

# Gabelli Funds Change In Registration Form

For assistance in completing this form, call 1-800-GABELLI (422-3554).

## Instructions for Changing Your Account Registration

This guide is designed to help you understand what is needed to change the registration of your existing Gabelli Funds account. In most cases, you will need to have your signature(s) guaranteed to process the registration change. In some situations, we will need additional documentation to make the change. This guide reviews various scenarios and details associated with each situation. If any certificates are outstanding on the account being changed, you must sign and attach all certificates. These instructions are not intended to be used for Individual Retirement Accounts. If you have any questions, please call 800-422-3554 to speak with a Gabelli representative.

## From an Individual Account to a Joint Tenant Account

- Complete a Change in Registration Form.
- Account owner(s) signatures must be Medallion Guaranteed in Section #4 if account value exceeds \$25,000 or the tax-identification number is changing.

## From a Joint Tenant Account to an Individual Account because of:

### Death of an Account Owner & Estate Account Registration

- Complete a Change in Registration Form.
- Signature of surviving Joint Owner or of the Executor of the Estate must be Medallion Guaranteed in Section #4.
- Provide an Inheritance Tax Waiver if Decedent had legal residence in IN, NJ, OH, PA, PR, RI or TN.

### Divorce

- Complete a Change in Registration Form.
- Account owner(s) signatures must be Medallion Guaranteed in Section #4.
- Provide a copy of divorce settlement or QDRO.

### All Other Situations

- Complete Change in Registration Form.
- Account owner(s) signatures must be Medallion Guaranteed in Section #4 if account value exceeds \$25,000 or the tax-identification number is changing.

## Name Change

- Provide letter of instruction signed with both former name (on file with Gabelli) as well as with new name.
- New signature must be Medallion Guaranteed or have a Signature Validation Program Stamp (available at your local bank).
- You do not need to complete a Change in Registration Form.

## UGMA/UTMA Account to an Individual Account Due to Minor Reaching Age of Majority

- Complete Change in Registration Form.
- Custodian's signature must be Medallion Guaranteed in Section #4.

## Individual or Joint Tenant Account to a Trust

- Complete a Change in Registration Form.
- Include a copy of the first and last page of the Trust Agreement.
- Account Owner(s) signatures must be Medallion Guaranteed in Section #4 if account value exceeds \$25,000 or the tax-identification number is changing.

# Gabelli Funds Change In Registration Form

Change in Registration, also known as Transfers, may only be transacted within the same fund.

This form is for Individual Accounts, Joint Accounts, Trust Accounts and Uniform Gifts/Transfer to Minors Act (UGMA/UTMA). For assistance, please call 800-GABELLI. Not to be used for IRAs.

## Instructions:

- Current account owner(s) – Complete sections 1 through 4 and you may need to obtain a Medallion Guarantee\*.
- New account owner(s) – Complete sections 5 through 11.
- Please note that a new account number may be assigned to each account listed below.
- Mail completed form to: Gabelli Funds, P.O. Box 8308, Boston, MA 02266-8308 or use enclosed Business Reply Envelope.

## 1. Current Account Registration

Name/Title on Account

Social Security Number or Tax ID Number

### Current Fund Name and Account Number(s) to be Transferred:

Fund Name and Account Number

Fund Name and Account Number

Please attach a separate sheet for additional accounts.

## 2. Transfer Instructions

**Transfer Amount:**  Full Balance OR  Partial Balance Amount

Number of shares/amount  
amount to be transferred: \_\_\_\_\_

### Transfer Ownership to:

*If the current cost basis is Specific Lot Identification and the transfer amount is less than 100%, attach separate instructions with specific lot shares.*

Name of New Account Owner(s), Trust or other Entity

Account Number (if transferring to an existing account number)

## 3. Reason for Transfer

*If a reason is not provided, this transfer will be defaulted to a transfer due to gift*

Re-registrastion (divorce/separation, individual to trust, etc.)  Death (Inheritance)

Gift  
Date of Gift: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
(required)

Alternate Date or Alternate Value\*\*:  
\_\_\_\_\_ (optional)

Fair Market Value Acceptance\* \_\_\_\_\_  
(signature of new owner)

