

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 _____
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Business Phone _____ Home Phone _____

2. What Type of IRA is it Currently?

- TRADITIONAL 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.

I have established an IRA account with the Gabelli Funds.

5. Instructions to Resigning Trustee

Authorization to transfer IRA assets

Please liquidate and forward to Gabelli Funds:

All assets: or \$ _____

Upon maturity _____ or immediately.
Date (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.

Authorized Signature _____
Stephen L. Coyne

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.

Please mail completed application to: **Gabelli Funds, One Corporate Center, Rye, New York 10580**