

ALGER

AUTHORIZATION FOR AUTOMATIC PAYROLL DEDUCTION

Use this form if you want to authorize deductions from your paycheck to automatically make contributions to your Alger fund account or to change a prior authorization. For all new accounts, a New Account Application must accompany this payroll form.

Mail completed form to:

Alger Family of Funds, P. O. Box 219432 Kansas City, MO 64121-9432

PLEASE PRINT

1 DEDUCTION INFORMATION (please check one)

- Establish new payroll options Change payroll deduction amounts/investment allocations

2 ACCOUNT OWNER INFORMATION

Name of Employee (First, M.I., Last)		Social Security Number	
Street Address			
City	State	Zip	
Employer Name			
Employer Payroll Contact Name		Employer Payroll Contact Phone	

3 PAYROLL DEDUCTION AMOUNT AND INVESTMENT ALLOCATIONS

Total deduction amount per pay period \$ _____

Please note the minimum deduction amount must total at least \$50.00 per fund per month.

Account Owner's Name	Fund Number/Name	Account Number	Percentage
_____	_____	_____	.00 %
_____	_____	_____	.00 %
_____	_____	_____	.00 %
_____	_____	_____	.00 %
_____	_____	_____	.00 %
_____	_____	_____	.00 %
_____	_____	_____	.00 %
Total Allocation			100.00 %

When completing the ACH (Automatic Clearing House) electronic transfer, **the transmittal must be coded for checking**. Please transmit the funds to State Street Bank & Trust Company.

0 1 1 0 0 0 0 2 8

The account number is a 17-digit field. The first 8 digits are the Alger funds DDA account number. The next 9 digits are the employee's social security number without dashes.

9 9 0 5 6 4 4 2 _____

4 AUTHORIZATION

I authorize Alger to make payroll deposits based on this information and to initiate adjustments to my account for any deposits made in error.

X _____
Account Owner's Signature Date

Please note: If your Alger fund account(s) is (are) not already established, you must also attach and submit a New Account Application.

Checklist for Account Owner:

- Has your employer agreed to offer payroll deduction for this Program?
- If you have an account(s), did you put your account number(s) on the form?
- If you do not have an account, did you attach a New Account Application?
- Did you list your employer name, employer payroll contact name, employer address and employer payroll contact number?
- Do your percentage allocations total 100%? Did you use whole numbers?
- Is your contribution at least \$50.00 per fund per month for each fund?
- Did you sign exactly as your name appears on the account registration?
- Did you complete and return this form to your employer's payroll office?

After completing this form, make a copy for your records, give a copy to your payroll officer and send the original form (and enrollment application, if applicable) in the pre-addressed, postage paid envelope. If you do not have a pre-addressed, postage paid envelope, send to:

The Alger Funds
P.O. Box 8480
Boston, MA 02266-8480

If you have any questions, call an Alger Customer Service Representative at 1-800-992-3863.

Employer Checklist:

- Did you use ABA number 011000028?
- Did you use the correct account number as the first 8 digits of the DDA (99056442)?
- Did you place the employee's social security number on the record directly after our account number as the last 9 digits of the DDA number?
Did you remember not to use dashes?
- Did you code the direct deposit for checking (NOT savings)?
- Did you check to ensure that you are sending a minimum of \$50.00 per fund per month?

If you have any questions, call 1-800-992-3863.

Please note: It takes 10 days from the receipt of this form before a payroll deduction contribution can be accepted.