



403(b)(7) CHANGE OF BENEFICIARY FORM

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

This 403(b)(7) Change of Beneficiary Form is used by 403(b)(7) participants and Inherited 403(b)(7) participants to change the beneficiaries for 403(b)(7)s.

SECTION 1: 403(B)(7) PARTICIPANT INFORMATION

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

Account Number: _____

SECTION 2: BENEFICIARY DESIGNATION

NOTE: THIS BENEFICIARY DESIGNATION SUPERSEDES ALL PRIOR DESIGNATIONS FOR THE 403(b)(7) IDENTIFIED ABOVE.

403(b)(7) Participants (or Inherited 403(b)(7) Participants) 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 403(b)(7) 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, your 403(b)(7) 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 *403(b)(7) 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: _____

Type: Primary Contingent Share Percentage: _____ % Relationship to IRA Owner: spouse non-spouse

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Address: _____

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Address: _____

Type: Primary Contingent Share Percentage: _____ % Relationship to IRA Owner: spouse non-spouse

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 3: SPOUSAL CONSENT

Complete this section only if you, the 403(b)(7) Participant, 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 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 403(b)(7), 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 403(b)(7) Participant 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 4: ACKNOWLEDGEMENT

By signing this 403(b)(7) Change of Beneficiary Form, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I assume all responsibilities for the elections I have made, including those related to naming a nonspouse beneficiary, if I am married. I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of 403(b)(7) Participant (or Inherited 403(b)(7) Participant):

X _____ Date: _____