

Use this IRA Application to open a Traditional, SEP, OR ROTH IRA. If you have any questions about completing this form, please contact Shareholder Services 800.992.3863.

IMPORTANT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, you will be asked for your name, date of birth (for a natural person), your residential address or principal place of business, and mailing address, if different, as well as your Social Security Number or Taxpayer Identification Number. Additional information is required for corporations, partnerships and other entities. Applications without such information will not be considered in good order. The Fund reserves the right to deny an application if it is not in good order. Please note that the value of your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

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-A: IRA OWNER INFORMATION (DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA, RESPONSIBLE PARTY IF IRA IS FOR A MINOR)

Select type of IRA: Traditional IRA ROTH IRA SEP IRA

Name: _____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____ Date of Death (if applicable): _____

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Section 1-B of the *IRA Application*. If you are a spouse claiming the IRA as your own, do not complete the section below.

SECTION 1-B: INHERITED OR MINOR IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED IRA OR MINOR IRA ONLY)

Note: Inherited IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

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

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

SECTION 2: CONTRIBUTION INFORMATION

Source of Funds (select one):

Regular/Spousal Contribution

Amount: \$ _____ Tax Year(s): _____
Amount: \$ _____ Tax Year(s): _____

Recharacterization – Please complete a Recharacterization Form.

Conversion

Amount: \$ _____
Source: Traditional IRA SEP/SIMPLE IRA*

Employee SEP Contribution

Amount: \$ _____

Direct Transfer – Please complete an IRA Transfer Form.

Source: Traditional IRA ROTH IRA SEP IRA SIMPLE IRA*

Rollover

- Source: Traditional IRA SEP IRA SIMPLE IRA*
 Employer-Sponsored Plan (e.g. 401(a), 401(k), 403(b), government 457(b))
 ROTH Employer-Sponsored Plan (e.g. 401(a), 401(k), 403(b), government 457(b))

Other: _____

*You may not transfer or rollover SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan. You may not convert SIMPLE IRA assets to a ROTH IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.

SECTION 3: INVESTMENT SELECTION

\$1,000 minimum per Fund required, or \$500 minimum per Fund with an Automatic Investment Plan (please see Section 8). **Note: Class C shares are only available for accounts with an associated Broker Dealer/Financial Intermediary as indicated in Section 10.**

	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	\$ _____	\$ _____	\$ _____

SECTION 4: 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 5 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 5: 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. Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

SECTION 6: BENEFICIARY DESIGNATION

IRA Owner (or Inherited IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The most current beneficiary designation on file with the Custodian at the time of death will govern. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

Type: Primary Contingent **Share Percentage:** _____% **Relationship to IRA Owner:** spouse non-spouse
Name: _____ Social Security Number: _____ Date of Birth: _____

Address: _____

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

Address: _____

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

SECTION 7: SPOUSAL CONSENT

Complete this section only if you, the IRA Owner, have your legal residence in a **community or marital property state** and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the IRA Owner and agree with and consent to my spouse's designation of a primary 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:

X _____ Date: _____

SECTION 8: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED IRAS)**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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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 9: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SECTION 10: FOR BROKER DEALER USE ONLY - MUST BE COMPLETED IF PURCHASING CLASS C SHARES

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Financial Institution Name: _____

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

City: _____ State: _____ Zip: _____

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

SECTION 11: 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 12: 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 13: WITHHOLDING NOTICE AND ELECTION FORM (Form W4P/OMB No. 1545-0074) Department 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 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.

- 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 14: DOCUMENTATION OPTIONS

We generally deliver a single copy of most annual and semi-annual reports and prospectuses to investors who share the same address and last name. By signing this application, you consent to the delivery of one report and prospectus to the same address unless you indicate otherwise below. You have the right to revoke this consent at any time by calling or writing the Fund at the telephone number or address shown on the first page. The Fund will begin sending you individual copies of these mailings within 30 days after you revoke your consent.

- I want to receive individually addressed investor documents at the same address.

SECTION 15: PRIVACY NOTICE

The Funds collects non-public information about you from the following sources:

- Information we receive about you on the application form or other forms;
- Information you give us orally; and/or
- Information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated and unaffiliated third parties with whom we have contracts for servicing the Fund. We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibilities. We maintain physical, electronic and procedural safeguards to guard your non-public personal information and require third parties to treat your personal information with the same high degree of confidentiality. In the event that you hold shares of the Fund through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with unaffiliated third parties.

SECTION 16: ACKNOWLEDGEMENT *Note: This application will not be processed unless signed below by the IRA Owner (or Inherited IRA Owner.)*

By signing this 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 Application, the applicable IRS Form, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the IRA transactions I conduct, and I will indemnify and hold the Custodian and its agents 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 IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of IRA Owner (or Inherited IRA Owner or Responsible Party):

X _____ Date: _____