

AE#

for internal use

Gabelli Funds Account Application

Do not use this form for IRAs

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

GBAP7-06

Please do not remove mailing label.

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, 2 and 5 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 8 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 _____

as trustee for _____ under agreement dated _____ and _____ .

Name of Trust Date of Agreement Tax Identification Number

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

Name of Corporation or other entity _____ Tax 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.

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 _____

continued on next page

3 Which Gabelli Fund(s) Do You Want to Invest in?

VALUE

Gabelli Asset Fund \$ _____
 Gabelli Blue Chip Value Fund \$ _____
 Gabelli SRI Green Fund \$ _____
 GAMCO Westwood Equity Fund \$ _____

FOCUSED VALUE

Gabelli Value Fund-Class A** \$ _____

SMALL CAP VALUE

Gabelli Small Cap Growth Fund \$ _____
 Gabelli Woodland Small Cap Value Fund \$ _____
 GAMCO Westwood SmallCap Equity \$ _____

GROWTH

GAMCO Growth Fund \$ _____
 GAMCO International Growth Fund \$ _____

AGGRESSIVE GROWTH

GAMCO Global Growth Fund \$ _____

MICRO-CAP

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

EQUITY INCOME

Gabelli Equity Income Fund \$ _____
 GAMCO Westwood Balanced Fund \$ _____
 GAMCO Westwood Income Fund \$ _____

SPECIALTY EQUITY

GAMCO Global Convertible Securities Fund \$ _____
 GAMCO Global Opportunity Fund \$ _____

SECTOR

GAMCO Global Telecommunications Fund \$ _____
 GAMCO Gold Fund \$ _____
 Gabelli Utilities Fund \$ _____

MERGER AND ARBITRAGE

Gabelli ABC Fund \$ _____
 (Minimum initial investment \$10,000)
 Gabelli Enterprise Mergers & Acquisitions Fund-Class A** \$ _____

CONTRARIAN

GAMCO Mathers Fund \$ _____
 Comstock Capital Value \$ _____

FIXED-INCOME

GAMCO Westwood Intermediate Bond \$ _____

CASH MANAGEMENT-MONEY MARKET

Gabelli U.S. Treasury Money Market Fund* \$ _____

OTHER _____

Total Amount Enclosed \$ _____
 (Payable to Gabelli Funds or the specific Fund)

The minimum investment for most Gabelli Funds is \$1,000, unless otherwise noted. *\$3,000 minimum for Money Market Fund. You must sign the attached signature card to establish checkwriting privileges. **Subject to front end sales charge. This application is valid for the no-load or Class AAA shares only, except Gabelli Value Fund and Gabelli Enterprise Mergers & Acquisitions Fund, Class A shares. Call 800-GABELLI for more information on other Fund classes

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 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 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 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, One Corporate Center, Rye, NY 10580**

ACCOUNT OPTIONS

6 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.

I would like to have the monthly amount indicated above exchanged from my **Gabelli U.S. Treasury Money Market Fund**

NAME OF FUND(S) TO PURCHASE

MONTHLY AMOUNT(S)

\$ _____

\$ _____

\$ _____

TOTAL \$ _____

I would like the withdrawal from my checking/money market 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 15th of each month if no date is indicated.

PERIODIC TELEPHONE AND INTERNET INVESTMENT PLAN

Check here to authorize Periodic Telephone Purchases and Redemptions. Purchases and redemptions may be made by calling **800-GABELLI** (800-422-3554) no later than 4:00 p.m. (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. By checking this option, I also authorize transactions (purchases and redemptions) made on the Gabelli website at www.gabelli.com

7 Periodic/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 will be made payable to the registered owner(s) and mailed to the address of record unless sent electronically (ACH) or 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.

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 reverse side.

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 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

If you require additional space, please attach a separate sheet.

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.

Signature of Spouse	Print Name of Spouse
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9 Right of Accumulation/Letter of Intent *(Reduction of sales charge for Class A Shares only)*

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.

List of Fund accounts:

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.

10 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 reverse side

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 REVERSE SIDE
FOR THE
CHECKWRITING
PRIVILEGE**

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