ALGER

NEW ACCOUNT APPLICATION

Use this New Account Application to open an individual, joint, UGMA/UTMA, trust, or corporate account. If you have any questions about completing this form, please contact Shareholder Services at 800.992.3863.

❑ **IMPORTANT – ACTION REQUIRED – PLEASE ACKNOWLEDGE BEFORE PROCEEDING**

As an interval fund, the Alger Next Gen Growth Fund intends to conduct quarterly repurchase offers for between 5% and 25% of the Fund's outstanding shares at net asset value (NAV), pursuant to Rule 23c-3 under the Investment Company Act of 1940, as amended, unless such offer is suspended or postponed in accordance with regulatory requirements (see the Prospectus – "Share Repurchase Program"). Under normal market conditions, the Fund currently intends to offer to repurchase 5% of its outstanding Shares at NAV on a quarterly basis. In connection with any given repurchase offer, it is possible that a repurchase offer may be oversubscribed, with the result that Fund shareholders may only be able to have a portion of their shares repurchased. In such instances where shareholders tender for repurchase more than the Repurchase Offer Amount for a given repurchase offer, the Fund will repurchase the shares on a pro rata basis. (The Fund may accept all shares tendered for repurchase by shareholders who own less than 100 shares and who tender all their shares, before prorating other amounts tendered.)

By marking the box above and signing this application, you acknowledge that you have read the Fund's Prospectus; you understand that this Fund offers limited liquidity, and that there is no guarantee that you will be able to sell all the shares you desire to sell under the Fund's quarterly repurchase program. Without this written acknowledgment, the Fund will not accept your application to purchase Fund shares.

IMPORTANT – ACTION REQUIRED – PLEASE READ BEFORE PROCEEDING

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

SECTION 1: OWNER INFORMATION

Please choose the appropriate section to complete based upon the Account type you wish to establish. Note, if you are completing Section D, it is required that you provide beneficial owner information and authorized Controlling Individual.

Section A:

❑ **Individual** or ❑ **Joint*** *(may not be a minor)*

Name:_____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone:_____ Email Address: _____

Date of Birth: _____

- *Please fill out section below if joint account*

Name:_____ Social Security Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone:_____ Email Address: _____

Date of Birth: _____

Section B:

❑ **Uniform Gift/Transfers to Minor Account (UGMA, UTMA)**

Minor Name:_____ Minor Social Security Number: _____

Minor Residence Address: _____

Minor Date of Birth: _____

Custodian Name:_____ Custodian Social Security Number: _____

Custodian Residence Address: _____

Custodian Mailing Address: _____

Custodian Primary Phone:_____ Custodian Email Address: _____

Custodian Date of Birth: _____

Section C:

❑ **Trust**

Note: For a Statutory Trust, please complete the Entity section below.

Photocopy of the title page and signature page of Trust documents required.

Name of Trust:_____ Date of Trust: _____

Trust Tax ID Number: _____

Mailing Address: _____

Trustee:_____ Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone:_____ Email Address: _____

Date of Birth: _____

Additional Trustee:_____ Additional Trustee Tax ID Number: _____

Residence Address: _____

Mailing Address: _____

Primary Phone:_____ Email Address: _____

Date of Birth: _____

Section D: **Entity (choose from one of the following):**

❑ **Statutory Trust** ❑ **C-Corporation** ❑ **S-Corporation** ❑ **Partnership** ❑ **Government**

❑ **Other Entity:** _____

❑ **Limited Liability Company (LLC) Classified for tax purposes by one of the following:**
❑ Partnership ❑ S-Corporation ❑ C-Corporation

Organization documentation required such as articles of incorporation. If a Statutory Trust, please include entire trust instrument.

Check if appropriate*:* ❑ I am an exempt recipient as defined under U.S. federal income tax regulations (e.g., C-Corporation, financial institution, registered broker-dealer, or tax-exempt organization).

Exempt payee code:_____ **Note:** Please see IRS Form W-9 for a list of exempt payee codes

Name of Entity: _____ Entity Tax ID Number: _____

Permanent Address: _____

Mailing Address: _____

Certification of Beneficial Owners for Legal Entity Clients

This information is required by federal regulations as a means to identify and document information for individuals who own and/or control a legal entity.
To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. A legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in The United States of America or a foreign country. A legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

Do not complete if the entity is publicly traded on an exchange or subject to ERISA.

Beneficial Owners

Identify each individual who owns—directly or indirectly through any agreement, arrangement, understanding, relationship, or otherwise—25% or more of the equity interests of the legal entity.

❑ Check this box if no individual owns 25% or more of the legal entity and that you will inform the Fund if/when an individual assumes 25% or more ownership.

