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for internal use

Gabelli Funds Account Application

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

Do not use this form for IRAs or for Class A, C, or I Shares

GBAP8-11

Please do not remove mailing label.

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, 2 and 6 must be completed and will be verified as required by the USA Patriot Act.

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

INDIVIDUAL OR JOINT TENANTS

First Name	Initial	Last Name	Social Security Number	Date of Birth
First Name	Initial	Last Name	Social Security Number	Date of Birth

The account registration will be joint tenants with rights of survivorship & not tenants in common unless tenants in common or community property registrations are requested. Non resident aliens must include a copy of a government issued photo ID with this application. See section 7 for Transfer on Death designation Option.

GIFT/TRANSFER TO A MINOR

Custodian's Name (only one permitted)	Social Security Number	Date of Birth
As Custodian for _____ under the _____ Uniform Gift/Transfer to Minors Act.	Minor's Name	State of Donor
Minor's Social Security Number	Minor's Date of Birth	

TRUSTS

Name of Trustee(s)	Social Security Number	Date of Birth
Name of Trustee(s)	Social Security Number	Date of Birth
Name of Trust	Taxpayer Identification Number	Date of Trust Agreement

Please enclose a copy of first and last pages of your trust agreement. Non resident aliens must include a copy of a government issued photo ID with this application.

CORPORATIONS, PARTNERSHIPS OR OTHER ENTITIES

Type: (C) Corporation (S) Corporation Partnership Estate Nominee

Limited Liability Corporation Governmental Agency or Instrumentality Other _____

Name of Corporation or other entity	Taxpayer Identification Number		
Authorized Representative	Title	Social Security Number	Date of Birth
Authorized Representative	Title	Social Security Number	Date of Birth

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 with this application. If applicable, please send copy of letters testamentary/court appointments of Executors, Administrator, or Personal Representatives.

Customer Identification Exemption

Check if exempt from identification 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

2 Where Would You Like Your Statements Mailed? (For duplicate statements, see Section #10)

Mailing Address	City	State	Zip	Country
Street Address (If mailing address above is a post office, a street address is also required by the USA Patriot Act)				
Day Time Phone	Evening Phone	Email Address		

3 Which Gabelli/GAMCO Fund(s) Do You Want To Invest In?

VALUE

Gabelli Asset Fund (GABAX) \$ _____
 Gabelli Dividend Growth Fund (GABBX) \$ _____
 GAMCO Westwood Equity Fund (WESWX) \$ _____

FOCUSED VALUE

Gabelli Value Fund (GVCAx) \$ _____

SMALL CAP VALUE

Gabelli Focus Five Fund (GWSVX) \$ _____
 Gabelli Small Cap Growth Fund (GABSX) \$ _____
 GAMCO Westwood SmallCap Equity Fund (WESCX) \$ _____

GROWTH

GAMCO Growth Fund (GABGX) \$ _____
 GAMCO International Growth Fund (GIGRX) \$ _____

AGGRESSIVE GROWTH

GAMCO Global Growth Fund (GICPX) \$ _____

MICRO-CAP

GAMCO Westwood Mighty MitesSM Fund (WEMMX) \$ _____
(Minimum initial investment is \$10,000)

EQUITY INCOME

Gabelli Equity Income Fund (GABEX) \$ _____
 GAMCO Westwood Balanced Fund (WEBAX) \$ _____
 GAMCO Westwood Income Fund (WESRX) \$ _____

SPECIALTY EQUITY

Gabelli SRI Green Fund (SRIGX) \$ _____
 GAMCO Global Opportunity Fund (GABOX) \$ _____
 GAMCO Vertumnus Fund (GAGCX) \$ _____

SECTOR

Gabelli Gold Fund (GOLDX) \$ _____
 Gabelli Utilities Fund (GABUX) \$ _____
 GAMCO Global Telecommunications Fund (GABTX) \$ _____

MERGER/ARBITRAGE

Gabelli ABC Fund (GABCX) \$ _____
(Minimum initial investment is \$10,000)
 Gabelli Enterprise Mergers & Acquisitions (EAAAX) \$ _____

CONTRARIAN

Comstock Capital Value Fund (COMVX) \$ _____
 GAMCO Mathers Fund (MATRX) \$ _____

FIXED INCOME

GAMCO Westwood Intermediate Bond Fund (WEBIX) \$ _____

CASH MANAGEMENT - MONEY MARKET

Gabelli U.S. Treasury Money Market Fund (GABXX) \$ _____
(Minimum initial investment is \$3,000)

Total Amount Enclosed

\$ _____

Please make check payable to: **Gabelli Funds**

The minimum investment is \$1,000, unless otherwise noted.
 This application is valid for the Class AAA Shares (no-load) only.

4 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** - All income dividends and capital gain distributions (when paid) are to be paid in cash and sent to my address of record.
- Cash Direct Deposit** - All income dividends and capital gain distributions (when paid) will be sent to my bank checking account.
(Please attached a voided check to authorize this service).

