

# Gabelli Funds Gift to Nonprofit Organizations Form

Call 800-GABELLI for assistance.

## Instructions for Donor:

1. Use this form to gift shares of your Gabelli Fund account to a nonprofit organization only. Both you (the donor) and the recipient must complete the appropriate sections.
2. Not to be used for IRAs.
3. If you are holding certificates for shares that you wish to gift, please return them with this form.
4. After completing Sections 1 through 4, please forward this form to the recipient for acceptance, certification of tax ID number, and instructions on disposition of shares.

## 1. Donor's Account Information (as shown on your account statement)

\_\_\_\_\_  
Current Owner, Custodian or Trustee

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Joint Owner or Co-Trustee (if applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Trust Name (if applicable)

\_\_\_\_\_  
Tax Identification Number

### Current Fund Name and Account Number(s) from which shares are to be Transferred:

\_\_\_\_\_  
Fund Name and Account Number

\_\_\_\_\_  
Fund Name and Account Number

*Please attach a separate sheet for additional accounts.*

\_\_\_\_\_  
Daytime Phone Number

## 2. Gift Amount

**Transfer Amount:**

Full Balance

OR

Partial Balance Amount

Number of Shares: \_\_\_\_\_ or

Dollar Value Amount: \_\_\_\_\_

To authorize the transfer, each account owner must sign and obtain a Medallion signature guarantee in Section 4.

## 3. Information About Recipient

\_\_\_\_\_  
Name of Nonprofit Organization

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

## 4. Authorization

The account owner, or owners, listed in Section 1 must authorize this gift of shares by signing below. If a trust owns the account, trustees should sign in their capacity. If this is a corporate account, please sign in your legal capacity.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Co-owner's signature

**SIGNATURE(S) GUARANTEED BY:**

\_\_\_\_\_  
Name of Bank or Firm

\*A Medallion Guarantee is required for this transaction. 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.**

## Gabelli Funds Gift to Nonprofit Organizations Form (continued)

### Instructions for Recipient:

1. Your organization is being gifted shares in a Gabelli mutual fund as indicated on the first page of this form. Please complete sections 5 through 8 and return the form to Gabelli Funds.
2. If you plan on keeping some or all of the donated shares and have not received a copy of the latest prospectus, please call our Investor Representatives at 800-GABELLI (422-3554) or visit our website at [www.gabelli.com](http://www.gabelli.com).
3. Please return this form in the enclosed postage-paid envelope or mail to: Gabelli Funds, P.O. Box 8308, Boston, MA 02266. Registered, certified, and express mail items only to: Gabelli Funds, 30 Dan Road, Canton, MA 02021.
4. **THE USA PATRIOT ACT:** Federal law requires that we obtain the name, street address, date of birth and tax identification number that identifies each person opening an account. This application will be rejected if information cannot be verified.

## 5. Recipient Account Information

- A.  **Existing Account:** Our organization has an account with Gabelli Funds, registered as indicated in Section 3. The gifted shares should be transferred into this account.

\_\_\_\_\_  
Name of Nonprofit Organization

\_\_\_\_\_  
Fund Name (must be same fund from which shares are being transferred)

\_\_\_\_\_  
Account Number

- B.  **New Account:** Our organization does not currently have a Gabelli Funds account. The donated shares should be transferred to a new account. Be sure to complete Section 6.

\_\_\_\_\_  
Name of Nonprofit Organization

\_\_\_\_\_  
Organization's Tax ID Number

\_\_\_\_\_  
Street Address (P.O. BOXES NOT PERMITTED)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

## 6. Disposition of New Shares

- Hold the shares in the account until further notice.
- Redeem \_\_\_\_\_ shares (specify number or write "all") or \$\_\_\_\_\_ upon receipt of this form. The check will be sent to the organization at the address of record, as indicated in Section 5.
- Wire proceeds to the attached banking instructions. **Attach a voided check. Medallion signature is required in Section 8 for this option.**

## 7. Distribution Options

Complete this section only if you plan on holding all or some of the shares gifted to you.

- 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. Signature(s) of New Account Owners**

I (We) am (are) of legal age in the state of my (our) residence and wish to receive shares of the Fund(s) as described in the current Prospectus (a copy of which I (we) have received). By the execution of this form, 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 form and to purchase, receive 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-BEN 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.

<b>Sign Here:</b>	_____	_____
	Trustee or Authorized Representative	Date
	_____	_____
	Co-Trustee or Authorized Representative	Date

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