



## 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:

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: \_\_\_\_\_

*\*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 publically 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

All dividend and capital gains distributions will be reinvested into additional shares.

Class Z		Class Z-2	
Alger 35 Fund	\$ _____ (545)	Alger Capital Appreciation Institutional Fund	\$ _____ (404)
Alger Capital Appreciation Fund	\$ _____ (104)	Alger Mid Cap Growth Institutional Fund	\$ _____ (464)
Alger Dynamic Opportunities Fund	\$ _____ (124)	Alger Small Cap Growth Institutional Fund	\$ _____ (504)
Alger Emerging Markets Fund	\$ _____ (144)	<b>TOTAL</b>	\$ _____
Alger Focus Equity Fund	\$ _____ (164)		
Alger Global Focus Fund	\$ _____ (184)		
Alger Growth & Income Fund	\$ _____ (204)		
Alger Health Sciences Fund	\$ _____ (224)		
Alger International Focus Fund	\$ _____ (244)		
Alger Mid Cap Focus Fund	\$ _____ (264)		
Alger Mid Cap Growth Fund	\$ _____ (284)		
Alger Responsible Investing Fund	\$ _____ (304)		
Alger Small Cap Focus Fund	\$ _____ (324)		
Alger Small Cap Growth Fund	\$ _____ (384)		
Alger Spectra Fund	\$ _____ (364)		
Alger Weatherbie Specialized Growth Fund	\$ _____ (344)		
Alger Concentrated Equity Fund	\$ _____ (724)		
Alger AI Enablers & Adopters Fund	\$ _____ (704)		
Alger International Small Cap Fund	\$ _____ (644)		
<b>TOTAL</b>	\$ _____		

## 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.

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.

## SECTION 5: BANK ACCOUNT INFORMATION

- ☐ 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: \_\_\_\_\_

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	100
Tape your voided check or preprinted deposit slip here.		
PAY TO THE ORDER OF _____		\$ _____
BANK NAME BANK ADDRESS		
MEMO _____		

## SECTION 6: DIVIDEND AND CAPITAL GAINS INSTRUCTIONS

All dividend and capital gains distributions will be reinvested unless one of the following is checked.

	Dividends	Capital Gains
Reinvest in additional shares of the same Fund	<input type="checkbox"/>	<input type="checkbox"/>
Mail by check to my mailing address	<input type="checkbox"/>	<input type="checkbox"/>
Deposit electronic transfer (ACH) to my bank account (complete Part V)	<input type="checkbox"/>	<input type="checkbox"/>
Cross Reinvestment Program (you must complete the information below)	<input type="checkbox"/>	<input type="checkbox"/>

The Cross Reinvestment Program allows investors to reinvest dividends and/or capital gains to purchase additional shares of any other existing Alger Fund account. If you choose this option, indicate below from which Fund you wish to reinvest dividends and/or capital gains.

Please reinvest dividends and/or capital gains from my Alger \_\_\_\_\_ Fund to my Alger \_\_\_\_\_ Fund.

## SECTION 7: COST BASIS ELECTION

The Fund is responsible for tracking and reporting to the IRS your realized gains and losses on covered shares. In general, these are shares acquired on or after Jan. 1, 2012. Purchases or transfers made into your account with shares acquired prior to January 1, 2012, are referred to as noncovered shares. For all methods except Specific Identification, the fund redeems noncovered shares first until they are depleted and then applies your elected method to your remaining covered shares.

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)
- |   |   |
|---|---|
| <input type="checkbox"/> FIFO – First In, First Out | <input type="checkbox"/> HIFO – Highest In, First Out |
| <input type="checkbox"/> LIFO – Last In, First Out  | <input type="checkbox"/> LOFO – Low Cost, First Out   |
| <input type="checkbox"/> Specific Identification    |   |

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 Part V if requesting the Automatic Investment Plan.**

#### Frequency:

Choose one\*: ☐ Monthly or ☐ Quarterly

Choose one\*: ☐ 5<sup>th</sup> ☐ 10<sup>th</sup> ☐ 15<sup>th</sup> ☐ 20<sup>th</sup> or ☐ 25<sup>th</sup> 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):

Class Z		Class Z-2	
Alger 35 Fund	\$ _____ (545)	Alger Capital Appreciation Institutional Fund	\$ _____ (404)
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Alger International Small Cap Fund	\$ _____ (644)		
<b>TOTAL</b>	\$ _____		

#### 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: 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 10: 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 11: 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 12: FOR BROKER USE ONLY

If dealer information is included in this section, your purchase will be made at the public offering price, unless otherwise instructed.

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: \_\_\_\_\_