

Use this form to designate a person(s) as Attorney-in-Fact on your Alger Family of Funds account(s).

- A. **The Power of Attorney granted with this form shall be considered durable and continue in full force after the disability or incapacity, of the grantor of the POA.**
- B. An Attorney-in-Fact may only be designated for Alger Family of Funds individual, joint tenants or IRA accounts.

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 INFORMATION

Name of Account Owners: _____ Social Security Number: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Please check one:

- Existing Account – Please provide account number(s): _____
- New Account – Please list the Fund name and submit this form with a New Account Application: _____

SECTION 2: DESIGNATION OF ATTORNEY-IN-FACT

If more than one Attorney-in-Fact is designated, each Attorney-in-Fact may independently exercise the powers granted.

(1) Name of Attorney-in-Fact: _____ Social Security Number: _____

Permanent Street Address: _____

Birthdate: _____ Primary Phone: _____ Email Address: _____

(2) Name of Attorney-in-Fact: _____ Social Security Number: _____

Permanent Street Address: _____

Birthdate: _____ Primary Phone: _____ Email Address: _____

If no box is checked you will be deemed to have selected Limited Power of Attorney:

Power of Attorney – grants to an Attorney-in-Fact the authority to take any action that I could take if acting personally, including, but not limited to, the purchase, sale, exchange, or transfer of shares, provided that any exchange or transfer shall not be made into an account titled in the name of an Attorney-in-Fact, and in remittance of sale proceeds shall not be in the name of an Attorney-in-Fact, if applicable, consent to the electronic delivery of regulatory documents to an Attorney-in-Fact, OR

Full Power of Attorney – grants to an Attorney-in-Fact the authority to take any action I could take if acting personally, including, but not limited to, the purchase, sale, exchange, or transfer of shares, including any transfer into the name of an Attorney-in-Fact or direct remittance of sale proceeds to an Attorney-in-Fact, and, if applicable, consent to the electronic delivery of regulatory documents to an Attorney-in-Fact.

Signature of Attorney-in-Fact: _____ Date: _____

SECTION 3: DESIGNATION OF BENEFICIARY

To allow your Attorney-in-Fact to designate beneficiaries on your IRA(s), you must **check one** of the following options, otherwise your Attorney-in-Fact will not have the authority to designate beneficiaries.

Beneficiary Designations – to designate beneficiaries, or change existing beneficiary designations, in accordance with the procedures outline in the applicable Account agreement(s) governing my Account(s) with the exception of not allowing beneficiary designations in the name of the Attorney-in-Fact.

Beneficiary Designations including power to designate an Attorney-in-Fact as my Beneficiary - to designate beneficiaries, or change existing beneficiary designations, in accordance with the procedures outlined in the applicable Account agreement(s) governing my Account(s) including power to designate an Attorney-in-Fact as the beneficiary on my IRA(s).

SECTION 4: AUTHORIZATION

The person(s) designation in Section 2 as Attorney-in-Fact is hereby authorized to transmit to UMB Fund Services, Inc. as transfer agent for each fund that is a member of the Alger Family of Funds (individually a "Fund" and collectively the "Funds"), either orally, in writing, or electronically in accordance with procedures periodically established by Alger Family of Funds, instructions for any action that I might or could take if acting personally, including designating beneficiaries, for any Fund account for which I have an individual or joint interest.

By checking one of the boxes above, I hereby indicate the authorization given to said Attorney-in-Fact when providing instructions to act upon my account(s). I hereby authorize Alger Family of Funds to treat the above-named Attorney-in-Fact as authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could act. I hereby agree to indemnify and hold harmless Alger Family of Funds, UMB Fund Services, Inc. and each of their employees, agents, officers, directors, nominees and affiliates, from acting upon instructions, either orally, in writing, or electronically, believed by them to have originated from any and all acts of said Attorney-in-Fact with respect to the shares in the account stated above.

The powers given under this Durable POA shall remain in full force and effect until five business days after UMB Fund Services, Inc. received a written notice with a Notarized signature(s) from the undersigned revoking this designation of Attorney-in-Fact, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to receipt of such revocations. This Durable POA shall not be affected by the subsequent disability or incapacity of the account owner. Alger Family of Funds and UMB Fund Services, Inc. shall not be responsible for any action taken on the basis of this authorization until receipt of written notice thereof.

SECTION 5: SIGNATURE AND NOTARY

The account owner(s) is responsible for ensuring compliance with applicable state requirements of execution. Alger Family of Funds and UMB Fund Services, Inc. assume no responsibility to verify the correct execution of this document.

Signature of Witnesses (check your state's requirements to determine if, and how many, witnesses are necessary):

Signature of Owner: _____ Date: _____ Witness: _____ Date: _____

Signature of Owner: _____ Date: _____ Witness: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of _____, in the County of _____

Subscribed and sworn before me by the above-named Account Owner who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on _____ (date).

NOTARY PUBLIC

DATE

SEAL

[Empty box for Notary Public signature]

[Empty box for Notary Public seal]

My Commission Expires _____