

ALGER IRA DISTRIBUTION REQUEST

IRA Trustee's or Custodian's Name and Address:

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

Overnight Delivery
Alger Family of Funds
c/o UMB Fund Services, Inc
235 W Galena Street
Milwaukee, WI 53212

The IRA Distribution Request is used by IRA owners and Inherited IRA owners to request a distribution from a Traditional, Roth, SEP, or SIMPLE IRA.

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 53212-3948

PART I: IRA OWNER INFORMATION

Name: _____ Taxpayer ID Number: _____ Date of Birth: _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien IRA Account/Plan Number: _____

PART II: DISTRIBUTION TYPE

- Required Minimum Distribution:** Unless otherwise indicated below, the RMD will be calculated using the Uniform Lifetime Expectancy table. (Choose one):
 - My spouse is my sole beneficiary and greater than 10 years younger than me. Calculate my RMD using the Join-Life Expectancy table.
 - Please only send me the amount in Section III.
- Qualified charitable distribution** (Generally cannot be made from SEP or SIMPLE IRAs if the account owner's employer is currently maintaining the SEP or SIMPLE IRA plan. IRA owner/Inherited IRA owner must be age 70½ or older on date of the distribution. Medallion Signature Guarantee required to send to a payee other than the shareholder's address or bank of record. See Section VIII.)
Name of Charity: _____
- Normal Distribution:** Distribution to IRA owner age 59½ or older
- Premature Distribution:** Distribution to IRA owner under the age of 59½
- Distribution to Inherited IRA owner following death of IRA owner**
 - Single Life Expectancy Payments: I elect to deplete the account balance by taking payments over my single life. Please calculate the Required Minimum Distribution.
 - Please only send me the amount in Section III.
- Disability as defined under Internal Revenue Code Sec. 72(m)(7).** Enclose a statement on doctor's letterhead or certification of disability from the Social Security Administration.
- Substantially equal periodic payments:** Distributions are to be made at least annually. The distributions will be done using the Uniform Lifetime Expectancy table to calculate your payments unless you submit an alternative schedule of payment.
- Return of excess contribution with earnings.** Excess contribution made for made for tax year _____.
Excess Contribution Amount: \$ _____
**Deadline to remove a contribution as an excess contribution with earnings, is the IRA owner's tax filing deadline (for the tax year of the contribution), plus any extensions.
 - Redeem and issue a check, ACH or wire payment for excess contributions and earnings.
 - Remove the excess contribution and earnings and reapply as a contribution for the current tax year (provided the amount is equal to, or less than, the maximum contribution for the calendar year). If the distribution amount is over the contribution limit, Alger Family of Funds will return the amount over the contribution limit to the IRA owner.
 - Remove excess contribution and earnings and invest in the Alger Family of Funds account listed in Section IV.
- Revocation:** The date the IRA is established is considered the date the IRA is opened. By signing below, you elect to revoke your IRA.

PART III: DISTRIBUTION AMOUNT/FREQUENCY (Select One)

ONE TIME DISTRIBUTION

- I wish to withdraw my entire account balance.
- I wish to make a one-time, partial withdrawal of \$_____.
- Special instructions: I wish to take the RMD for my entire account **ONLY** from the fund(s) listed below. List the percentage desired below for each fund.
- I wish to withdraw the requested amount from my investments as indicated in the chart below.
(Indicate from which investments the withdrawal should be taken)

Investment Description	Share Class (If applicable)	Withdrawal Amount
1.		\$_____
2.		\$_____
3.		\$_____
		TOTAL \$_____

- Addendum attached for additional investments. If you need additional space to list investments, attach a separate sheet that includes all the information requested above. Sign and date the sheet.

Fee: A maintenance fee of \$10 will be charged on all fund accounts where a full liquidation is made unless you have already paid the Annual IRA Maintenance Fee. If the fee applies it will be deducted from the proceeds of the distribution unless the fee is paid in advance.

Fee payment options (select only one):

- Please deduct the \$10 maintenance fee from the proceeds of my distribution.
- Please do not deduct the \$10 maintenance fee from the proceeds of my distribution. I have enclosed a check made payable to Alger Family of Funds.

