

# Gabelli Funds Change of Beneficiary Form

## 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(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.

## 3 SECOND BENEFICIARY

Beneficiary(ies) Name	Beneficiary(ies) Name
Address	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 this form to: Gabelli Funds P. O. Box 8308 Boston, MA 02266-8308