

Use this Application to open a COVERDELL ESA.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or completing a transaction on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

† Check here if amendment

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: DEPOSITOR INFORMATION (The person opening the ESA)

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

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

SECTION 2: DESIGNATED BENEFICIARY INFORMATION (The student)

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

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

SECTION 3: RESPONSIBLE INDIVIDUAL INFORMATION (Generally a Parent or Guardian)

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

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

Relationship to the Designated Beneficiary: Mother Father Guardian Other _____

SECTION 4: AUTHORITY OF RESPONSIBLE INDIVIDUAL

Option 1: (If no box is checked below, the answer will default to be "No.")

Yes No The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in section 529(e)(2) in accordance with the Custodian's procedures.

Option 2: (If no box is checked below, the answer will default to be "No.")

Yes No The Responsible Individual shall continue to serve as the Responsible Individual for the Custodial Account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the Custodial Account and the Custodial Account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

SECTION 5: SUCCESSOR RESPONSIBLE INDIVIDUAL

If the Responsible Individual named above dies or becomes legally incapacitated while the Designated Beneficiary is a minor under state law, the person designated below, will become the successor Responsible Individual. If no successor is designated, the Designated Beneficiary's parent or guardian will become the successor Responsible Individual.

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

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

Relationship to the Designated Beneficiary: Mother Father Guardian Other _____

SECTION 6: CONTRIBUTION INFORMATION

Source of Funds (Select One):

- Regular Contribution Amount: _____ Tax Year: _____
- Direct Transfer Total Amount: _____ Basis: _____ Earnings: _____
- Rollover Total Amount: _____ Basis: _____ Earnings: _____
- Other Explain: _____

SECTION 7: PAYMENT METHOD

You can open your account using any of the methods below.

- By Check** Enclose a check payable to Alger Funds for the total amount. We do not accept third party checks.
- By Wire** For wire instructions call 800.992.3863. A New Account Application must be submitted in advance of sending an initial wire.
- By ACH** Once an IRA Account Application has been received and deemed in good order, the initial investment via ACH (automated clearing house) will be processed. Please provide information in Section 11 about your checking or savings account to establish your investment. **

****Please note: For the first 60 days after initial investment via ACH, redemption proceeds are required to be sent back via ACH to the bank of record.**

SECTION 8: INVESTMENT SELECTION

\$1,000 minimum per Fund required, or \$500 minimum per Fund with an Automatic Investment Plan (please see Section 9). **Note: Class C shares are only available for accounts with an associated Broker Dealer/Financial Intermediary as indicated in Section 14.**

	Class A	Class B	Class C
Alger Focus Equity Fund	\$ _____ (160)	N/A	\$ _____ (162)
Alger Capital Appreciation Fund	\$ _____ (100)	<i>(closed to new investors)</i>	\$ _____ (102)
Alger Dynamic Opportunities Fund	\$ _____ (120)	N/A	\$ _____ (122)
Alger Emerging Markets Fund	\$ _____ (140)	N/A	\$ _____ (142)
Alger Global Focus Fund	\$ _____ (180)	N/A	\$ _____ (182)
Alger Growth & Income Fund	\$ _____ (200)	N/A	\$ _____ (202)
Alger Health & Sciences Fund	\$ _____ (220)	N/A	\$ _____ (222)
Alger International Focus Fund	\$ _____ (240)	<i>(closed to new investors)</i>	\$ _____ (242)
Alger Mid Cap Growth Fund	\$ _____ (280)	<i>(closed to new investors)</i>	\$ _____ (282)
Alger Responsible Investing Fund	\$ _____ (300)	N/A	\$ _____ (302)
Alger Small Cap Focus Fund	\$ _____ (320)	N/A	\$ _____ (322)
Alger Small Cap Growth Fund	\$ _____ (380)	<i>(closed to new investors)</i>	\$ _____ (382)
Alger Weatherbie Specialized Growth Fund	\$ _____ (340)	N/A	\$ _____ (342)
Alger Spectra Fund	\$ _____ (360)	N/A	\$ _____ (362)
TOTAL	\$ _____	\$ _____	\$ _____

Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

SECTION 9: BANK ACCOUNT INFORMATION

Provide information about your checking or savings account to fund your initial investment via ACH, to receive distributions or redemption proceeds by ACH, or to establish an automatic investment program by ACH.

- 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 10: DEATH BENEFICIARY DESIGNATION

The following Death Beneficiaries will be entitled to receive any benefits upon the Designated Beneficiary's death. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. Upon the Designated Beneficiary's death, the Coverdell ESA assets will be divided in equal shares (unless indicated otherwise) to the primary beneficiaries who survive the Designated Beneficiary. If no primary beneficiaries survive the Designated Beneficiary, the Coverdell ESA will be divided in equal shares (unless indicated otherwise) to the contingent beneficiaries who survive the Designated Beneficiary. The beneficiary designation may be changed or revoked at any time by completing a new *Coverdell ESA Change of Designation Form* and providing it to the ESA Custodian.