PERIODIC DISTRIBUTION-SYSTEMATIC WITHDRAWAL REQUEST (Such payments will continue indefinitely until canceled)

- I wish to set up systematic withdrawals to be withdrawn as indicated below.
- Special instructions: I wish to take the RMD for my entire account **ONLY** from the fund(s) listed below. List the percentage desired below for each fund.

Fund Name/Account Number	Amount \$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
<input type="checkbox"/> 5 th or <input type="checkbox"/> 20 th of the month, beginning the month of: _____, 20____	

Fund Name/Account Number	Amount \$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
<input type="checkbox"/> 5 th or <input type="checkbox"/> 20 th of the month, beginning the month of: _____, 20____	

Fund Name/Account Number	Amount \$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	
<input type="checkbox"/> 5 th or <input type="checkbox"/> 20 th of the month, beginning the month of: _____, 20____	

PART IV: PAYMENT METHOD

- Mail check to the address currently on file.
- Deposit to my existing non-IRA account number, including the fund number: _____

Your payor cannot withhold an amount less than the required minimum for your state. If no election is made, the minimum withholding will be taken based on your state of residence on record with your payer.

Mandatory states that state withholding can be processed are Arkansas, California, Connecticut, Delaware, District of Columbia, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Nebraska, North Carolina, and Vermont

I file a state tax return with the state of _____
(Select one)

- Do not withhold state income tax, unless required.
- Withhold state Income Tax of _____ %
- Withhold State Income Tax of \$ _____

PART VII: ACKNOWLEDGEMENT

By signing this *IRA Distribution Request*, I certify that the information I have provided is true and correct, and I authorize the Trustee/Custodian to distribute my IRA as instructed above. I understand that I am responsible for ensuring I am eligible to authorize this distribution and I assume all responsibility for any consequences resulting from my actions. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my instructions, including payments made in error. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Trustee/Custodian. If this distribution involves a SIMPLE IRA, special rules apply, and I assume responsibility for my actions regarding those issues. I understand that if this is qualified charitable distribution (QCD) or HSA funding distribution, I certify that I understand the requirements for making such a distribution from my IRA and that I meet such requirements.

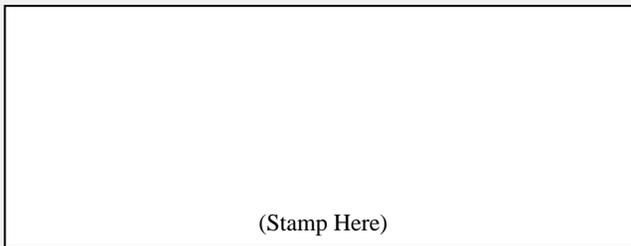
Signature of IRA owner/Inherited IRA owner (or other authorized person)

Date

PART VIII: MEDALLION SIGNATURE GUARANTEE

A Medallion signature guarantee is required if proceeds are going to a payee, address or bank account other than those listed on your account, if the redemption is over \$50,000 or if you are depositing your distribution into a new non-IRA account which is registered to a name other than your name only.

A Medallion signature guarantee may be obtained from a member of a national securities exchange, a U.S. commercial bank, trust company or federally chartered savings and loan or another eligible guarantor institution. **A notary public is not an acceptable guarantor.**



Medallion signature guarantee (if required)

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See “**Suggestion for determining withholding**” below for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying widow(er)		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

*If married filing separately, use \$380,200 instead for this 37% rate.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment from your individual retirement arrangement (IRA). See below for the rules and options for the payment. For more information on withholding, see Pub. 505, *Tax Withholding and Estimated Tax*.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on Line 2 of this withholding certificate. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on Line 2 of this withholding certificate. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on Line 2 of this withholding certificate.

Less withholding. If permitted, you may enter a lower rate on Line 2 of this withholding certificate (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables (above) to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table. To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate. If these two rates are the same, enter that rate on Line 2 of this withholding certificate. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on Line 2 of this withholding certificate. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on Line 2 of this withholding certificate.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on Line 2 of this withholding certificate.

Example 2. You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the

corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on Line 2 of this withholding certificate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return. to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment,

\$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter "14" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

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