Beneficial Owner 1:

Name: _____

Residence Address: _____

Date of Birth:_____ Social Security Number: _____

Beneficial Owner 2:

Name: _____

Residence Address: _____

Date of Birth:_____ Social Security Number: _____

Beneficial Owner 3:

Name: _____

Residence Address: _____

Date of Birth:_____ Social Security Number: _____

Beneficial Owner 4:

Name: _____

Residence Address: _____

Date of Birth:_____ Social Security Number: _____

Authorized Controlling Individual
Provide information for one individual with significant responsibility for managing the legal entity (ex: CEO, CFO, managing member, general partner, president, treasurer, etc.).

Name: _____

Residence Address: _____

Date of Birth:_____ Social Security Number: _____

SECTION 2: DUPLICATE ACCOUNT STATEMENT

❑ Yes, please send duplicate statements to:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SECTION 3: INVESTMENT SELECTION

Please note that there is $1,000 minimum per Fund required for Class A, and $500,000 for Class Z.

Alger Next Gen Growth Fund – Class A $ _____ (660)

Alger Next Gen Growth Fund – Class Z $ _____ (664)

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 800.992.3863. A New Account Application must be submitted in advance of sending an initial wire.
❑ **By ACH**	Once a New 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. **

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: _____



SECTION 6: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividend and capital gains distributions will be reinvested unless one of the following is checked. **Please note: If your initial purchase is via ACH and you are electing not to reinvest your dividends and/or capital gains, the payments must be sent via ACH.**

	Dividends	Capital Gains
Mail by check to my mailing address	❑	❑
Deposit electronic transfer (ACH) to my bank account (complete Section 5)	❑	❑

SECTION 7: COST BASIS ELECTION

The Fund is responsible for tracking and reporting to the IRS your realized gains and losses.

The Fund's **default** tax lot identification method is **Average Cost.** You may choose another method below. **Note: IRS Regulations do not permit the change of the method on a settled trade.** If you are using average cost as your method, by signing this application you agree to use the fair market value of the shares if the gift is at a loss.

❑ I choose the funds default method of Average Cost

❑ I choose a method **other** than Average Cost (select a method below)

- ❑ FIFO – First In, First Out
- ❑ LIFO – Last In, First Out
- ❑ Specific Identification
- ❑ HIFO –Highest In, First Out
- ❑ LOFO – Low Cost, First Out

If no option is selected above, your account will use the Fund's default method. If your account cost basis method is Average Cost, whether by election or default, and you are receiving a gift, you agree to receive that gift at FMV if received at a loss.

SECTION 8: ACCOUNT SERVICE OPTIONS

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 Part V via ACH (Automated Clearing House) on a scheduled basis. The minimum automatic investment is $50 per fund once you meet the minimum initial investment of $500. **Please complete Section 5 if requesting the Automatic Investment Plan.**

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 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)

Alger Next Gen Growth Fund – Class A $_____ (660)

Alger Next Gen Growth Fund – Class Z $_____ (664)

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: 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 10: 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 11: 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 12: PRIVACY NOTICE

The Funds collect 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 13: ACKNOWLEDGEMENT AND SIGNATURE *Note: This application will not be processed unless signed below by all account owners/trustees. For UGMA/UTMAs, the custodian should sign.*

By signing below:

- I certify that I have received and read the current Prospectus and Privacy Notice of the Fund in which I am investing and agree to be bound by its terms and conditions. I certify that I have the authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with the procedures described in the Prospectus for this account. I agree that neither the Funds nor the transfer agent will be liable for any loss, cost or expense for acting on such instructions.
- I certify that I am not a Foreign Financial Institution as defined in the USA Patriot Act.

By completing Part V and signing below:
I authorize credits/debits to/from the bank account referenced in conjunction with the account options selected. I agree that the Fund shall be fully protected in honoring any such transaction. I also agree that the Fund may take additional attempts to credit/debit my account if the initial attempt fails and I will be liable for any associated costs. All account options selected (if any) shall become part of this application and the terms, representations and conditions thereof.

By selecting the box below, I am certifying that I am **NOT** a U.S. Citizen.
❑ I am a Resident Alien

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)
Under penalty of perjury, I certify that:
1. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).
4. I am exempt from FATCA reporting.
Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner, Trustee or Custodian:_____ Date: _____

Signature of Joint Owner, Trustee or Custodian:_____ Date: _____

Additional Owner's Signature (if applicable):_____ Date: _____

SECTION 14: FOR BROKER DEALER USE ONLY

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed. If no Broker Dealer is assigned, Fred Alger & Company LLC (the "Distributor") will automatically be assigned to your account as the Broker Dealer. Although the Distributor is the broker-of-record on your account, the Distributor does and will not make investment recommendations to you. The Distributor will be solely providing administrative services to your account.

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: _____