



FINANCIAL INTERMEDIARY CHANGE FORM

Use this form to authorize the Alger Family of Funds to change the financial intermediary designated on your Alger Family of Funds account. This authorization must be signed by all account owners. We require authorization from both the resigning firm as well as the accepting firm. 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: ACCOUNT REGISTRATION

Owner(s)/Account Title (as listed on your statement): _____

Account Number: _____ Social Security Number: _____

SECTION 2: CURRENT FINANCIAL INTERMEDIARY INFORMATION

Financial Advisor's Name: _____ Rep Number: _____

Name of Firm: _____ Dealer Number: _____ Branch Number: _____

Branch Address: _____ City, State, Zip: _____

Main Office Address: _____ City, State, Zip: _____

I am authorized and resign designation as a registered representative on the account(s) listed above.

Authorized Signature of Financial Intermediary (required): _____

SECTION 3: NEW FINANCIAL INTERMEDIARY INFORMATION

Financial Advisor's Name: _____

Name of Firm: _____ Branch Number: _____ Rep Number: _____

Branch Address: _____ City, State, Zip: _____

Main Office Address: _____ City, State, Zip: _____

I am authorized and accept designation as a registered representative on the account(s) listed above.

Authorized Signature of Financial Intermediary (required): _____

SECTION 4: ACKNOWLEDGEMENT AND SIGNATURE

Note: All account owners/trustees must sign. For UGMA/UTMAs, custodian should sign.

I hereby authorize the Alger Family of Funds to change the current Financial Intermediary on the account(s) listed in Section 1 to the Intermediary listed in Section 3 of this form.

Authorized Signature (owner, custodian, trustee): _____

Authorized Signature (owner, custodian, trustee): _____