

GABELLI FUNDS ROTH CONVERSION IRA FORM

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

GABROTH4-09

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

TO CONVERT AN EXISTING REGULAR IRA TO A ROTH IRA

- If you are converting an existing Gabelli Funds IRA, please complete Section 1A and follow further instructions depending on your selection.
- If you are converting a Traditional IRA from another institution to a new Gabelli Fund, please complete Section 1B and Sections 2-6. In addition, you will need to complete the IRA Conversion & Transfer Form.
- If you are converting a Traditional IRA from another institution to an existing Roth IRA, please complete only the IRA Conversion & Transfer Form.

1A. CURRENT GABELLI FUNDS INVESTOR INFORMATION

Full Name

Social Security Number

Existing Gabelli Fund Name

Date of Birth

Existing Account # You Wish to Convert

Please select one:

- I would like to open a Roth Conversion IRA and maintain the fund selection above.
- I would like to open a Roth Conversion IRA and invest the converted amount in a different Gabelli Fund. (Select Fund(s) in Section 2)
- I would like to invest the converted amount into my existing Roth IRA: Fund and Account # _____ (Skip to Section 4)

Please select one:

- Convert 100% of the assets from my Traditional IRA.
- Complete a partial conversion of \$ _____ or _____ % from my Traditional IRA.

1B. NEW GABELLI ROTH IRA INVESTOR INFORMATION

Full Name

Social Security Number

Mailing Address

Date of Birth

Telephone #

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

City

State

Zip

Email

2. WHICH GABELLI FUNDS DO YOU WISH TO INVEST IN?

Please list Fund(s):

_____	\$ _____	or	_____ %
Name of Fund or Symbol			
_____	\$ _____	or	_____ %
Name of Fund or Symbol			
_____	\$ _____	or	_____ %
Name of Fund or Symbol			

3. WHO WILL BE THE BENEFICIARIES ON THIS ACCOUNT?

_____	_____	_____	_____
Name	Relationship	Name	Relationship
_____	_____	_____	_____
Mailing Address		Mailing Address	
_____	_____	_____	_____
Street Address		Street Address	
<small>If address above is a post office, a street address is also required by the USA Patriot Act.)</small>		<small>If address above is a post office, a street address is also required by the USA Patriot Act.)</small>	
_____	_____	_____	_____
City	State	City	State
_____	_____	_____	_____
Social Security Number	Date of Birth	Social Security Number	Date of Birth

Spousal Consent: If you are married and you name someone other than your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must sign below.

X _____
Signature of Spouse Date

4. WITHHOLDING INFORMATION

Your Regular IRA's current custodian is required to withhold federal income taxes from each distribution you receive from your IRA (including a conversion of a Regular IRA to a Roth IRA) unless you elect not to have withholding apply at the time of distribution. Check the appropriate box below.

If you do not check a box, your current Regular IRA's custodian is required to withhold 10% of the amount being converted.

- Do not withhold federal income tax from my IRA distribution. I understand that I will be liable for payment of federal tax on the taxable part of my distribution.
- I want federal income tax withheld at the rate of 10%
- I want federal income tax withheld at the following rate (must be greater than 10%): _____ %.

5. ACCEPTANCE BY CUSTODIAN

UMB Bank N.A., as Custodian under the Plan, accepts the above Account(s) and acknowledges receipt and acceptance of the above Beneficiary Designation(s).

6. SIGNATURE

By signing the application and establishing a Roth Conversion IRA, the undersigned: (1) establishes an Individual Retirement Account pursuant to the Employee Retirement Income Security Act of 1974 and in accordance with all the terms of the Custodial Agreement on 5305-RA (2) appoints UMB Bank N.A. or its successors, as Custodian of the Account, (3) states that he or she has received, read, accepts and specifically incorporates herein the Custodial Agreement on Form 5305-RA and Disclosure Statement, (4) agrees to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Custodial Agreement, (5) acknowledges receipt of the current Prospectus of the Fund(s), (6) understands the possible tax consequences of converting a Traditional IRA to a Roth IRA.

Under penalties of perjury, I certify that the number shown on this form is my correct Social Security Number and that I have not been notified by the IRS that I am subject to back-up withholding.

X _____
Signature Date

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

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: