

Gabelli Funds IRA Application & Transfer Form

For assistance in completing this form, call **800-422-3554**.

GFRA7-06

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

HOW TO OPEN YOUR GABELLI FUNDS IRA:

TO OPEN A TRADITIONAL IRA, ROTH IRA OR SEP IRA

- (a) Complete, sign and date the IRA Application on the next page.
- (b) If you would like to start an automatic investment plan, fill in the form on page 4.
- (c) Draw a check payable to The Gabelli Funds for the contribution to your IRA.
- (d) Send check and IRA Application to the address shown below.

TO TRANSFER EXISTING IRA FUNDS *(not for Conversion to a Roth IRA)*

- I. To a New Account you wish to establish:
 - (a) Complete and sign the IRA Application.
 - (b) Complete and sign the IRA Transfer Request Form.
 - (c) Send the IRA Application and the IRA Transfer Request Form to the address shown below.
- II. To an Existing Account:
 - (a) Complete and sign the Transfer Request Form.
 - (b) Send the form to the address shown below. Be sure to provide us with the Fund name and the account number of your existing Gabelli Funds IRA.

You may transfer funds from an existing Traditional IRA to a Traditional IRA, or from an existing Roth IRA to a Roth IRA.

TO ROLLOVER AN EXISTING IRA *(not for Conversion to a Roth IRA)*

- (a) Complete and sign the IRA Application.
- (b) Draw a check for the rollover amount payable to The Gabelli Funds.
- (c) Send the IRA Account Application and the check to the address shown below.

You may rollover funds from an existing Traditional IRA to a Traditional IRA, or from an existing Roth IRA to a Roth IRA.

TO OPEN AN INHERITED/BENEFICIARY IRA

- (a) Complete, sign and date the IRA Application on the next page.
- (b) Send IRA Application to the address shown below along with a certified copy of the IRA owner's death certificate and a Medallion Guaranteed letter of instruction.

TO REQUEST DUPLICATE STATEMENTS *(dealers and financial planners only)*

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

SEND ALL INFORMATION TO: Gabelli Funds, P. O. Box 8308, Boston, MA 02266-8308 or use the enclosed Business Reply Envelope.

Individual Retirement Account Application

AE#

Please retain a copy for your records. If you have questions about completing this form, call 800-GABELLI (800-422-3554).
IF CONVERTING A TRADITIONAL IRA TO A ROTH IRA, USE THE GABELLI FUNDS ROTH IRA CONVERSION FORM.

1. Whose IRA is This?

State Street Bank and Trust Company, Custodian for the IRA of:

Full Name

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

Dealers and Financial Planners check here to request duplicate statements (see reverse).

_____-_____-_____
Social Security Number

Date of Birth (required)

()

Daytime Telephone

Email Address

2. What Type of IRA is it?

TRADITIONAL IRA

INHERITED/BENEFICIARY IRA

ROTH IRA

SEP IRA

Decedent's Name

Decedent's Social Security Number

3. Who will be Beneficiaries on this Account?

PRIMARY BENEFICIARY

Name Relationship

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

Social Security No.

Date of Birth

SECONDARY BENEFICIARY

Name Relationship

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

Social Security No.

Date of Birth

SPOUSAL CONSENT: If you are married and you name someone other than your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, then your spouse must sign below.

X

Signature of spouse

Date

4. Which Gabelli Fund(s) Do You Wish to Invest In? (see list of available funds on page 4)

Please list Fund(s)	Current Year	Prior Year	60-Day Rollover	IRA Transfer (Complete Transfer Request Form)	Direct Rollover
_____	\$ _____	\$ _____	\$ _____	% OR \$ _____	% OR \$ _____
_____	\$ _____	\$ _____	\$ _____	% OR \$ _____	% OR \$ _____

Minimum initial investment is \$250 for IRAs. Annual Maintenance Fee: \$10.00 per taxpayer - one fee will be billed at year end to each taxpayer. Fee is waived if total assets in combined IRAs exceed \$25,000. For automatic investment plan, please complete separate application for regular monthly investments.

