



## 403(b)(7) CUSTODIAL ACCOUNT APPLICATION

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual fund companies) to obtain, verify, and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or completing a transaction on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application, please call 800.992.3863.

☐ Check here if amendment.

### 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 53212-3948

### SECTION 1: 403(b) OWNER INFORMATION

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizen: ☐ Citizen ☐ Resident Alien ☐ Nonresident Alien

### SECTION 2: EMPLOYER INFORMATION (REQUIRED)

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 3: CONTRIBUTION INFORMATION

Source of Funds (Select One)

☐ Employer (Employee salary deferral contributions will be forthcoming from my employer.)

☐ Direct Transfer (Note: Select this option only if you are transferring assets directly from another 403(b) arrangement.)

☐ Rollover Source: ☐ Traditional IRA ☐ SEP IRA ☐ SIMPLE IRA\*  
☐ Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))

\*You may not roll over SIMPLE IRA assets to a 403(b) until at least two years have elapsed from the time of your initial participation in your employer-sponsored SIMPLE IRA plan.

## SECTION 4: INVESTMENT SELECTION

Please note that for Retirement Accounts (including IRAs) there is a \$500 minimum per Fund required. In addition, Class C shares are only available for accounts with an associated Broker Dealer/Financial Intermediary as indicated in Section 9.

	Class A	Class C
Alger Focus Equity Fund	\$ _____ (160)	\$ _____ (162)
Alger Capital Appreciation Fund	\$ _____ (100)	\$ _____ (102)
Alger Dynamic Opportunities Fund	\$ _____ (120)	\$ _____ (122)
Alger Emerging Markets Fund	\$ _____ (140)	\$ _____ (142)
Alger Global Equity Fund	\$ _____ (180)	\$ _____ (182)
Alger Growth & Income Fund	\$ _____ (200)	\$ _____ (202)
Alger Health & Sciences Fund	\$ _____ (220)	\$ _____ (222)
Alger International Opportunities Fund	\$ _____ (240)	\$ _____ (242)
Alger Mid Cap Growth Fund	\$ _____ (280)	\$ _____ (282)
Alger Responsible Investing Fund	\$ _____ (300)	\$ _____ (302)
Alger Small Cap Focus Fund	\$ _____ (320)	\$ _____ (322)
Alger Small Cap Growth Fund	\$ _____ (380)	\$ _____ (382)
Alger Weatherbie Specialized Growth Fund	\$ _____ (340)	\$ _____ (342)
Alger Spectra Fund	\$ _____ (360)	\$ _____ (362)
Alger Concentrated Equity Fund	\$ _____ (720)	\$ _____ (722)
Alger AI Enablers & Adopters Fund	\$ _____ (700)	\$ _____ (702)
Alger International Small Cap Fund	\$ _____ (640)	
<b>TOTAL</b>	_____	_____

## SECTION 5: 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 call 800.992.3863. A New Account Application must be submitted in advance of sending an initial wire.
- ☐ **By ACH**      Once an 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. \*\*
- ☐ **From Employer**      Contributions will be forth coming
- ☐ **Other**      (Explain) \_\_\_\_\_

**\*\* Please note: All redemption proceeds are required to be sent back via ACH to the bank of record.**

## SECTION 6: BENEFICIARY DESIGNATION

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, your 403(b) 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) assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *403(b) 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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**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  
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.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the 403(b) Custodian.

## SECTION 7: SPOUSAL CONSENT

Complete this section only if you, the 403(b) owner, 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.

### CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the 403(b) owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this 403(b) to my spouse as his or her separate property. 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: \_\_\_\_\_

Witness

X \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 8: DUPLICATE ACCOUNT STATEMENT

☐ Yes, please send a duplicate statement to:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION 9: FOR BROKER DEALER USE ONLY - MUST BE COMPLETED IF PURCHASING CLASS C SHARES

Representative's Full Name: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Representative's Branch Office Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealer Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_ Representative Number: \_\_\_\_\_

## SECTION 10: 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 11: 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 12: 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 13: PRIVACY NOTICE

The Funds collects 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 14: ACKNOWLEDGEMENT *(Note: This Application will not be processed unless signed below by the 403(b) Owner.)*

By signing this *403(b)(7) Custodial Account Application*, 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 have received and read copies of this *403(b)(7) Custodial Application* and the *403(b)(7) Custodial Account Agreement*. I agree to be bound to their terms and conditions. I understand that I am responsible for the 403(b) transactions I conduct, and 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) Owner:

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of 403(b) Custodian Representative:

X \_\_\_\_\_ Date: \_\_\_\_\_