

GABELLI FUNDS CHANGE IN BENEFICIARY FORM

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

1. REGISTRATION & MAILING ADDRESS (Please Print)

Participant's Full Name

Social Security Number

Date of Birth

Account Number

Name of Fund

I hereby designate the person(s) named below as my beneficiary to receive the funds credited to my account and remaining at my death in the account listed above. All prior beneficiary designations are hereby revoked.

2. PRIMARY BENEFICIARY

Beneficiary Name

Beneficiary Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Social Security Number

Social Security Number

Date of Birth Relationship Percentage %

Date of Birth Relationship Percentage %

Note: Unless otherwise indicated, Gabelli will assume equal beneficiary distribution if more than one primary beneficiary is designated. The sum of the percentages for all primary beneficiaries must equal 100 percent. If you wish to name more than two primary beneficiaries, please attach a separate sheet with all of the requested information.

3. SECONDARY BENEFICIARY

Beneficiary(ies) Name

Beneficiary(ies) Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Social Security Number

Social Security Number

Date of Birth Relationship Percentage %

Date of Birth Relationship Percentage %

Note: Unless otherwise indicated, Gabelli will assume equal beneficiary distribution if more than one primary beneficiary is designated. The sum of the percentages for all primary beneficiaries must equal 100 percent. If you wish to name more than two primary beneficiaries, please attach a separate sheet with all of the requested information.

4. SIGNATURE

I am revoking my prior primary and secondary beneficiary(ies) for accounts referred in section 1, and designated the beneficiary(ies) listed in sections 2 and 3.

X

Signature of Owner

Date

Spousal Consent: If you name someone other than your spouse as primary beneficiary and reside in a community or marital property state, including AK, AZ, CA, ID, LA, NV, MN, TX, WA, or WI.

X

Signature of Spouse

Date

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