

Gabelli Funds Individual Retirement Account

Distribution Request Form

FOR ASSISTANCE IN COMPLETING THIS FORM, CALL 1-800-GABELLI (1-800-422-3554)

GFIRA11-06

1. Whose IRA is This?

Name _____ Date of Birth _____

Street _____ City _____ State _____ Zip _____

Fund Name _____ Account Number _____ Daytime Phone Number _____

2. Type of IRA Distribution (Please check only one box below)

- Normal Distribution:** Participant is over age 59½ (Distributions must begin by April 1st of the year following the attainment of age 70½).
- Premature Distribution:** Participant is under age 59½, and is making a non-qualified distribution (See IRA Handbook for more details about "non-qualified" distributions or call 1-800-GABELLI (422-3554)). Not for systematic withdrawals.
- Premature Exempt Distribution:** Participant is under age 59½ and is taking substantially equal payments over 5 years or until age 59½, whichever is longer (using the Life Expectancy Method), (See IRA Handbook for more details or call 1-800-GABELLI (422-3554)).
- Disability:** Participant is unable to engage in any substantial gainful activity and condition is to be of long, continued and indefinite duration. (Statement on doctor's letterhead is required).
- Excess Contribution:** Remove excess contribution of \$ _____. The excess date of the contribution was _____ and was for the _____ tax year.

Please Check One for Excess Contribution:

- Issue check to participant
- Remove excess monies in account and reapply as a current year contribution.

3. Method of Distribution

Complete this section if you are going to calculate the amount of the distribution.

I hereby direct the Custodian/Trustee to make the following distribution:

- Total Distribution/Account Termination
- Partial Distribution: Specify Amount \$ _____
- Systematic Withdrawal Payments: Specify Amount \$ _____
- Specify Frequency:** Monthly Quarterly Semi-Annually Annually

Date Payments Begin: _____
Month/Year

Complete this section if you would like us to calculate the amount of the distribution for you.

- Life Expectancy Distribution:** Payments based on life expectancy requested below will be determined from the appropriate IRS Annuity tables distributed as indicated below. If an individual chooses a beneficiary other than their spouse, the life expectancy factors used are adjusted, and payment is based on a hypothetical beneficiary 10 years younger than the individual plan holder.

Specify Frequency: Monthly Quarterly Semi-Annually Annually

Date Payments Begin _____
Month/Year

- Simplified Life Expectancy** (newly proposed IRA regulations) **Single Life Expectancy** **Joint Life Expectancy with Spouse**

MY spouse's birthday is _____

4. Payment Options

- Shareholder** (current name and address are on file)
- Transfer the distribution shares** into Gabelli non-retirement account(s) in the same class of shares. If this is a new account, please attach a completed Gabelli account application to this IRA Distribution Request Form. If this is an existing account, please indicate the Fund and account numbers below. If you are transferring shares to a Gabelli account registered to someone other than, or in addition to, the IRA owner, you must obtain a medallion signature guarantee.

Fund Number _____ Account Number _____ Fund Number _____ Account Number _____

- Systematic ACH** transfer to the banking instructions on record. Only available for systematic withdrawals. Withdrawals will transfer to your bank account on or after the 15th of each month, or you may indicate a specific date of the month _____. If you are establishing or changing your banking instructions, please enclose a voided check and obtain a medallion signature guarantee.
- Overnight Mail** \$15.00 fee will be taken in addition to redemption proceeds. Unless otherwise indicated below, the check will be sent to your address of record.
- Special-use name and address indicated below. **(Signature Guarantee Required)**

Name _____

Address _____ City _____ State _____ Zip _____

5. Taxes

Taxes will be automatically withheld from the distribution at the rate of 10%, unless you elect a different percentage, or elect not to have taxes withheld.

- I do not wish taxes withheld Withhold taxes at a rate of _____%

6. Signature

I, the undersigned, fully understand that I am responsible for determining that the minimum distribution requirements, if applicable, are met each year and that failure to meet the minimum distribution requirement may result in tax penalties.

X

Signature _____ Date _____

The signature must correspond in every particular way with the name printed on your account statement. If acting in a special capacity, the capacity must be indicated after your signature.

7. Signature Guarantee

A guarantee is required if the proceeds check is to be made payable or mailed to a party other than the shareholder of record or if the amount of the check exceeds \$25,000.00

SIGNATURE ABOVE IS GUARANTEED BY:

Name of Bank or Firm _____ Signature of Officer & Title _____

Please mail this form to: Gabelli Funds P. O. Box 8308 Boston, MA 02266-8308