5 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. <input type="checkbox"/> Average Cost (ACST) | 5. <input type="checkbox"/> Low Cost First Out (LOFO) |
| 2. <input type="checkbox"/> First In First Out (FIFO) | 6. <input type="checkbox"/> Loss/Gain Utilization (LGUT) |
| 3. <input type="checkbox"/> Last In First Out (LIFO) | 7. <input type="checkbox"/> Specific Lot Identification (SLID) |
| 4. <input type="checkbox"/> High Cost First Out (HIFO) | Secondary Reporting Method for SLID _____ |

Please mail to: Gabelli Funds, One Corporate Center, Rye, NY 10580 or use enclosed Business Reply Envelope

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, 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.

Sign Here:

Owner, Trustee or Custodian

Date

Joint Owner or Co-Trustee (if any)

Date

Please mail to: Gabelli Funds, One Corporate Center, Rye, NY 10580 or use the enclosed Business Reply Envelope

ACCOUNT OPTIONS

7 Transfer on Death Option

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

Beneficiary's Date of Birth

Name of Beneficiary

Social Security Number

Beneficiary's Date of Birth

Spousal Consent: If you open the account individually and are married (or established this account 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

TURN TO THE NEXT PAGE FOR ADDITIONAL ACCOUNT OPTIONS

Gabelli U.S. Treasury Money Market Fund Checkwriting

Please complete this card to establish check-writing privileges for your account in **Gabelli U.S. Treasury Money Market Fund**.

- Check here to establish this service and receive checks for the Gabelli U.S. Treasury Money Market Fund

See conditions on the bottom of the next page.

SIGNATURE CARD FOR GABELLI U.S. TREASURY MONEY MARKET FUND

Account Number (Leave blank)

Account Registration (Must be the same as the shareholder account registration)

Account Signature(s) (Signatures of all owners as they will appear on checks)

1. _____

2. _____

3. _____

CHECK THE APPROPRIATE BOX FOR REQUESTED SIGNATURE(S)

- One signature All signatures
 Combination of signatures (specify the number of signatures required)

ACCOUNT OPTIONS

8 Online, Telephone and Other Services

Indicate the type of service you wish to establish:

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 via Automated Clearing House (ACH) from your designated checking account with a U.S. bank. Funds purchased in this manner will not be available for up to 15 days following the purchase date.

AUTOMATIC INVESTMENT PLAN: This service automatically purchases shares in your Gabelli Fund account by transferring money from your bank account via ACH on a monthly basis. The default date is the 15th of each month if no date is indicated. Monthly minimum is \$100.

NAME OF FUND(S) TO PURCHASE	MONTHLY AMOUNT(S)	PURCHASE TO TAKE PLACE ON
_____	_____	_____ day of each month
_____	_____	_____ day of each month
_____	_____	_____ day of each month

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 per transaction. Your bank may charge a fee for receiving a wire transaction.

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

I DO NOT WANT TELEPHONE/INTERNET REDEMPTION PRIVILEGES: Telephone and Internet redemption privileges are automatically established for your Gabelli/GAMCO Fund accounts **unless you check this box.**

CONSENT FOR E-DELIVERY: You can go paperless by consenting to receive statements and/or other important documents via the Internet instead of by mail. If you consent to e-delivery, you will be sent e-mail notifications alerting you that documents are available for viewing online. Please note that confidential account information will not be sent by e-mail. If an e-mail notification is returned as undeliverable, your account will be reset to receive traditional statements and/or documents by mail. You can change your delivery preference or unsubscribe from e-delivery at any time.

Quarterly Account Statements

Transaction Confirmations

Prospectuses, Financial Reports, Manager Commentaries

Your current email address: _____

9 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

**The Payment of Funds is authorized by the signature(s)
on the Signature Card located on the previous page**

If this card is signed by more than one person, checks will require only one of the signatures appearing on the reverse side unless otherwise indicated. Each signatory guarantees the genuineness of the other's signature. Regular checks may not be for less than \$500. State Street Bank and Trust Company ("The Bank") is hereby appointed agent by the person(s) signing this card (the "shareholder(s)") and, as agent, is authorized and directed to present checks drawn on this checking account to the Trust or its redemption agent as requested to redeem shares of the Trust registered in the name of the Shareholder(s) in the amount of such checks and to deposit the proceeds of such redemptions in this checking account. The Bank shall be liable only for its own negligence. Shareholder(s) hereby authorize the Trust or its redemption agent to honor redemption requests presented in the above manner to the Bank. The Trust and its redemption agent will not be liable for any loss, expense or cost arising out of check redemptions. The Fund reserves the right to charge a fee for checkwriting. The Bank has the right not to honor checks in amounts exceeding the value of the Shareholder(s) account at the time the check is presented for payment less the value of any shares purchased by other than Federal Funds wire in the preceding 10 days. The Shareholder(s) agrees to be subject to the rules and regulations of the Bank pertaining to this checking account as amended from time to time. The Bank reserves the right to change, modify or terminate this checking account at any time upon notification mailed to the address of record of the Shareholder(s).

**COMPLETE
SIGNATURE CARD
ON PREVIOUS PAGE
FOR THE
CHECKWRITING
PRIVILEGE**

**(Available only to shareholders
of the Gabelli U.S. Treasury
Money Market Fund.)**