

Gabelli Funds 403(b)(7) Account Application & Transfer Form

FOR 403(b)(7) USE ONLY. For assistance in completing this form, call 1-800-GABELLI (1-800-422-3554).

Do not remove mailing label

Fill out all applicable sections
Return to us in postage paid envelope
Keep a copy for your records

THE USA PATRIOT ACT

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.

What this means to you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. THIS APPLICATION WILL BE REJECTED IF INFORMATION CANNOT BE VERIFIED.

Sections 1 and 8 must be completed and will be verified as required by the USA Patriot Act.

GF403B11-04

HOW TO OPEN YOUR GABELLI FUNDS 403(b)(7):

To OPEN A 403(b)(7) ACCOUNT

- (a) Complete, sign and date the 403(b)(7) Account Application.
- (b) Draw your check payable to **State Street Bank and Trust Company** for your contribution to your 403(b)(7):
- (c) Send check and 403(b)(7) Account Application to the address shown below.

To TRANSFER A 403(b)(7) ACCOUNT

- I. To a New Account you wish to establish:
 - (a) Complete and sign the 403(b)(7) Account Application.
 - (b) Complete and sign the 403(b)(7) Transfer Request Form.
 - (c) Send the 403(b)(7) Transfer Request Form to the address shown below.
- II. To an Existing Account:
 - (a) Complete and sign the Transfer Request form.
 - (b) Send the form to the address shown below. Be sure to provide us with the Fund name and the account number of your existing Gabelli Fund 403(b)(7).

OPEN A 403(b)(7) ROLLOVER

- (a) Complete and sign the 403(b)(7) Account Application.
- (b) Draw a check for the rollover amount payable to **State Street Bank and Trust Company**.
- (c) Send the 403(b)(7) Account Application and check to the address shown below.

To REQUEST DUPLICATE STATEMENTS *(dealers and financial planners only)*

- (a) Complete the information below

Name

Company

Address City State Zip Code

**SEND ALL INFORMATION TO: Gabelli & Company, Inc., One Corporate Center, Rye, New York 10580
ATTENTION: Institutional Sales - Mutual Funds**

5. Which Gabelli Fund(s) do you wish to invest in?

Please list Fund(s)	Salary Reductions (Please submit salary reduction agreement to your employer)	403(b)(7) Transfer (Complete Transfer Request Form)	Rollover (Enclose Check)
	Starting Date _____ month/day/year		
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Maintenance Fee: \$10.00 per taxpayer - one fee will be billed at year end to each taxpayer, covering all accounts.

6. Telephone Exchange Privileges

YES NO

This service enables you to exchange monies by telephone among accounts with the same registration in the Gabelli or Gabelli/Westwood Funds. By completing this section, you authorize the Fund and its agents to accept and act upon telephone instructions from you and acknowledge receipt of the current prospectus of the Fund(s) into which the exchange is made.

7. Provisions (Please read before signing)

I am the Participant named above and I state that I have read the 403(b)(7) Tax-Sheltered Custodial Account (TSA) Agreement and understand and agree to its terms and provisions. I assume complete responsibility for: (a) determining that I am eligible for a TSA each year for which I make a contribution; (b) insuring that all contributions I make are within the limits set forth by the tax laws; and (c) the tax consequences of any contributions (including rollover or transfer contributions) and distributions. I expressly certify that I take complete responsibility for the type of investment instrument(s) I choose to fund my TSA, and that the Custodian is released of any liability regarding the performance of any investment choice I make. I acknowledge receipt of a copy of this Agreement and of the current prospectus(es) of the mutual fund(s) selected.

If I have elected the "Telephone Exchange" service, I understand that the Fund may terminate or modify this privilege at any time. The Fund will employ reasonable procedures to confirm that instructions received by telephone are genuine, such as requesting personal identification information that appears on your account application and recording the telephone conversation. I will bear the risk of loss due to unauthorized fraudulent instructions regarding my account, although the Fund may be liable if reasonable procedures are not employed.

8. Signatures (both you and your employer must sign)

By signing this application, my employer and I (1) direct the custodian to establish a separate Custodial Investment Account for my benefit according to the 403(b)(7) Tax-Sheltered Custodial Account; (2) appoint State Street Bank and Trust Co. or its successors, as Custodian of the Account, (3) and agree to the provisions listed in section 7 of this application.

Under penalties of perjury, I certify that the number shown on this form is my correct Social Security number, and that I have not been notified by the IRS that I am subject to back-up withholding.

X _____
Signature of Participant Date

X _____
Signature of Authorized Employer Representative Date

X Douglas L. Coyle _____
Signature of State Street Bank and Trust Company Date

State Street Bank and Trust Company, as Custodian under the Plan, accepts the above Account(s) and acknowledges receipt and acceptance of the above Beneficiary Designation(s).

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GABELLI FUNDS 403(b)(7) TRANSFER REQUEST FORM Gabelli Funds

Use this form only when transferring your 403(b)(7) directly from another institution. A403(b)(7) Application must also be completed to establish a new account. If you have questions about completing this form, call **1-800-GABELLI (1-800-422-3554)**.

1. Name of Employee (Please Print)

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

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Business Phone _____ Home Phone _____

2. Information About Your Present 403(b)(7)

Name of Resigning Trustee, Custodian or Institution _____

Address of Resigning Trustee, Custodian or Institution _____

City _____ State _____ Zip Code _____

Phone Number of Resigning Trustee, Custodian or Institution _____

Your name, or name on 403(b)(7) Account _____

Account Number _____

Name of Mutual Fund, Brokerage Firm or Bank, etc. _____

3. Please Complete for all Transfers

Please deposit proceeds into my existing Gabelli Funds 403(b)(7)

I am opening a new account and have attached a 403(b)(7) Application

My transfer should be invested as follows:

Gabelli Fund Name	Account Number*	% or Amount
Gabelli Fund Name	Account Number*	% or Amount
Gabelli Fund Name	Account Number*	% or Amount

* Write "new" if opening a new 403(b)(7) account.

4. Instructions to Resigning Trustee AUTHORIZATION TO TRANSFER 403(b)(7) ASSETS

I have established a 403(b)(7) account with the Gabelli Funds. Please liquidate and forward to Gabelli Funds:

All assets: or \$ _____

Upon maturity _____ or immediately.
(I am aware of any penalty which may occur.)

Note: If you are transferring a CD when it matures, please send us this form at least two weeks prior to maturity. Please make check payable to: State Street Bank and Trust Company.

I understand that this transfer of assets is to be executed as a fiduciary to fiduciary transfer so as not to put me in actual or constructive receipt of all or any part of the transferred assets.

Name on the 403(b)(7) Account to be transferred

Note: To the resigning custodian or trustee: Please attach a copy of this authorization to your check when you send it to the address below.

5. Signature

Participant's Signature _____

An Important Note: Your resigning trustee may require that your signature be guaranteed. Please contact them for their requirements.

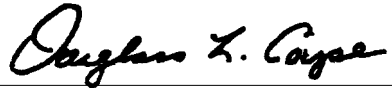
Signature Guaranteed by

Name of Bank or Firm

Signature of Officer and Title

CUSTODIAN ACCEPTANCE (To Be completed by State Street)

To Resigning Trustee:
State Street Bank and Trust Company has established a 403(b)(7) Account for the named participant and will accept the transfer of plan assets on a fiduciary to fiduciary basis.



Authorized Signature
State Street Bank and Trust will automatically send out letters to those former custodians/trustees if the transfer of proceeds have not been received after 21 days.

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