

Gabelli Funds Coverdell Education Savings Account Application & Transfer Form

AE#

GFCES903

For assistance in completing this form, call 1-800-GABELLI (1-800-422-3554).

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, 2 and 6 must be completed and will be verified as required by the USA Patriot Act.

1. Beneficiary Information

First Name Initial Last Name

Mailing Address

Street Address (If mailing address above is a post office, a street address is also required by the USA Patriot Act)

City State Zip

NOTE: No Education Savings Account contributions are permitted after the date on which the designated beneficiary (the Student) attains age 18.

_____-_____-_____
Beneficiary's Social Security Number

Date of Birth

()

Daytime Telephone #

Student is a Special Needs Student

2. Responsible Individual Information*

First Name Initial Last Name Date of Birth

Address

City State Zip

*"Responsible Individual" must be a Parent or legal Guardian of the Beneficiary. ** If Guardian, submit proof of guardianship.

Mother Father Guardian**

_____-_____-_____
Responsible Individual's Social Security Number

()

Telephone Number

3. Donor Information*

First Name Initial Last Name Date of Birth

Address

City State Zip

*To be completed if donor is not the Responsible Individual identified in Section 2 above.

_____-_____-_____
Donor's Social Security Number

()

Telephone Number

4. What Type of Education Savings Account is It?

- Annual Contribution (The maximum annual contribution to an Education Savings Account is \$2,000 per child.)
- Rollover from existing Education Savings Account* (The requirements for a valid rollover are complex. See the Education Savings Account Disclosure Statement for additional information and consult your tax advisor.)
- Transfer of assets from existing Education Savings Account* (Complete the separate Education Savings Account Transfer Request Form)
*Check the box below to indicate whether the Beneficiary of the Gabelli Education Savings Account will be the same as the Beneficiary of the existing Education Savings Account, or a member of the original Beneficiary's family:
- Same Designated Beneficiary New Designated Beneficiary
Relationship to original Beneficiary: _____

CONTINUED ON NEXT PAGE

5. Which Gabelli Fund(s) Do You Wish to Invest In?

Please list Fund(s)	<u>Indicate Tax Year if applicable</u>	
	20 _____	20 _____
	\$ _____	\$ _____
	\$ _____	\$ _____

NOTE: The maximum annual contribution to an Education Savings Account is \$2,000 per child. Make your check payable to the specific fund or "Gabelli Funds" if you are investing in multiple funds.

6. Signatures

If this is a Rollover Education Savings Account, the undersigned certifies that any assets transferred in-kind are the same assets received in the distribution being rolled over; that no rollover into an Education Savings Account has been made within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to the Account; and that the designated Beneficiary identified in Item 1 above is either the person for whose benefit the prior Education Savings Account was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529(e)(2)).

If this is an Annual Contribution Education Savings Account, the undersigned certifies that the designated Beneficiary is less than 18 years old and that all Contributions made on the designated Beneficiary's behalf to this or any other Education Savings Account do not exceed \$2,000 in a single tax year.

If this is a transfer or Rollover of an existing Education Savings Account, the undersigned certifies that the designated Beneficiary is less than 30 years old and that the relationship indicated in Section 4 is correct.

The undersigned acknowledges having received and read the "Coverdell Education Savings Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Coverdell Education Savings Account Agreement, and the "Instructions" pertaining to this Adoption Agreement.

Signature of Responsible Individual (Parent/Legal Guardian)	Date
Signature of Donor	Date

If the designated Beneficiary is a minor under the laws of his/her state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the Responsible Individual's (identified above in Section 2) agreement to be responsible for all requirements of the designated Beneficiary, and to exercise the powers and duties of the designated Beneficiary, with respect to the operation of the Account. Upon reaching the age of majority in the state in which the designated Beneficiary then resides, the designated Beneficiary may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Account. Absent such written notice by the designated Beneficiary, Custodian shall have no responsibility to acknowledge designated Beneficiary's exercise of such powers and duties of administration.

Custodian Acceptance: UMB Bank N.A. will accept appointments as Custodian of the Account. However, this Agreement is not binding upon the Custodian until the designated Beneficiary has received a statement of the transaction. Receipt by the designated Beneficiary of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank N.A.'s acceptance of appointment as Custodian of the Account

SEND ALL INFORMATION TO: The Gabelli Funds, P.O. Box 8308, Boston, MA 02266-8308 or the enclosed business reply envelope.

Gabelli Funds Coverdell Education Savings Account Transfer Request Form

Use this form only when transferring an Education Savings Account directly from another institution. An Education Savings Account Application form must also be completed if a new account is being established. If you have questions about completing this form, call **1-800-GABELLI** (1-800-422-3554).

1. Name of Person Controlling the Account ^a

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

() _____ () _____
Business Phone _____ Home Phone _____

Mother Father Guardian^b Beneficiary

(a) Parent/legal Guardian, unless Beneficiary has attained age of majority in his/her state of residence. (b) If Guardian, submit proof of guardianship. (c) If Beneficiary is a minor under the law of his/her state of residence, the Parent/Guardian must execute this Education Savings Account Transfer Form.

2. Name of Beneficiary

Name _____ Social Security Number _____

Mailing Address _____

Street Address (If mailing address above is a post office, a street address is also required by the USA Patriot Act) _____

City _____ State _____ Zip Code _____

() _____
Home Phone _____

3. Information about the Present Account

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 _____

Beneficiary's Name on Education Savings Account _____

Account Number _____

Name of Mutual Fund, Brokerage Firm or Bank, etc. _____

SEND ALL INFORMATION TO: The Gabelli Funds, P. O. Box 8308, Boston, MA 02266-8308 or the enclosed business reply envelope.

4. Please complete for all Transfers

- Please deposit proceeds in my existing Gabelli Funds Education Savings Account
- I am opening a new account and have attached an Education Savings Account Application

My transfer should be invested as follows:

Gabelli Fund Name	Account Number*	% or Amount
Gabelli Fund Name	Account Number*	% or Amount

* Write "new" if opening a new Education Savings Account.

5. Instructions to Resigning Trustee (Authorization to Transfer Education Savings Account Assets)

I have established an Education Savings Account with the Gabelli Funds. 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.

Name of Beneficiary on Account

Present Education Savings 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

Beneficiary/Parent/Guardian (Please circle one of the above)

AN IMPORTANT NOTE

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

Signature Guaranteed by

Name of Bank or Firm

Signature of Officer and Title

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.

SEND ALL INFORMATION TO: The Gabelli Funds, P.O. Box 8308, Boston, MA 02266-8308 or the enclosed business reply envelope.