

GABELLI FUNDS

IRA CONVERSION & TRANSFER REQUEST FORM

Use this form only when converting your Regular IRA that exists at another institution. A Roth Conversion IRA Form must also be completed if a new account is being established. Complete a separate form for each account being transferred. If you have questions about completing this form, call 800-GABELLI (422-3554).

1. YOUR NAME (Please Print)

Name Social Security Number Phone Number

Address

City State Zip Code

2. 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.

3. PLEASE COMPLETE FOR ALL TRANSFERS

Please check the box indicating the source of money now being transferred:

Regular Contribution IRA Regular Rollover IRA SEP-IRA

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 establishing a new Roth Conversion IRA.

4. INSTRUCTIONS FOR RESIGNING TRUSTEE (Authorization to Transfer IRA Accounts)

I have established a Roth Conversion IRA account with the Gabelli Funds. Please liquidate and forward to Gabelli Funds:

All Assets or \$ _____

Upon Maturity Date _____ or Immediately *(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 Gabelli Funds.*

I understand that this transfer of assets is to be executed as a fiduciary to fiduciary so as not to put me in actual or constructive receipt of all or any part of the transferred assets.

Your Name, or the 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 _____
IRA Owner's Signature Date

AN IMPORTANT NOTICE

Your resigning trustee may require that your signature be Medallion Guaranteed. Please contact them for their requirements.

MEDALLION GUARANTEED BY: