

Comstock Funds Account Application

AE#
for internal use

DO NOT USE THIS FORM FOR IRAS. For assistance in completing this form, call 1-800-GABELLI (422-3554).

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

Please mail completed application to:

Gabelli Funds, P.O. Box 8308, Boston, MA 02266-8308
or use the enclosed Business Reply Envelope

CMSK 6/00

1. Who Owns This Account? (Please check only one box.)

INDIVIDUAL OR JOINT TENANTS

First Name Initial Last Name

First Name Initial Last Name

_____-_____-_____
Social Security Number

Only one Social Security Number is needed for tax reporting and should correspond to the first name listed.

The account registration will be joint tenants with rights of survivorship and not tenants in common unless tenants in common or community property registrations are requested.

GIFT/TRANSFER TO A MINOR

Custodian's Name (only one permitted)

As Custodian for _____ under the _____ Uniform Gift/Transfer to Minors Act.

Minor's Name State of Donor

_____-_____-_____
Minor's Social Security Number

TRUSTS

Name of Trustee(s)

as trustee for _____ under agreement dated _____.

Name of Trust

Date of Agreement

Please enclose a copy of the first and last pages of your trust agreement.

_____-_____-_____
TIN or Social Security Number (circle one)

CORPORATIONS, PARTNERSHIPS OR OTHER ENTITIES

Name of Corporation or other entity

Authorized Representative Title

Authorized Representative Title

Note: Social Security or Tax Identification Number must be provided to avoid backup withholding. Non-Resident Aliens must check boxes in Sections 2 & 6.

_____-_____-_____
Tax Identification Number

2. Where Would You Like Your Statements Mailed? (For duplicate statements, see Section 3)

Street Address

City State Zip Country

() () ()

Day-time Phone Evening Phone Email Address

Citizenship of owner: U.S. Citizen or Resident Non-Resident Alien

Please specify country of tax residency

3. Duplicate Statements (For Dealers, Financial Planners, Interested Parties)

Name

Company Email Address

Street Address

City State Zip

() () ()

Day-time Phone Broker/Dealer Code Branch Number (if applicable)

Please mark the appropriate box:

- Interested Party
 Registered Broker/Dealer
 Financial Planner
 Trust Administrator

4. Which Gabelli Fund(s) Do You Want to Invest In?

Please circle the class of shares and write in your investment amount.

	<u>Class of Shares</u>	<u>Investment Amount</u>
Gabelli Comstock Strategy Fund	A C	\$ _____
Gabelli Comstock Capital Value Fund	A B C	\$ _____
Total Amount Enclosed		\$ _____

CONTINUED ON NEXT PAGE

5. What Should We Do with any Dividends and/or Distributions

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** - Pay all income dividends and capital gain distributions (when paid) in cash.

NOTE: Dividends and capital gains can only be reinvested in the same class of shares.

6. Your Signature(s) Must Appear Below to Establish an Account

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. **(You must line out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding).**

Check appropriate box below **ONLY IF APPLICABLE**

- I have not provided a taxpayer identification number because I have not been issued a number, but I have applied for one or will do so in the near future. I understand that if I do not provide my number to the Fund within 60 days, the Fund will be required to withhold 31% of all dividend payments and certain redemptions.
- I am neither a citizen nor a resident of the United States.

Sign Here:

Individual/Custodian/Investor Representative

Date

Joint Registrant, if any

Date

ACCOUNT OPTIONS

7. Right of Accumulation/Letter of Intent

I/we qualify for the right of accumulation sales charge discount described in the Prospectus. Listed below are the account number(s) and full registration(s) of each Fund account(s) I/we own.

ACCOUNT NUMBERS

FULL ACCOUNT REGISTRATIONS

Check here if attaching a Letter of Intent By initially investing at least \$1,000 and submitting a Letter of Intent to the Distributor, a "single purchaser" may make purchases of shares of the Fund during a 13-month period at the reduced sales charge rates applicable to the aggregate amount of the intended purchases stated in the Letter. The Letter may apply to purchases made up to 90 days before the date of the Letter.

8. Automatic and Periodic Investment Plans

IMPORTANT: A voided check must be attached to authorize these 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 Signature

Date

AUTOMATIC INVESTMENT PLAN

I want to invest a specific dollar amount (\$100 minimum) each month from my bank checking account into the Gabelli Fund(s) I have indicated below. (Note: Not available for Gabelli U.S. Treasury Money Market Fund.)

NAME OF FUND(s)

MONTHLY AMOUNT(s)

\$ _____

\$ _____

TOTAL \$ _____

I would like the withdrawal from my checking account to take place on the _____ day of each month. The withdrawal will take place this day of each month or the next business day. (The default date is the 1st of each month if no date is indicated.)

- I would like to have the monthly amount indicated above transferred from my (check one): Gabelli U.S. Treasury Money Market Fund,
- Domestic Prime Money Market Portfolio, Tax Exempt Money Market Portfolio or U.S. Treasury Money Market Portfolio.

The Acct. # is _____ (Write "New" if establishing a new account in section 4.)

PERIODIC INVESTMENT PLAN

I authorize Gabelli Funds to debit my bank checking account for purchase of shares of any Gabelli Mutual Fund. Purchases may be made by calling 1-800-GABELLI or 1-800-233-1137 no later than 4:00 PM (Eastern Time). There is a \$100 minimum for each telephone investment. Funds purchased in this manner will not be available for redemption for up to 15 days following the purchase date.

9. Redemption by Bank Wire/Telephone Redemption Privileges

Check here and ATTACH A VOIDED CHECK from your bank account if you want the ability to redeem shares by bank wire transfer. Each wire request is subject to a \$1,000 minimum amount per transaction. Telephone wire redemptions will not be honored if you checked the box below.

You will be able to use the telephone to redeem shares unless you check the box below. Anyone you supply with your account information will be able to make telephone redemptions on your behalf. The Fund and its transfer agent will not be liable for following telephone instructions reasonably believed to be genuine in accordance with procedures described in the Prospectus. Proceeds from shares redeemed by telephone are limited to a \$25,000 maximum per transaction and will be made payable to the registered owner(s) and mailed to the address of record unless wired to the bank account you designate by ATTACHING A VOIDED CHECK. You may also direct redemptions to an existing Gabelli Fund account(s) with the identical registered owner(s).

I do not want telephone redemption privileges.

10. Systematic Withdrawal Plan

I would like to have monthly electronic transfers (\$100 minimum) made to my bank checking account from my Fund account. The Fund account must have an initial minimum investment of \$10,000 and automatically have all dividends and capital gains reinvested. The transfer will be made on the day you specify (or the next business day) to your designated checking account or a check will be mailed to the address of record.

I would like the transfer to take place on the _____ day of each month. (The default date is the 1st of each month if no date is indicated.)

I would rather have a check mailed to my account address. Redemption will be made on the 15th of each month (or the following business day).

PLEASE ATTACH A VOIDED CHECK TO ENSURE PROPER PROCESSING.

Please transfer monthly from my Gabelli _____ Fund Account \$ _____

(Select Fund)

(Monthly Amount)

or _____ % (the % option is only available for monthly withdrawals by check).

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