

The IRA Distribution Request Form is used by IRA owners, beneficiaries of deceased IRA owners and Inherited IRA owners to request a distribution from a Traditional, ROTH, or SEP IRA. 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 53212-3948

SECTION 1: IRA OWNER/ BENEFICIAL OWNER INFORMATION

Name: _____ Social Security Number: _____ Date of Birth: _____

Daytime Phone: _____ Evening Phone: _____

SECTION 2: REASON FOR DISTRIBUTION

Please select one:

Required Minimum Distribution

Unless otherwise indicated below, the RMD will be calculated using the Uniform Life Time Expectancy table.

- My spouse is my sole beneficiary and greater than 10 years younger than me. Calculate my RMD using the Joint-Life Expectancy table.
 Please only send me the amount in Section 3.

Normal Distribution

IRA owner is age 59 ½ or older

Premature Distribution

IRA owner is under age 59 ½ and there is no known penalty exception. IRA owner acknowledges tax consequences & penalties.

Substantially Equal Periodic Payments

Distributions are to be made at least annually. The distributions will be done using the Uniform Life Time Expectancy table to calculate your payments unless you submit an alternative schedule of payment.

Disability

IRA owner is unable to engage in any substantial gainful activity because of a medical condition that is to be of long, continued and indefinite duration or lead to death pursuant to IRC 72(m)(7). **Please enclose a statement on doctor's letterhead or certification of disability from the Social Security Administration.**

Distribution from an Inherited Beneficiary IRA

- 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 3.

Direct conversion to a ROTH IRA from a Traditional or SEP IRA

If you do not currently have a ROTH IRA please complete an IRA application.

Rollover, Traditional or SEP IRA paid directly to Trustee of Employer's Plan

Acceptance from receiving Employer Plan must be attached. **A medallion signature guarantee is required, see Section 7.**

Excess Contribution Plus Earnings

IRA owner is removing excess contribution of \$_____ for tax year _____. To avoid a penalty tax, excess contribution and earnings, if any, must be withdrawn before the due date (including extensions) of your federal income tax return for the tax year of the excess. See IRS Publication 590 for more information. For removals of excess after the due date, please select Normal or Premature Distribution. The Custodian will not calculate earnings.

- Issue a check 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, the fund will return the amount over the contribution limit to the IRA owner.
 Remove excess contribution and earnings and invest in the account listed in Section 4.

IRS Levy

Revocation

The date the IRA is established is considered the date the IRA is opened. By signing in Section 4, you elect to revoke your IRA.

SECTION 3: DISTRIBUTION FREQUENCY

Please indicate if this is a one-time only distribution or a systematic payment distribution. If the latter, the amount indicated will apply to each distribution.

- If this is a full distribution, please indicate "ALL" in Amount \$.
- If this is a required minimum distribution including an RMD on an Inherited Beneficiary IRA, please write "RMD" in the amount\$ section. Alger Family of Funds will calculate your RMD amount.

Single Distribution – this is a one-time only distribution.

Fund Name	Account Number	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		TOTAL: \$ _____

Fee: An Annual IRA Maintenance Fee of \$10.00 will be charged on all fund accounts where a full liquidation is made unless you have already paid the fee. If the fee applies, the amount distributed will be the amount requested, less the fee, unless the fee is paid in advance.

Fee payment options (select one):

- Please charge the Annual IRA Maintenance Fee to the fund account. The amount distributed will be the amount requested, less the fee.
- Please do not charge the Annual IRA Maintenance Fee to the fund account. I have enclosed a check for payment of the fee.

Systematic Withdrawal Request

Please indicate the fund, account number, and frequency you would like your systematic withdrawal to be issued. The amount indicated will apply to each systematic distribution.

Frequency:

Choose one: Monthly Quarterly Semi-Annually Annually

Choose one: 5th or 20th of the month, beginning the month of: _____, 20____.

_____	_____	\$ _____
Fund Name	Account Number	Amount

Frequency:

Choose one: Monthly Quarterly Semi-Annually Annually

Choose one: 5th or 20th of the month, beginning the month of: _____, 20____.

_____	_____	\$ _____
Fund Name	Account Number	Amount

Frequency:

Choose one: Monthly Quarterly Semi-Annually Annually

Choose one: 5th or 20th of the month, beginning the month of: _____, 20____.

_____	_____	\$ _____
Fund Name	Account Number	Amount

SECTION 4: METHOD OF PAYMENT

You can have your distribution deposited into a non-IRA account, sent directly to you by check or have the funds transferred to another financial organization. Please select your preferred payment method (select only one):

Please deposit my distribution into my existing non-IRA account*:

_____ Fund Name _____ Account Number

Please deposit my distribution into a new non-IRA account*. Please complete a New Account Application and include it with this form.

***If your existing or new non-IRA account is registered to a name other than your name only (e.g., joint account), a Medallion signature guarantee is required (see Section 7).**

Please send a check to the address on my account.

Please send a check to a different address (requires Medallion signature guarantee – see Section 7).

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please send my distribution to the financial organization/bank account listed on my account via:

Electronic Funds Transfer (2-3 business days; no fee)

Wire (1 business day; \$20.00 fee)

Please deduct the wire fee from the proceeds of my distribution.

Please do not deduct the wire fee from the proceeds of my distribution. I have enclosed a check for payment of the fee.

Please send my distribution to the financial organization/bank account listed below (requires Medallion signature guarantee; see Section 7/6) via:

Electronic Funds Transfer (2-3 business days; no fee)

Wire (1 business day; \$20.00 fee)

Please deduct the wire fee from the proceeds of my distribution.

Please do not deduct the wire fee from the proceeds of my distribution. I have enclosed a check for payment of the fee.

Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**

Provide information about your bank account below.

Account Type: Checking Savings

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.	\$ _____
BANK NAME BANK ADDRESS	Please do <u>not</u> use staples.	_____ DOLLARS
MEMO _____		

SECTION 5: WITHHOLDING NOTICE AND ELECTION (FORM W-4P/OMB No. 1545-0074) DEPT. OF TREASURY, INTERNAL REVENUE SERVICE

Withholding Election is not necessary for Roth accounts.

NOTICE: The distributions you receive from your IRA are subject to federal income tax withholding unless you waive withholding. You may waive withholding on your IRA distribution by returning a signed and dated IRS Form W-4P, *Withholding Certificate for Pension or Annuity Payments*, or substitute Form W-4P to the Custodian. Withholding will apply to the total amount of the distribution, whether taxable or not. If you waive withholding on your IRA distribution, or if you do not have enough federal income tax withheld from your IRA distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You are responsible for determining and paying all federal, and if applicable, state and local taxes on distributions from all IRAs you own. If you do not waive withholding or elect an alternative withholding amount, ten percent will be withheld from your nonperiodic IRA distribution. Your election is valid until you revoke it. You may change your withholding election by completing another Form W-4P or substitute. If you are a non-resident alien you may not use Form W-4P to withhold income tax or to waive withholding.

Election: Unless a previous withholding election is in place, you indicate a different withholding amount below, or you waive withholding by indicating your election below, ten percent will be withheld from your IRA distribution. Check this box if you wish to add the below.

- I do not want federal income tax withheld from my distribution from this account.
- I want federal income tax of 10% withheld from my distribution from this account.
- I want federal income tax of _____% (greater than 10%) withheld from my distribution from this account.

State Tax Withholding Election

Unless you waive state taxes below, state taxes will also be withheld if, at the time of your distribution, your address is within one of the mandatory withholding states.

- I do not want state income tax withheld from my distribution from this account.

Please refer to the list of mandatory state withholding rates included on the Tax Withholding Information Addendum. To obtain a copy of the addendum, please visit the Fund's website, or contact a shareholder services representative at the number below. You may change your state withholding election on your IRA distribution by submitting the change in writing to the Custodian. Please contact a tax professional regarding the possible tax implications prior to making a redemption request.

SECTION 6: SIGNATURE

By signing this form, I certify that the information I have provided is true and correct, and I authorize the 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 as a result of my actions. I will indemnify and hold the 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 Custodian.

Signature

Date

SECTION 7: 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 Alger Family of Funds \$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 other eligible guarantor institution. **A notary public is not an acceptable guarantor.**



Medallion signature guarantee (if required)