

GABELLI FUNDS IRA APPLICATION

Do not use this form for IRAs for Class A or Class C Shares

DO NOT remove mailing label

THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. **THIS APPLICATION WILL BE REJECTED IF INFORMATION CANNOT BE VERIFIED.**

Sections 1 and 7 must be completed and will be verified as required by the USA Patriot Act.

HOW TO OPEN YOUR GABELLI FUNDS IRA:

For assistance in completing this form, call 800-GABELLI (422-3554).

- Fill out all applicable sections
- Return to us in postage paid envelope
- If converting a Regular IRA to a Roth IRA, use the Gabelli Funds Roth IRA Conversion Form

To Open a Traditional IRA, Roth IRA or SEP IRA

- Complete, sign and date the IRA Application on the opposite page.
- Draw a check payable to **The Gabelli Funds** for the contribution to your IRA.
- Send check and IRA Application to the address shown below.

To open an IRA for Your Spouse (working or non-working)

- Repeat steps above using a separate IRA Application or photocopy.

To Convert Existing Regular IRA to a Roth IRA

- DO NOT complete this application. Please call 1-800-GABELLI (1-800-422-3554) to request a Roth Conversion IRA Form.

To Transfer Existing IRA Funds (not for Conversion to a Roth IRA)

1. To a New Account you wish to establish:
 - Complete and sign the IRA Application.
 - Complete and sign the IRA Transfer Request Form.
 - Send the IRA Application and the IRA Transfer Request Form to the address shown below.
2. To an Existing Account:
 - Complete and sign the Transfer Request Form.
 - Send the form to the address shown below. Be sure to provide us with the Fund name and the account number of your existing Gabelli Funds IRA.

* You may transfer funds from an existing Regular IRA to a Regular IRA, or from an existing Roth IRA to a Roth IRA.

To Rollover an Existing IRA (not for Conversion to a Roth IRA)

- Complete and sign the IRA Application.
- Draw a check for the rollover amount payable to The Gabelli Funds.
- Send the IRA Account Application and the check to the address shown below.

* You may transfer funds from an existing Regular IRA to a Regular IRA, or from an existing Roth IRA to a Roth IRA.

ADVISOR/DEALER INFORMATION

Representative Name	Dealer Number	Branch Number	Rep Number
Company Name			Phone Number
Mailing Address			
City	State	Zip	

1. WHOSE IRA IS THIS?

UMB Bank, N.A. Custodian for the IRA of:

Full Name			Social Security Number
Mailing Address			Date of Birth <i>(Required)</i>
Street Address <i>(If mailing address above is a post office, a street address is also required by the USA Patriot Act)</i>			Daytime Telephone
City	State	Zip	Email Address

Dealers & Financial Planners check here to request duplicate statements (see reverse).

2. WHAT TYPE OF IRA IS IT?

- Traditional IRA Inherited/Beneficiary IRA
 Roth IRA
 SEP IRA

Decedent's Name Decedent's Social Security Number

3. WHO WILL BE THE BENEFICIARIES ON THIS ACCOUNT?

Primary Beneficiary

Secondary Beneficiary

Name	Relationship	
Mailing Address		
Street Address <i>(If mailing address above is a post office, a street address is also required)</i>		
City	State	Zip
Social Security Number	Date of Birth	

Name	Relationship	
Mailing Address		
Street Address <i>(If mailing address above is a post office, a street address is also required)</i>		
City	State	Zip
Social Security Number	Date of Birth	

Spousal Consent: If you are married and you name someone other than your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, then your spouse must sign below.

X

4. WHICH GABELLI FUND(S) DO YOU WANT TO INVEST IN?

Please list Fund(s):	Current Year	Prior Year	60 Day Rollover	IRA Transfer <i>(Complete Transfer Request Form)</i>	Direct Rollover
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Annual Maintenance Fee: \$15.00 per taxpayer - one fee will be billed at year end to each taxpayer. Fee is waived if total assets in combined IRA's exceed \$25,000. **For automatic investment plan, please complete separate application for regular monthly investments.**

5. AUTOMATIC INVESTMENT PLAN

Complete and return this form to establish a regular monthly investment plan.

Name of Fund(s) To Purchase	Monthly Amount(s) (\$100 minimum)	Account Number	Check here for New Account
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

I would like the withdrawal 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 1st of each month if no date is indicated.)

IMPORTANT INFORMATION: Contributions will be designated for the current calendar year. Your investment can't exceed your annual IRA contribution limit. If you over-contribute, the IRS may charge you a substantial penalty.

- Check here to authorize Periodic Telephone Purchases. Purchases may be made by calling **800-GABELLI** (800-422-3554) or (800-233-1137) no later than 4:00 p.m. (Eastern Time) There is a \$100 minimum for each telephone investment. Funds purchased in this manner will not be available for redemption for up to 15 days following the purchase date. By checking this option, I also authorize transactions (purchases and redemptions) made on the Gabelli website at www.gabelli.com.

Account Registration (please print or type)

Address _____ City _____ State _____ Zip _____

I understand that my ACH debit will be dated (on or about) the day of each month indicated above or as 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 by written notice to State Street, which is received 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 IRA's, a purchase will be considered a contribution for the year in which it is received.

Signature(s) (Signature of Bank Depositor(s) as shown on bank records)

ATTACH VOIDED CHECK HERE:

John Doe
123 Main St
Anywhere US 10111

Date _____

PAY TO THE ORDER OF _____ \$ _____

VOID DOLLARS

Your Bank
456 Main St
Anywhere US 10111

MEMO _____

⑆ 437956789 ⑆ ⑆001001239⑆ ⑆000⑆

6. ACCEPTANCE BY CUSTODIAN

UMB Bank N.A., as Custodian under the Plan, accepts the above Account(s) and acknowledges receipt and acceptance of the above Beneficiary Designation(s).

7. SIGNATURE

By signing the application and establishing an IRA, the undersigned: (1) establishes an Individual Retirement Account pursuant to the Employee Retirement Income Security Act of 1974 and in accordance with all the terms of the Custodial Agreement on Form 5305-A or 5305-RA; (2) appoints UMB Bank N.A. or its successors, as Custodian of the Account, (3) states that he or she has received, read, accepts and specifically incorporates herein the Custodial Agreement on Form 5305-RA and the Disclosure Statement, (4) agrees to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement, (5) acknowledges receipt of the current Prospectus of the Fund(s), (6) understands the possible tax consequences of converting a Traditional IRA to a Roth IRA.

Under penalties of perjury, I certify that the number shown on this form is my correct Social Security Number and that I have not been notified by the IRS that I am subject to back-up withholding.

X

Signature

Date

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