



# ACCOUNT PRIVILEGES CHANGE FORM

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

## SECTION 1: CURRENT ACCOUNT INFORMATION

Changes will apply to the following accounts:

Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Names(s) on Account: \_\_\_\_\_

Social Security/Tax ID Number: \_\_\_\_\_

## SECTION 2: BANK INFORMATION

**Note: This form must be received at least 14 days prior to your initial transaction to establish and confirm your bank information. You must attach a blank, voided check from your bank account to this form. A Medallion signature guarantee is required to add bank instructions to your account.**

I would like to:     Add     Change Bank Information

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type:

Checking Account     Savings Account

I authorize the bank listed above for:

Electronic Funds Transfer (takes 2 – 3 business days to receive proceeds)

Wire (\$20 Fee – takes 1 business day to receive proceeds)

## SECTION 3: TELEPHONE OPTIONS

**Note: A Medallion signature guarantee is required to add telephone exchange or redemption privileges to your account. Telephone redemption are permitted to a maximum of \$50,000.**

Please add telephone exchange and redemption privileges to my account

Please remove telephone exchange and redemption privileges to my account

## SECTION 4: AUTOMATIC INVESTMENT PLAN

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

This option provides an automatic investment into your account by transferring money directly from your bank account information provided in Section 2 via EFT (Electronic Funds Transfer) on a scheduled basis. The minimum automatic investment is \$50 per fund once you meet the minimum initial investment of \$500. **Please complete Section 2 if requesting the Automatic Investment Plan.**

**Frequency:**

**Choose one\*:**  Monthly or  Quarterly

**Choose one\*:**  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup> or  25<sup>th</sup>    Begin date (month/year): \_\_\_\_\_

*\*If no time frame or date is specified investments will be made monthly on or around 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 C
Alger Capital Appreciation Fund	\$ _____ (100)	\$ _____ (102)
Alger Dynamic Opportunities Fund	\$ _____ (120)	\$ _____ (122)
Alger Emerging Markets Fund	\$ _____ (140)	\$ _____ (142)
Alger Focus Equity Fund	\$ _____ (160)	\$ _____ (162)
Alger Global Focus Fund	\$ _____ (180)	\$ _____ (182)
Alger Growth & Income Fund	\$ _____ (200)	\$ _____ (202)
Alger Health Sciences Fund	\$ _____ (220)	\$ _____ (222)
Alger International Focus Fund	\$ _____ (240)	\$ _____ (242)
Alger Mid Cap Focus Fund	\$ _____ (260)	\$ _____ (262)
Alger Mid Cap Growth Fund	\$ _____ (280)	\$ _____ (282)
Alger Responsible Investing Fund	\$ _____ (300)	\$ _____ (302)
Alger Small Cap Focus Fund	\$ _____ (320)	\$ _____ (322)
Alger Small Cap Growth Fund	\$ _____ (380)	\$ _____ (382)
Alger Spectra Fund	\$ _____ (360)	\$ _____ (362)
Alger Weatherbie Enduring Growth Fund	\$ _____ (620)	\$ _____ (622)
Alger Weatherbie Specialized Growth Fund	\$ _____ (340)	\$ _____ (342)
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

**SECTION 5: SYSTEMATIC WITHDRAWAL PLAN**

This plan is available for accounts with a \$10,000 minimum balance. Minimum withdrawal for a Systematic Withdrawal Plan is \$50, maximum withdrawal is 1% of current account value.

**Frequency:**

**Choose one\*:**  Monthly  Quarterly  Semi-Annually  Annually

**Choose one\*:**  5<sup>th</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup> or  25<sup>th</sup> Begin date (month/year): \_\_\_\_\_

	Class A	Class C
Alger Capital Appreciation Fund	\$ _____ (100)	\$ _____ (102)
Alger Dynamic Opportunities Fund	\$ _____ (120)	\$ _____ (122)
Alger Emerging Markets Fund	\$ _____ (140)	\$ _____ (142)
Alger Focus Equity Fund	\$ _____ (160)	\$ _____ (162)
Alger Global Focus Fund	\$ _____ (180)	\$ _____ (182)
Alger Growth & Income Fund	\$ _____ (200)	\$ _____ (202)
Alger Health Sciences Fund	\$ _____ (220)	\$ _____ (222)
Alger International Focus Fund	\$ _____ (240)	\$ _____ (242)
Alger Mid Cap Focus Fund	\$ _____ (260)	\$ _____ (262)
Alger Mid Cap Growth Fund	\$ _____ (280)	\$ _____ (282)
Alger Responsible Investing Fund	\$ _____ (300)	\$ _____ (302)
Alger Small Cap Focus Fund	\$ _____ (320)	\$ _____ (322)
Alger Small Cap Growth Fund	\$ _____ (380)	\$ _____ (382)
Alger Spectra Fund	\$ _____ (360)	\$ _____ (362)
Alger Weatherbie Enduring Growth Fund	\$ _____ (620)	\$ _____ (622)
Alger Weatherbie Specialized Growth Fund	\$ _____ (340)	\$ _____ (342)
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Payment Method (check one):**

- Check to Address of Record
- Bank Information Currently on Account
- New Bank Information provided in Section 2 of this form

**Provisions of the Systematic Withdrawal Plan:**

Alger family of Funds Systematic Withdrawal Plan is available for any shareholder account worth at least \$10,000.

By completing this form, you are appointing Alger Family of Funds as your agent to redeem shares in your account to make periodic payments.

Payments will be made by redeeming the appropriate number of shares in your account at the then current net asset value. Redemptions will be made on the 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup> or 25<sup>th</sup> of each month, or the next business day, and will be paid as specified in the prospectus.

Withdrawal payments should not be regarded as income or yield on your investment, since part of each payment will normally consist of a return of capital. Depending on the size and frequency of your withdrawals and the fluctuations in value of the fund portfolio, using the Plan may reduce or even exhaust your account.

**SECTION 6: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS**

All dividend and capital gains distributions will be reinvested unless one of the following is checked.

	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 electronic transfer (ACH) to my bank account (complete 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 allows investors to reinvest dividends and/or capital gains to purchase additional shares of any other existing Alger Fund account. 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.

**SECTION 7: SIGNATURE(S) AND CERTIFICATIONS**

I (we) certify that I (we) am (are) the account owner(s) authorized to make these elections and that all information provided by me (we) is true and accurate. I (we) authorize the above changes to my (our) Alger Family of Funds account. I am (we are) of legal age, have received and read the prospectus and privacy policy and agree to the terms therein.

All registered owners, officers, partners, trustees or custodian must sign.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Capacity (Owner, Trustee, Custodian, Executor, etc): \_\_\_\_\_

Signature of Joint Owner, Co-Trustee, Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Capacity (Owner, Trustee, Custodian, Executor, etc): \_\_\_\_\_

Signature of Joint Owner, Co-Trustee, Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Capacity (Owner, Trustee, Custodian, Executor, etc): \_\_\_\_\_

Signature of Joint Owner, Co-Trustee, Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Capacity (Owner, Trustee, Custodian, Executor, etc): \_\_\_\_\_

**SECTION 8: MEDALLION SIGNATURE GUARANTEE**

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 notarization from a notary public or a signature guarantee is not acceptable.**



Medallion Signature Guarantee (if required)