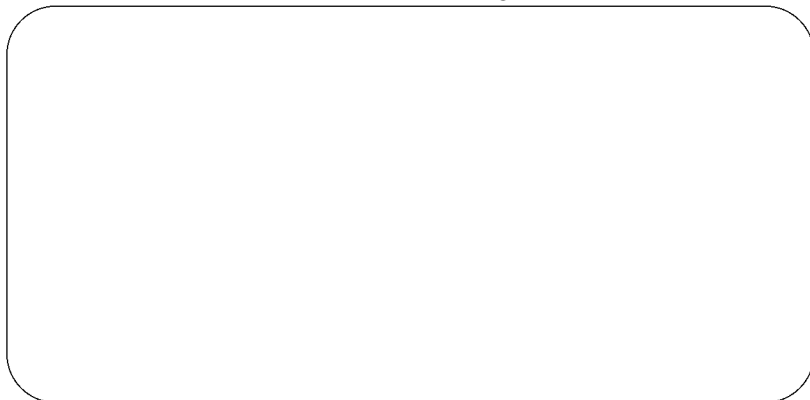


# Gabelli Funds Account Application – Class A and C Shares

Please do not remove mailing label.



**DO NOT USE THIS FORM FOR IRAS.** For assistance in completing this form, call 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, One Corporate Center, Rye, New York 10580**

## 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 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
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First Name	Initial	Last Name	Social Security Number	Date of Birth
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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.  
 Non-resident aliens must include a copy of a government-issued photo identification with this application.

**GIFT/TRANSFER TO A MINOR**

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

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

**TRUSTS**

Name of Trustee(s)	Social Security Number	Date of Birth
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Name of Trustee(s)	Social Security Number	Date of Birth
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as trustee for \_\_\_\_\_ under agreement dated \_\_\_\_\_ and  
Name of Trust Date of Agreement

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

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

**CORPORATIONS, PARTNERSHIPS OR OTHER ENTITIES**

\_\_\_\_\_  
Name of Corporation or other entity

Authorized Representative	Title	Social Security Number	Date of Birth
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Authorized Representative	Title	Social Security Number	Date of Birth
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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 identification with this application.

## 2 Where Would You Like Statements Mailed?

Mailing Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Day-time Phone Evening Phone Email Address

## 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.

	Class of Shares			Investment Amount
Gabelli Asset Fund	A	C	I	\$ _____
Gabelli Value Fund	A	C	I	\$ _____
GAMCO Growth Fund	A	C	I	\$ _____
Gabelli Equity Income Fund	A	C	I	\$ _____
Gabelli Small Cap Growth Fund	A	C	I	\$ _____
Gabelli Woodland Small Cap Value Fund	A	C	I	\$ _____
Gabelli Blue Chip Value Fund	A	C	I	\$ _____
Gabelli Utilities Fund	A	C	I	\$ _____
Gabelli SRI Green Fund	A	C	I	\$ _____
GAMCO Global Telecommunications Fund	A	C	I	\$ _____
GAMCO Global Convertible Securities Fund	A	C	I	\$ _____
GAMCO Global Opportunity Fund	A	C	I	\$ _____
GAMCO Global Growth Fund	A	C	I	\$ _____
GAMCO Gold Fund	A	C	I	\$ _____
GAMCO International Growth Fund	A	C	I	\$ _____
Gabelli Enterprise Mergers & Acquisitions Fund	A	C	Y	\$ _____
Westwood Equity Fund	A	C	I	\$ _____
Westwood Balanced Fund	A	C	I	\$ _____
Westwood SmallCap Growth Fund	A	C	I	\$ _____
Westwood Income Fund	A	C	I	\$ _____
Westwood Mighty Mites <sup>SM</sup> Fund	A	C	I	\$ _____
Westwood Intermediate Bond Fund	A	C	I	\$ _____
Comstock Capital Value Fund	A	C	I	\$ _____
<b>Total Amount Enclosed</b>				\$ _____

## 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.

## 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 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 percent of all dividend payments and certain redemptions.

### Sign Here:

Individual/Custodian/Investor Representative _____	Date _____
Joint Registrant, if any _____	Date _____

## ACCOUNT OPTIONS Sections 7 - 10

### 7 Right of Accumulation/Letter of Intent (Reduction of sales charge for load funds 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.

## 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.
- I would like to have the monthly amount indicated above exchanged 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 3.)

NAME OF FUND(S) TO PURCHASE	MONTHLY AMOUNT(S)
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<b>TOTAL \$</b> _____

- 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 1st of each month if no date is indicated.)

### PERIODIC TELEPHONE AND INTERNET 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. By checking this option, I also authorize transactions (purchases and redemptions) made on the Gabelli website at www.gabelli.com.

## 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).