

GABELLI FUNDS IRA TRANSFER REQUEST FORM

Use this for only when transferring your IRA directly from another institution. An IRA Application form must also be completed if a new account is being established. If you have questions about completing this form, call 800-GABELLI (800-422-3554).
IF CONVERTING A TRADITIONAL IRA TO A ROTH IRA, USE THE GABELLI FUNDS ROTH IRA CONVERSION FORM.

1. YOUR NAME (Please Print)

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

2. WHAT TYPE OF IRA IS IT CURRENTLY?

- Traditional IRA Inherited IRA
 Roth IRA Decedent Date of Death: _____
 SEP IRA _____

3. INFORMATION ABOUT YOUR PRESENT IRA

Name of Resigning Trustee, Custodian or Institution _____

Address of Resigning Trustee, Custodian or Institution _____

City _____ State _____ Zip Code _____

Phone 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. _____

DATE ROTH IRA WAS ORIGINALLY OPENED _____

4. WHAT TYPE OF IRA IS IT CURRENTLY?

- Traditional IRA Roth IRA
 I am opening a new account and have attached an IRA Application

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 opening a new IRA Account.

5. INSTRUCTIONS TO RESIGNING TRUSTEE

Please liquidate and forward to Gabelli Funds:

- All Assets OR \$ _____
 Upon Maturity OR Immediately
Date _____ 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: The Gabelli Funds

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

Your name, or 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

Participant's Signature _____

Date _____

An Important Note: Your resigning trustee may require that your signature be guaranteed. Please contact them for their requirements.

MEDALLION GUARANTEED BY:

UMB Bank N.A. will automatically send out letters to those former custodians/trustees if the transfer proceeds have not been received after 21 days.