equity Fund	\$ _____ (2167)	N/A	\$ _____ (2177)
Alger Capital Appreciation Fund Alger	_____ (2066)	(closed to new investors) (2016)	_____ (2076)
Dynamic Opportunities Fund Alger	_____ (2162)	N/A	_____ (2175)
Emerging Markets Fund	_____ (2166)	N/A	_____ (2176)
Alger Global Growth Fund	_____ (2135)	N/A	_____ (2137)
Alger Growth & Income Fund	_____ (2064)	N/A	_____ (2074)
Alger Health Sciences Fund	_____ (2067)	N/A	_____ (2077)
Alger International Growth Fund Alger	_____ (2062)	(closed to new investors) (2012)	_____ (2072)
Mid Cap Growth Fund	_____ (2065)	(closed to new investors) (2015)	_____ (2075)
Alger Responsible Investing Fund	_____ (2140)	N/A	_____ (2172)
Alger Small Cap Focus Fund	_____ (2068)	N/A	_____ (2078)
Alger Small Cap Growth Fund	_____ (2061)	(closed to new investors) (2011)	_____ (2071)
Alger SMid Cap Focus Fund	_____ (2069)	N/A	_____ (2079)
Alger Spectra Fund	_____ (2130)	N/A	_____ (2171)
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

ATTACH VOIDED CHECK HERE

ATTACH VOIDED CHECK HERE

### 3 SYSTEMATIC WITHDRAWAL PLAN

This plan is available for accounts with a \$10,000 minimum balance.

- I/we wish to establish a systematic withdrawal plan for my/our Alger \_\_\_\_\_ Fund. The transfer agent is hereby authorized to redeem sufficient shares in accordance with the instructions below. The withdrawal typically occurs on or about the 24th of the month.

Dollar amount of withdrawal: \$ \_\_\_\_\_ (minimum \$50, maximum 1% of current value)

Frequency:  Monthly  Quarterly  Annually

Please send withdrawal proceeds:

- By check to the address of record  By transfer to my bank account (you must attach a voided check in Section 2)

### 4 DIVIDEND AND CAPITAL GAIN PAYMENT OPTION

	Dividends	Capital Gains
Reinvest in additional shares of the same Fund	<input type="checkbox"/>	<input type="checkbox"/>
Mail by check to my mailing address	<input type="checkbox"/>	<input type="checkbox"/>
Deposit by electronic transfer to my bank account (Attach a voided check from your bank account in Section 2.)	<input type="checkbox"/>	<input type="checkbox"/>
Cross Reinvestment Program (You must complete the information below)	<input type="checkbox"/>	<input type="checkbox"/>

The Cross Reinvestment Program generally allows investors to reinvest dividends and/or capital gains to purchase additional shares of other existing Alger Fund accounts. If you choose this option, indicate below from which Fund you wish to reinvest dividends and/or capital gains.

Please reinvest dividends and/or capital gains from my

Alger \_\_\_\_\_ Fund to my

Alger \_\_\_\_\_ Fund.

### 5 STATEMENT DELIVERY OPTION

Please send my quarterly Alger Shareholder Statement via (check one):

- U.S. Mail  Email

\_\_\_\_\_  
Email Address

### 6 ELECTRONIC TRANSFERS AND WIRE REDEMPTIONS

- Telephone Wire Redemption Option** (for amounts over \$5,000): I/we authorize The Alger Funds to honor wire redemption requests by telephone to the bank account indicated on the voided check attached in Section 2 of this form.
- TelePurchase/TeleRedemption Option** (minimum amount \$500, maximum \$50,000): I/we wish to establish the TelePurchase/TeleRedemption Option which permits transfer of money by telephone between my designated bank account (indicated on the voided check attached in Section 2 of this form) and my Alger Funds account.

**Your bank must be a member of The Automated Clearing House.**

**You must attach a voided check from your bank account to this form if requesting the Telephone Wire Redemption Option or TelePurchase/TeleRedemption Option. Please attach in Section 2. We do not accept third party checks.**

## 7 AUTHORIZED SIGNATURE

X

Account Owner's Signature

Date

X

Joint Owner Authorization Signature

Date

**A Medallion Signature Guarantee is required to add or change any of the following services: Systematic Withdrawal Plan, Dividend and Capital Gain Payment Option (if selecting deposit by electronic transfer to a bank account not already on file with us), and Electronic Transfers and Wire Redemptions.** Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, and national securities exchanges, that are participants in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). **Notarization by a Notary Public is not an acceptable guarantee.**

PLACE SIGNATURE GUARANTEE STAMP HERE

We only accept STAMP 2000  
Medallion Guarantee stamps.

\_\_\_\_\_  
Name of Bank or Firm Providing Signature Guarantee

\_\_\_\_\_  
Signature/Title of Officer

\_\_\_\_\_  
Date

