

# GABELLI FUNDS GIFT TO NONPROFIT ORGANIZATIONS FORM

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

## INSTRUCTIONS FOR DONOR

1. Use this form to gift shares of you Gabelli Fund account to a nonprofit organization only. Both you (the donor) and the recipient must complete the appropriate sections.
2. Not to be used for IRAs.
3. If you are holding certificates for shares that you wish to gift, please return them with this form.
4. After completing Sections 1 through 4, please forward this form to the recipient for acceptance, certification of tax ID number, and instructions on disposition of shares.

## 1. DONOR'S ACCOUNT INFORMATION (as shown on your account statement)

Current Owner, Custodian, or Trustee

Social Security Number

Joint Owner or Co-Trustee (if applicable)

Social Security Number

Trust Name (if applicable)

Tax Identification Number

**Current Fund Name and Account Number(s) to be Transferred:**

Fund Name and Account Number

Fund Name and Account Number

Please attach a separate sheet for additional accounts.

Daytime Phone Number

## 2. TRANSFER INSTRUCTIONS

**Transfer Amount:**  Full Balance **OR**  Partial Balance Amount

Number of shares: \_\_\_\_\_ or Dollar Value Amount: \_\_\_\_\_

To authorize the transfer, each account owner must sign and obtain a Medallion Signature Guarantee in Section 4.

## 3. INFORMATION ABOUT RECIPIENT

Name of Nonprofit Organization

Name of Contact Person

Phone Number

Street Address of P.O. Box

City

State

Zip Code

## 4. AUTHORIZATION

Owners Signature

Co-Owner's Signature

\* A Medallion Guarantee is required for this transaction. A Medallion Guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These include banks, credit unions and brokerage firms. The words "MEDALLION GUARANTEED" must be stamped or typed near the signature(s) being guaranteed. **Note that a Notary Public stamp or seal is not acceptable.**

**MEDALLION GUARANTEED BY:**

# GABELLI FUNDS GIFT TO NONPROFIT ORGANIZATIONS FORM *(continued)*

## INSTRUCTIONS FOR RECIPIENT

1. Your organization is being gifted shares in a Gabelli mutual fund as indicated on the first page of this form. Please complete sections 5 through 8 and return the form to Gabelli Funds.
2. If you plan on keeping some or all of the donated shares and have not received a copy of the latest prospectus, please call our Investor Representatives at 800-GABELLI (422-3554) or visit our website at [www.gabelli.com](http://www.gabelli.com).
3. Please return this form in the enclosed postage-paid envelope or mail to: Gabelli Funds, P.O. Box 8308, Boston, MA 02266. Registered, certified, and express mail items only to: Gabelli Funds, 30 Dan Road, Canton, MA 02021.
4. **THE USA PATRIOT ACT:** Federal law requires that we obtain the name, street address, date of birth and tax identification number that identifies each person opening an account. This application will be rejected if information cannot be verified.

## 5. RECIPIENT ACCOUNT INFORMATION

- A. Existing Account:** Our organization has an account with Gabelli Funds, registered as indicated in Section 3. The gifted shares should be transferred into this account.

\_\_\_\_\_  
Name of Nonprofit organization

\_\_\_\_\_  
Name of Fund or Symbol  
(must be same fund from which shares are being transferred)

\_\_\_\_\_  
Account Number

- B. New Account:** Our organization does not currently have a Gabelli Funds account. The donated shares should be transferred to a new account. Be sure to complete section 6.

\_\_\_\_\_  
Name of Nonprofit Organization

\_\_\_\_\_  
Organization's Tax ID Number

\_\_\_\_\_  
Street Address (P.O. BOXES NOT PERMITTED)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

## 6. DISPOSITION OF NEW SHARES

- Hold the shares in the account until further notice.
- Redeem \_\_\_\_\_ shares (specify number or write "all") or \$\_\_\_\_\_ upon receipt of this form. The check will be sent to the organization at the address of record, as indicated in Section 5.
- Wire proceeds to the attached banking instructions.  
**Attach a voided check. Medallion signature is required in section 8 for this option.**

## 7. DISTRIBUTION OPTIONS

- Full Reinvestment** - Reinvest all dividends and distributions at net asset value.
- Capital Gains Reinvestment** - Reinvest capital gains only; income dividends are to be paid in cash.
- Cash** - All dividends and distributions are to be paid in cash and sent to the address of record.
- Cash Direct Deposit** - All dividends and distributions will be sent to my bank checking account. A voided check must be attached to authorize this options.

# GABELLI FUNDS GIFT TO NONPROFIT ORGANIZATIONS FORM *(continued)*

## 8. SIGNATURE(S) OF NEW ACCOUNT OWNERS

I (We) am (are) of legal age in the state of my (our) residence and wish to purchase shares of the Fund(s) as described in the current Prospectus (a copy of which I (we) have received). By the execution of the Account Application, the undersigned represents and warrants that the investor has full right, power and authority to make this investment and the undersigned is (are) duly authorized to sign this Application and to purchase or redeem shares of the Fund(s) on behalf of the investor. I (We) hereby appoint State Street Bank and Trust Co. as agent to receive dividends and distributions for automatic reinvestment in additional shares of the Fund(s).

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION** (check appropriate box, if applicable)

Under penalties of perjury, I certify that (1) the number shown on this form is my current taxpayer identification number; and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or (c) I am exempt from backup withholding. (You must line out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding). **(You must line out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding).**

I further certify that I am a U.S. citizen (including a U.S. Resident Alien) and that I am exempt from FACTA reporting.

**ESCHEATMENT NOTICE:** Your mutual fund account may be escheated to your state of residence if no activity occurs with your account during the inactivity period specified in your state's abandoned property laws.

Signatures must be exactly as name(s) appear in Section 1 (NEW Account Registration). If your account is the account of an individual, the individual should sign; if joint owners, all should sign; if a custodian for a minor, the custodian should sign; if a corporation or other organization, an officer should sign (indicating corporate office or title); if a trust or other fiduciary, the trustee or fiduciaries should sign (including capacity).

**SIGN HERE:**

\_\_\_\_\_  
Individual/Custodian/Investor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Registrant, if any

\_\_\_\_\_  
Date