Type: Primary Contingent Share Percentage: _____% Taxpayer ID Number: _____ Date of Birth: _____

Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Address: _____

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Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Address: _____

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Name: _____ Relationship to Designated Beneficiary: Family Member Not a Family Member

Address: _____

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

To name a Trust as your beneficiary, attach to this form either a copy of the Trust Agreement, or a certification, in writing, acceptable to the ESA Custodian.

SECTION 11: SPOUSAL CONSENT

This section is only completed if the Designated Beneficiary is married and has legal residence in a community or marital property state and someone other than or in addition to the Designated Beneficiary's spouse is named as Death Beneficiary. This section may have important tax consequences to the Designated Beneficiary and the Designated Beneficiary's spouse, so please consult with a competent advisor prior to completing. If the Designated Beneficiary is not currently married, but marries in the future, a new beneficiary designation that includes the spousal consent provisions must be completed.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the ESA Designated Beneficiary and agree with and consent to the designation of a primary Death Beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse of Designated Beneficiary:

X _____ **Date:** _____

Witness:

X _____ **Date:** _____

SECTION 12: ACCOUNT SERVICE OPTIONS FOR YOUR ESA

Automatic Investment Program *(The completion of this section is optional)*

This option provides an automatic investment into your IRA by transferring money directly from your bank account provided in Section 5 via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Contributions made to your IRA using the automatic investment option will be for the current tax year.

Frequency:

Choose one*: Monthly or Quarterly

Choose one*: 5th 10th 15th 20th or 25th Begin date (month/year): _____

**If no time frame or date is specified investments will be made monthly on the 15th. Your first automatic investment will occur no sooner than 15 days after receipt of this application*

Fund Allocation (\$50 minimum per Fund):

	Class A	Class B	Class C
Alger Focus Equity Fund	\$ _____ (160)	N/A	\$ _____ (162)
Alger Capital Appreciation Fund	\$ _____ (100)	<i>(closed to new investors)</i>	\$ _____ (102)
Alger Dynamic Opportunities Fund	\$ _____ (120)	N/A	\$ _____ (122)
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Alger Spectra Fund	\$ _____ (360)	N/A	\$ _____ (362)
TOTAL	\$ _____	\$ _____	\$ _____

Telephone Transactions

This option provides the ability to conduct purchase and redemption transactions by telephone. You will automatically be granted telephone redemption privileges unless you decline them by checking below. If you decline, you will be required to submit a Medallion signature guaranteed letter of instruction signed by all registered account owners to add telephone transaction privileges in the future.

I decline telephone redemption privileges. All requests to redeem shares from this account must be submitted in writing.

SECTION 13: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

SECTION 14: FOR BROKER DEALER USE ONLY - MUST BE COMPLETED IF PURCHASING CLASS C SHARES

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Supervisor's Full Name: _____

Supervisor's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Telephone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

SECTION 15: RIGHT OF ACCUMULATION

I would like to use the combined assets in the following account(s) _____ to qualify for reduced sales charges.
(Certain eligibility guidelines may apply.)

SECTION 16: LETTER OF INTENT

I plan to invest over a 13-month period a total of at least: (Check only one box)

- \$25,000 \$50,000 \$100,000 \$250,000
- \$500,000 \$750,000 \$1,000,000

If you intend to invest a certain amount over a 13-month period, you may be entitled to reduced sales charges on your purchases. * If the amount indicated is not invested within 13 months, regular sales charge rates will apply to shares purchased and any difference in the sales charge owed versus the sales charge previously paid will be deducted from escrowed shares. Please refer to the prospectus for terms and conditions.

* A contingent deferred sales charge may apply to proceeds of certain shares redeemed within 12 months of purchase. Please refer to the prospectus for complete terms and conditions.

Process the enclosed purchase for NAV purchases. I certify that this account is eligible to purchase shares at NAV according to the terms set forth in the fund prospectus, and I have completed, if necessary, any required documentation.

SECTION 17: ACKNOWLEDGEMENT

(Note: This Application will not be processed unless signed below by the Depositor and Responsible Individual.)

By signing this *Coverdell ESA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian UMB Bank, n.a. may rely on what I have provided. In addition, I have read and received copies of the *Coverdell ESA Application, IRS Form 5305-EA, Disclosure Statement* and applicable fee schedules. I agree to be bound to their terms and conditions. I understand that I am responsible for the Coverdell ESA transactions, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Coverdell ESA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Depositor Signature:

X _____ Date: _____

Responsible Individual's Signature (Complete if Depositor is NOT the Responsible Individual):

X _____ Date: _____

CUSTODIAL ACCEPTANCE: UMB Bank, n.a.'s acceptance of this appointment as Custodian shall be effective upon the delivery of a confirmation notice to the Responsible Individual or Designated Beneficiary reflecting the initial investment transaction into any Fund indicated on this form.