5. Acceptance by Custodian

State Street Bank and Trust Company, as Custodian under the Plan, accepts the above Account(s) and acknowledges receipt and acceptance of the above Beneficiary Designation(s).

State Street Bank and Trust Co., by: _____

Sharon L. Freyer, Assistant Vice President

6. Signature

By signing the application establishing an IRA, the undersigned: (1) establishes an Individual Retirement Account pursuant to the Employee Retirement Income Security Act of 1974 and in accordance with all the terms of the Custodial Agreement on Form 5305-A or 5305-RA; (2) appoints State Street Bank and Trust Co. or its successors, as Custodian of the Account, (3) states that he or she has received, read, accepts and specifically incorporates herein the Custodial Agreement on Form 5305-A or 5305-RA and the Disclosure Statement, (4) agrees to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement, (5) acknowledges receipt of the current Prospectus of the Fund(s).

Under penalties of perjury, I certify that the number shown on this form is my correct Social Security Number, and that I have not been notified by the IRS that I am subject to back-up withholding.

SIGNATURE

DATE

Gabelli Funds IRA Transfer Request Form

TOA

Use this form only when transferring your IRA directly from another institution. An IRA Application form must also be completed if a new account is being established. If you have questions about completing this form, call 800-GABELLI (800-422-3554).

IF CONVERTING A TRADITIONAL IRA TO A ROTH IRA, USE THE GABELLI FUNDS ROTH IRA CONVERSION FORM.

1. Your Name *(Please Print)*

Name _____ Social Security Number _____

Address _____ Email Address _____

City _____ State _____ Zip Code _____

() ()

Business Phone _____ Home Phone _____

2. What Type of IRA is it Currently?

- TRADITIONAL IRA** **INHERITED/
BENEFICIARY IRA**
- ROTH IRA**
- SEP IRA**

3. Information about your Present IRA

Name of Resigning Trustee, Custodian or Institution _____

Address of Resigning Trustee, Custodian or Institution _____

City _____ State _____ Zip Code _____

Phone Number of Resigning Trustee, Custodian or Institution _____

Your name, or name on Individual Retirement Account _____

Account Number _____

Name of Mutual Fund, Brokerage Firm or Bank, etc. _____

DATE ROTH IRA WAS ORIGINALLY OPENED

4. Please Complete for all Transfers

Please deposit proceeds in my existing Gabelli Funds IRA:

- Traditional IRA Roth IRA

- I am opening a new account and have attached an IRA Application

My transfer should be invested as follows:

Gabelli Fund Name _____ Account Number* _____ % or Amount _____

Gabelli Fund Name _____ Account Number* _____ % or Amount _____

Gabelli Fund Name _____ Account Number* _____ % or Amount _____

* Write "new" if opening a new IRA account.

5. Instructions to Resigning Trustee *Authorization to transfer IRA assets*

I have established an IRA account with the Gabelli Funds. Please liquidate and forward to Gabelli Funds:

All assets: or \$ _____

Upon maturity _____ Date _____ or immediately.
(I am aware of any penalty which may occur.)

Note: If you are transferring a CD when it matures, please send us this form at least two weeks prior to maturity. Please make check payable to: The Gabelli Funds

I understand that this transfer of assets is to be executed as a fiduciary to fiduciary transfer so as not to put me in actual or constructive receipt of all or any part of the transferred assets.

Your name, or name on the Individual Retirement Account

Present IRA Account Number

Note: To the resigning custodian or trustee: Please attach a copy of this authorization to your check when you send it to the address below.

6. Signature

X
Participant's Signature _____ Date _____

An Important Note: Your resigning trustee may require that your signature be guaranteed. Please contact them for their requirements.

