

GABELLI FUNDS

INDIVIDUAL RETIREMENT ACCOUNT DISTRIBUTION REQUEST FORM

For assistance, please call 800-GABELLI (800-422-3554)

1. WHOSE IRA IS THIS?

Name		Date of Birth	
Street	City	State	Zip Code
Fund Name	Account Number	Phone Number	

2. TYPE OF DISTRIBUTION

Please select one:

- Normal Distribution:** Participant is over age 59½ (Distributions must begin by April 1st of the year following the attainment of age 70½).
- Premature Distribution:** Participant is under age 59½ and is not disabled.
- Permanent Disability:**
- Excess Contribution:** Remove excess contribution of \$_____ The excess date of the contribution was _____ and for the _____ tax year.
- Please check one box for excess contribution:
- Remove excess monies in account and reapply as a current year contribution
- Issue check to participant
- Death of an IRA Owner/Inherited IRA:** The original IRA Owner has died and I am the beneficiary. Date of Death: ____/____/____
- Divorce of IRA Owner:** I am distributing due to a divorce settlement.

* You may be required to file IRS Form 5329. Consult your tax or financial advisor for further information.

3. METHOD OF DISTRIBUTION

Please select one:

- Entire Account Balance**
- Partial Distribution:** Specify Amount \$_____
- Dividends and Capital Gains:** Note: This option is only available if you are 59½ or older and are waiving withholding. If you choose this option, do not select a payment frequency in section 4 of this form.
- Required Minimum Distribution**
- Required Minimum Distribution Based on the Joint Life Expectancy with Spouse Table in IRS Regulations:** (available only if spouse is more than 10 years younger).

4. PAYMENT FREQUENCY

Please select one:

- One-time Distribution,** processed upon receipt
- Monthly,** beginning (Specify month and date): _____
- Quarterly,** to be paid in March, June, September, and December (specify date of month): _____
- Annually,** (specify month and date): _____

Note: Unless specified above, periodic redemptions will be made on the 15th day of the month. If the date falls on a weekend or holiday, your redemption will occur on the next business day. If the next business day falls in the next month, the redemption will cycle on the previous business day. If payment frequency of annually is selected and no month is listed, redemption will be made in December.

5. PAYMENT INSTRUCTIONS

Please send distribution to:

- Shareholder:** Check will be made payable to shareholder & mailed to the address of record.
- Deposit to a Gabelli Fund Account:**
- Existing Taxable Account: Fund and Account Number _____
 - New Taxable Account (attach a completed Account Application). Your name must be listed in the registration of the new account.
 - New IRA (for an Inherited IRA or an IRA due to divorce). The beneficiary's name must be listed in the registration of the new IRA.
- Bank of Record:** Proceeds will be sent via ACH (Automated Clearing House) to our bank of record. There is no fee for this service. If you wish to have the proceeds sent to banking instructions not currently on your account, please attach a voided check and have your signature notarized in Section #7.
- Overnight Mail:** A \$15.00 fee will be taken in addition to redemption proceeds. Unless otherwise indicated below, the check will be sent to your address of record.
- Special-use Name and Address as indicated below:** Medallion Signature Guarantee required in Section #8.

Name

Street

City

State

Zip Code

6. TAX WITHHOLDING

Please select one:

- I elect **not** to have federal income tax withheld from my distribution.
- I elect to have _____ % federal income tax withheld from my distribution (must be 10% or greater).
- In addition to the above percentage, I elect to have \$ _____ federal income tax withheld from my distribution.

Important State Tax withholding Information: We will withhold state tax in accordance with the respective state's rules if, at any time of distribution, your address of record is within a mandatory withholding state and you have federal income tax withheld, or if the state's requirement is independent of federal withholding. Contact your tax advisor for the withholding amount, or see your state's website for more information.

Note: If no withholding election is indicated above, IRS regulations require that 10% federal tax withholding be taken from your distributions. We encourage you to consult your accountant or tax advisor regarding your IRA distributions. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate.

7. SIGNATURE

I, the undersigned, authorize and request that UMB Bank, as custodian for my IRA, make the above distribution(s) from the account listed in Section 1. I acknowledge that the box checked in Section 2 is correct, and I am aware of the possible tax consequences of these distribution(s). I understand that I am responsible for determining that the minimum distribution requirement is met each year for my traditional IRA and that failure to meet this requirement may result in tax penalties. I agree to indemnify and hold Gabelli Funds, Boston Financial Data Services, Inc., UMB Bank, and any affiliate and/or any of their directors, trustees, employees, and agents harmless in this regard for elections I have made, and for any actions taken as a result of the information and instructions I have provided.

X

Signature

Date

MEDALLION GUARANTEED BY:

NOTARY PUBLIC BY:

A Medallion Signature Guarantee is required if the proceeds check is to be made payable or mailed to a party other than the shareholder of record or if the redemption amount exceeds \$25,000.

Please mail completed application to: Gabelli Funds, P.O. Box 8308, Boston, MA 02266-8308 or use enclosed Business Reply Envelope