

ADDITIONAL INVESTMENT FORM

[FORM AI.2021.4]

SARATOGA
ADVANTAGE TRUST



SECTION I: DEPOSITOR PERSONAL INFORMATION

Client Name (exactly as Saratoga Advantage Trust account is currently registered)

Client Date of Birth

Saratoga Advantage Trust Account Number

SECTION II: INVESTMENTS

I acknowledge that I have sole responsibility for my investment choices and have received a current prospectus for each Fund selected. I understand that this form will not establish a new account.

Please invest all amounts in my Account into the Saratoga Advantage Trust Portfolios as indicated below:

(Use either \$ or %, not both. If using \$s, your total must match the total of your check or transfer; if using %, your total must add up to 100%)

Portfolio Name	Investment Amount	Investment Percentage	Portfolio Name	Investment Amount	Investment Percentage
Conservative Balanced Allocation	\$ _____	_____ %	Health & Biotechnology	\$ _____	_____ %
Moderately Conservative Balanced Allocation	\$ _____	_____ %	Technology & Communications	\$ _____	_____ %
Moderate Balanced Allocation	\$ _____	_____ %	Energy & Basic Materials	\$ _____	_____ %
Moderately Aggressive Balanced Allocation	\$ _____	_____ %	Financial Services	\$ _____	_____ %
Aggressive Balanced Allocation	\$ _____	_____ %	Investment Quality Bond	\$ _____	_____ %
Large Capitalization Value	\$ _____	_____ %	Municipal Bond	\$ _____	_____ %
Large Capitalization Growth	\$ _____	_____ %	U.S. Government Money Market	\$ _____	_____ %
Mid Capitalization	\$ _____	_____ %			
Small Capitalization	\$ _____	_____ %			
International Equity	\$ _____	_____ %			

SECTION V: CERTIFICATIONS AND SIGNATURES

By signing this form, I certify that:

I have received, read, and agree to the terms of the prospectus for each fund portfolio in which I am investing. I have the authority and legal capacity to purchase mutual fund shares and establish this Account, am of legal age in my state, and believe each investment is suitable for me.

I understand that the Trust's distributor and the Trust's transfer agent will employ reasonable procedures for telephone exchanges to confirm that the instructions received from shareholders or their financial advisors are genuine, and if they do not, the distributor or the transfer agent may be liable for any losses due to unauthorized or fraudulent instructions. Shareholders will be required to provide their name, address, social security number or other identifying information. Financial advisors must identify themselves and their firm and the Trust's distributor will confirm that such firm has a valid selling agreement with the Trust's distributor and that the financial advisor is authorized to act on behalf of the firm. I understand that I and my financial advisor will automatically have the right to make telephone exchanges unless I indicate otherwise as set forth above.

Under penalty of perjury, I am NOT currently subject to IRS backup withholding because: 1) I have not been notified, or 2) notification has been revoked. (Cross out "NOT" if you are currently subject to withholding.)

Under penalty of perjury, the Social Security or Tax Identification Number given is correct. If I fail to give the correct number or sign this form, The Saratoga Advantage Trust may reject, restrict, or redeem my investment. I may also be subject to IRS backup withholding of 31% on all distributions and redemptions.

Under penalty of perjury, I am a U.S. person (including a U.S. resident alien).

Advisor or Account Owner's Signature

Date

If Client's Signature Above, then Joint Owner's Signature (if Joint Account)

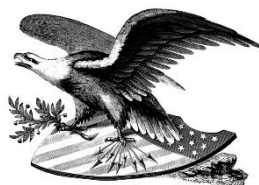
Date

SUBMISSION INSTRUCTIONS

Mail the form to:

The Saratoga Advantage Trust
c/o Ultimus Fund Solutions, LLC
4221 North 203rd Street, Suite 100
Elkhorn, NE 68022

THE SARATOGA
ADVANTAGE TRUST



*Thank you for
choosing the Saratoga
Advantage Trust.*