Medallion Signature Guaranteed by

Name of Bank or Firm

Signature of Officer and Title

CUSTODIAN ACCEPTANCE *(To be completed by State Street)*

To Resigning Trustee:
State Street Bank and Trust Company has established an Individual Retirement Account for the named participant and will accept the transfer of plan assets on a fiduciary to fiduciary basis.

Sharon L. Freyer _____
Authorized Signature

State Street Bank and Trust Company will automatically send out letters to those former custodians/trustees if the transfer proceeds have not been received after 21 days.

SEND ALL INFORMATION TO: Gabelli Funds, P. O. Box 8308, Boston, MA 02266-8308 or, use the enclosed Business Reply Envelope.

Automatic Investment Plan

Complete and return this form to establish a regular monthly investment plan. For assistance in completing this form, call 800-GABELLI (800-422-3554)

1. Please start an Automatic Investment Plan for me to purchase shares of:

	<u>Monthly Amount (\$100 minimum)</u>	<u>Account Number</u>	<u>Check Here for New Account</u>
Gabelli Asset Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Growth Fund	\$ _____	_____	<input type="checkbox"/>
Gabelli Small Cap Growth Fund	\$ _____	_____	<input type="checkbox"/>
Gabelli Woodland Small Cap Value Fund	\$ _____	_____	<input type="checkbox"/>
Gabelli Equity Income Fund	\$ _____	_____	<input type="checkbox"/>
Gabelli SRI Fund	\$ _____	_____	<input type="checkbox"/>
Gabelli ABC Fund (minimum investment \$10,000)	\$ _____	_____	<input type="checkbox"/>
Gabelli Enterprise Mergers & Acquisitions Fund*	\$ _____	_____	<input type="checkbox"/>
Gabelli Value Fund *	\$ _____	_____	<input type="checkbox"/>
GAMCO Global Telecommunications Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Global Convertible Securities Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Global Growth Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Global Opportunity Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Gold Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO International Growth Fund	\$ _____	_____	<input type="checkbox"/>
Gabelli Blue Chip Value Fund	\$ _____	_____	<input type="checkbox"/>
Gabelli Utilities Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Westwood Balanced Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Westwood Equity Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Westwood Income Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Westwood SmallCap Equity Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Westwood Mighty Mites SM Fund (minimum investment \$10,000)	\$ _____	_____	<input type="checkbox"/>
GAMCO Westwood Intermediate Bond Fund	\$ _____	_____	<input type="checkbox"/>
GAMCO Mathers Fund	\$ _____	_____	<input type="checkbox"/>
Comstock Capital Value Fund*	\$ _____	_____	<input type="checkbox"/>
Other _____	\$ _____	_____	<input type="checkbox"/>

*Subject to front end sales charge.

I would like the withdrawal 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.)

IMPORTANT INFORMATION: Contributions will be designated for the current calendar year. Your investment can't exceed your annual IRA contribution limit. If you over-contribute, the IRS may charge you a substantial penalty.

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.

Account Registration (please print or type)

Address _____ City _____ State _____ Zip _____

I understand that my ACH debit will be dated (on or about) the day of each month indicated above or as specified by written request. I agree that if such debit is not honored upon presentation, State Street may discontinue this service and any share purchase made upon deposit of such debit may be cancelled. I further agree that if the net asset value of the shares purchased with such debit is less when said purchase is cancelled than when the purchase was made, State Street shall be authorized to liquidate other shares or fractions thereof held in my account to make up the deficiency. This Automatic Investment Plan may be discontinued by State Street upon 30 days written notice or at any time by the investor by written notice to State Street, which is received no later than 5 business days prior to the above designated investment date. Investors may wish to confirm the proper bank routing number to assure correct processing. For IRAs, a purchase will be considered a contribution for the year in which it is received.

SIGNATURE(S) _____

Signature of Bank Depositor(s) as shown on bank records

2. ATTACH VOIDED CHECK HERE

3. Mail Application to: Gabelli Funds, P. O. Box 8308, Boston, MA 02266-8308 or use the enclosed Business Reply Envelope.