**\*\*There is a special rule under the estate tax that allows the executor to elect a different valuation date in certain cases. If the estate qualifies for this election, and the executor makes the election, the valuation date is six months after the date of death.**

*\*If the recipient's existing account or new account will use the Average Cost accounting method, they must sign above indicating acceptance of the shares valued at fair market value of the date of gift if the shares should be transferred at a loss.*

## 4. Signature(s) of Current Account Owner(s)

Signature of current Owner, Custodian or Trustee

Name of current Owner, Custodian or Trustee (print name)

Date

Signature of current Joint Owner or Co-Trustee

Name of current Joint Owner or Co-Trustee (print name)

Date

Note: If your relationship to the account is not as registered owner, you must indicate your capacity beside or beneath your signature.

### MEDALLION GUARANTEED BY:

Name of Bank or Firm

\* Please refer to the Instructions to determine if a Medallion Guarantee is required. A Medallion Guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These include banks, credit unions and brokerage firms. The words "MEDALLION GUARANTEED" must be stamped or typed near the signature(s) being guaranteed. Note that a Notary Public stamp or seal is not acceptable.

## 5. NEW Account Registration

**THE USA PATRIOT ACT:** Federal law requires that we obtain your name, street address, date of birth and taxpayer identification number prior to opening an account. This application will be rejected if information cannot be verified. Please check only one box:

**INDIVIDUAL OR JOINT TENANTS**

The account registration will be joint tenants with rights of survivorship unless otherwise requested. Non resident aliens must include a copy of a government-issued photo ID with this form.

Primary Owner

Social Security Number

Date of Birth

Joint Owner (if applicable)

Social Security Number

Date of Birth

**GIFT/TRANSFER TO A MINOR**

Name of Custodian (only one permitted)

Custodian's Social Security Number

Date of Birth

Name of Minor

Minor's Social Security Number

Minor's Date of Birth

**TRUSTS**

Please enclose a copy of the first and last page of the trust agreement. Non resident aliens must include a copy of a government issued photo ID.

Name of Trust

Trust Tax ID Number

Name of Trustee

Trustee's Social Security Number

Trustee's Date of Birth

Name of Co-Trustee

Co-Trustee's Social Security Number

Co-Trustee's Date of Birth

**CORPORATIONS, PARTNERSHIPS, ESTATES OR OTHER ENTITIES**

A copy of the certified articles of incorporation or a copy of the partnership agreement must be attached. Non resident aliens must include a copy of a government issued photo ID.

Type:  (C) Corporation  (S) Corporation  Partnership  Estate  Other \_\_\_\_\_

Name of Corporation or entity

Tax ID Number

Authorized Representative

Title

Social Security Number

Date of Birth

Authorized Representative

Title

Social Security Number

Date of Birth

*Customer Identification Exemption*

Check if exempt from verification due to:  Publicly Traded Entity (Symbol \_\_\_\_\_)  Financial Institution Regulated by a Federal Functional Regulator  
 Bank regulated by state bank regulator  Retirement Plan Covered by ERISA

## 6. Mailing Address

Mailing Address

City

State

Zip Code

Country

Street Address (If mailing address above is a post office, a street address is also required by the USA Patriot Act)

Phone Number

## 7. Distribution Options

Please check one. If none of the boxes are checked, all dividends and/or distributions will be reinvested

- Full Reinvestment:** Reinvest all dividends and distributions at Net Asset Value.
- Capital Gains Reinvestment:** Reinvest capital gains only; income dividends are to be paid in cash.
- Cash:** All dividends and distributions are to be paid in cash and sent to the address of record.
- Cash Direct Deposit:** All dividends and distributions will be sent to my bank checking account. A voided check must be attached to authorize this option.

## 8. Cost Basis Reporting Method

Please review the list of available options and select your preferred reporting method. *Your selection will only report on covered shares (shares purchased after 1/1/2012).* If you do not select an option, the Funds default method of Average Cost will be selected as your cost basis method. If option #7 (SLID) is chosen, a secondary reporting method must be selected in the event the lots you have chosen are not available.

1.  Average Cost (ACST)      4.  High Cost First Out (HIFO)      7.  Specific Lot Identification (SLID)  
2.  First In First Out (FIFO)      5.  Low Cost First Out (LOFO)      Secondary Reporting Method for SLID: \_\_\_\_\_  
3.  Last In First Out (LIFO)      6.  Loss/Gain Utilization (LGUT)

## 9. Transfer on Death Option (optional)

If you want to appoint beneficiaries to your account, you may designate the individual(s) below as the one(s) to whom the investment shall pass after the account owner(s) is/are deceased:

_____ Name of Beneficiary	_____ Social Security Number	_____ Date of Birth
_____ Name of Beneficiary	_____ Social Security Number	_____ Date of Birth

**Spousal Consent:** If you open the account individually and are married (or established jointly and are not married to the joint applicant) and name someone other than your spouse as beneficiary, spousal consent is required.

\_\_\_\_\_  
Print Name of Spouse      \_\_\_\_\_  
Signature of Spouse

## 10. Online, Telephone and Other Services (optional)

- Periodic Telephone/Internet Purchases and Redemptions:** This service will allow you to purchase or redeem shares by telephone at 800-GABELLI or online at [www.gabelli.com](http://www.gabelli.com) via Automated Clearing House (ACH) from your designated checking account with a U.S. bank. Funds purchased in this manner may not be available for up to 15 days following the purchase.
- Automatic Investment Plan:** This service will allow you to purchase shares in your Gabelli Fund account by transferring money from your bank account via ACH on a monthly basis. The default day is the 15th of each month if no date is indicated. Monthly minimum is \$100.

\_\_\_\_\_  
Name of Fund to Purchase      \_\_\_\_\_  
Monthly Amount      \_\_\_\_\_  
Date of Monthly Purchase

- Bank Wire Redemptions:** This service will allow you to redeem shares and have the proceeds wired to your bank. Each wire request is subject to a \$1,000 minimum amount. Your bank may charge a fee for receiving a wire.

**IMPORTANT: A voided check must be attached to authorize the above services.** In addition, any co-signer of your checking account who is not a joint owner of the mutual fund account(s) must authorize this service by signing below.

\_\_\_\_\_  
Co-Signer Name      \_\_\_\_\_  
Co-Signer Signature      \_\_\_\_\_  
Date

## 11. Signature(s) of New Account Owners

I (We) am (are) of legal age in the state of my (our) residence and wish to purchase shares of the Fund(s) as described in the current Prospectus (a copy of which I (we) have received). By the execution of the Account Application, the undersigned represents and warrants that the investor has full right, power and authority to make this investment and the undersigned is (are) duly authorized to sign this Application and to purchase or redeem shares of the Fund(s) on behalf of the investor. I (We) hereby appoint State Street Bank and Trust Co. as agent to receive dividends and distributions for automatic reinvestment in additional shares of the Fund(s).

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION** (check appropriate box, if applicable).

Under penalties of perjury, I certify that: (1) the number shown on this form is my current taxpayer identification number; and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or (c) I am exempt from backup withholding. **(You must line out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding).**

Check applicable box(es) below

- I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).
- I AM NEITHER A CITIZEN NOR A RESIDENT OF THE UNITED STATES. If you check this box, Gabelli Funds will send you a W8-BEN form that must be completed to qualify for the appropriate withholding rate for your country of residence. If you do not fill out the W8 Form, you may be subject to backup withholding. **YOU MUST INCLUDE A COPY OF A GOVERNMENT ISSUED PHOTO ID WITH THIS APPLICATION.**
- I have not provided a taxpayer identification number because I have not been issued a number, but I have applied for one and have included a copy of the application for a social security number. I understand that if I do not provide my number to the Fund within 60 days, the Fund will be required to withhold a percentage of all dividend payments and certain redemptions.

**Sign Here:**

\_\_\_\_\_  
Individual/ Custodian/ Investor Representative      \_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Registrant, if any      \_\_\_\_\_  
Date

Please mail completed application to:  
Gabelli Funds, P.O. Box 8308, Boston, MA 02266-8308 or use the enclosed Business Reply Envelope