

GABELLI FUNDS Account Options Form

For assistance, please call 800-GABELLI (800-422-3554)

Complete and return this form in order to:

- Start an Automatic Investment Plan into Gabelli Funds from a checking account.
- Establish banking instructions on your Gabelli account to allow for Periodic Telephone and Internet purchases and redemptions.
- Set up direct deposit of all dividend and capital gain distributions to a checking account.
- Change current banking information on your Gabelli Funds account.

1. ACCOUNT REGISTRATION

Primary Owner, Trustee or Custodian

Trust Name (if applicable)

Joint Owner or Co-Trustee (if applicable)

2. FUND NAME AND ACCOUNT NUMBER

Please list fund name(s) and account number(s)

3. ACCOUNT OPTIONS

Check here to start an Automatic Investment Plan to purchase shares of:

Name of Gabelli Fund

Account Number

Monthly Amount (\$100 minimum)

Name of Gabelli Fund

Account Number

Monthly Amount (\$100 minimum)

I would like the withdrawal from my checking account/money market 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. IRA contributions will be designated for the current calendar year. Your investment should not exceed your annual IRA contribution limit. If you over-contribute, the IRS may charge you a substantial penalty.

Check here for Periodic Telephone/Internet Purchases from and Redemptions to your Checking Account.

Purchases and redemptions may be made no later than 4:00 PM EST by calling 800-GABELLI (800-422-3554) or online at www.gabelli.com. Please note that IRA redemptions are not permitted through the internet.

Check here to have all Dividend and Capital Gain Distributions paid in Cash and sent to your checking account.

Check here to update the banking information on your Gabelli Funds Account(s).

You are requesting to maintain your current account options but are changing your bank information or are adding new banking instructions. Please attach a new voided check with your bank information.

Please mail completed form to: Gabelli Funds, P.O. Box 219204, Kansas City, MO 64121-9204 or use enclosed Business Reply Envelope

4. BANK INFORMATION

Please attach a voided check here to authorize the above services. At least one name in your Gabelli Funds account registration must match your bank account registration. Your signature will need to be notarized in Section # 5.

ATTACH VOIDED CHECK HERE

5. PLEASE READ AND SIGN BELOW

I understand that my ACH debit will be dated on or about the day of the month indicated above or 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 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 was received.

Primary Owner, Trustee or Custodian

Date

Joint Owner or Co-Trustee (if applicable)

Date

NOTARY PUBLIC BY: