

# GABELLI FUNDS

## IRA APPLICATION & TRANSFER FORM

Multi-Class Application for Class A, C, and I Shares

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

Fill out all applicable sections.

- Return to us in postage paid envelope.
- Keep a copy for your records.
- If converting a Regular IRA to a Roth IRA, use the Gabelli Funds Roth IRA Conversion Form.

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

### HOW TO OPEN YOUR GABELLI FUNDS IRA:

#### **To Open a Traditional IRA, Roth IRA or SEP IRA**

- Complete, sign and date the IRA Application on the opposite page.
- Draw a check payable to **The Gabelli Funds** for the contribution to your IRA.
- Send check and IRA Application to the address shown below.

#### **To open an IRA for Your Spouse (working or non-working)**

- Repeat steps above using a separate IRA Application or photocopy.

#### **To Convert Existing Regular IRA to a Roth IRA**

- DO NOT complete this application. Please call 1-800-GABELLI (1-800-422-3554) to request a Roth Conversion IRA Form.

#### **To Transfer Existing IRA Funds (not for Conversion to a Roth IRA)**

1. To a New Account you wish to establish:
  - Complete and sign the IRA Application.
  - Complete and sign the IRA Transfer Request Form.
  - Send the IRA Application and the IRA Transfer Request Form to the address shown below.
2. To an Existing Account:
  - Complete and sign the Transfer Request Form.
  - Send the form to the address shown below. Be sure to provide us with the Fund name and the account number of your existing Gabelli Funds IRA.

\* You may transfer funds from an existing Regular IRA to a Regular IRA, or from an existing Roth IRA to a Roth IRA.

#### **To Rollover an Existing IRA (not for Conversion to a Roth IRA)**

- Complete and sign the IRA Application.
- Draw a check for the rollover amount payable to The Gabelli Funds.
- Send the IRA Account Application and the check to the address shown below.

\* You may transfer funds from an existing Regular IRA to a Regular IRA, or from an existing Roth IRA to a Roth IRA.

### ADVISOR/DEALER INFORMATION

Representative Name	Dealer Number	Branch Number	Rep Number
Company Name			Phone Number
Mailing Address			
City	State	Zip	

## 1. WHOSE IRA IS THIS?

UMB Bank, N.A. Custodian for the IRA of:

Full Name

Social Security Number

Mailing Address

Date of Birth *(Required)*

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

Daytime Telephone

City

State

Zip

Email Address

☐ Dealers & Financial Planners check here to request duplicate statements (see reverse).

## 2. WHAT TYPE OF IRA IS IT?

☐ **Traditional IRA**

☐ Individual

☐ Direct Rollover from 403(b)

☐ Transfer\*

☐ Direct Rollover from 401 (k)

☐ Rollover

☐ Direct Rollover

☐ **Roth IRA**

☐ Individual

☐ Transfer from Roth IRA to Roth IRA\*\*

☐ Rollover from Roth IRA to Roth IRA\*\*

☐ **SEP IRA**

☐ Individual

☐ Transfer

☐ Rollover

\*Complete transfer request form

\*\*Date existing Roth IRA originally opened

## 3. WHO WILL BE THE BENEFICIARIES ON THIS ACCOUNT?

### Primary Beneficiary

Name Relationship

Mailing Address

Street Address *(If mailing address above is a post office, a street address is also required)*

City State Zip

Social Security Number Date of Birth

### Secondary Beneficiary

Name Relationship

Mailing Address

Street Address *(If mailing address above is a post office, a street address is also required)*

City State Zip

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, then your spouse must sign below.

X

## 4. WHICH GABELLI FUND(S) DO YOU WANT TO INVEST IN?

Please list Fund(s):	Circle Class of Shares	Indicate Tax Year (If Applicable) 20 _____	IRA Transfer (Complete Transfer Request Form)	Rollover (Enclose Check)
_____	A C I	\$ _____	\$ _____	\$ _____
_____	A C I	\$ _____	\$ _____	\$ _____
_____	A C I	\$ _____	\$ _____	\$ _____

**Annual Maintenance Fee:** \$15.00 per taxpayer - one fee will be billed at year end to each taxpayer. Fee is waived if total assets in combined IRA's exceed \$25,000. **For automatic investment plan, please complete separate application for regular monthly investments.**

# GABELLI FUNDS IRA TRANSFER REQUEST FORM

Use this form 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 Number 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 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.

DATE ROTH IRA WAS ORIGINALLY OPENED

## 4. PLEASE COMPLETE FOR ALL TRANSFERS

Please deposit proceeds in my existing Gabelli Funds IRA:

- ☐ 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.

Please mail completed form to: Gabelli Funds, P.O. Box 219204, Kansas City, MO 64121-9204 or use enclosed Business Reply Envelope

## 5. AUTOMATIC INVESTMENT PLAN

Complete and return this form to establish a regular monthly investment plan.

Name of Fund(s) To Purchase	Class of Shares	Monthly Amount(s) (\$100 minimum)	Account Number	Check here for New Account
	A C I			<input type="checkbox"/>
	A C I			<input type="checkbox"/>
	A C I			<input type="checkbox"/>

I would like the withdrawal to take place on the \_\_\_\_\_ day of each month. The withdrawal will take place this day of each month or the next business day. (The default date is the 1st of each month if no date is indicated.)

**IMPORTANT INFORMATION: Contributions will be designated for the current calendar year. Your investment can't exceed your annual IRA contribution limit. If you over-contribute, the IRS may charge you a substantial penalty.**

☐ Check here to authorize Periodic Telephone Purchases. Purchases may be made by calling **800-GABELLI** (800-422-3554) or (800-233-1137) no later than 4:00 p.m. (Eastern Time) There is a \$100 minimum for each telephone investment. Funds purchased in this manner will not be available for redemption for up to 15 days following the purchase date. By checking this option, I also authorize transactions (purchases and redemptions) made on the Gabelli website at [www.gabelli.com](http://www.gabelli.com).

Account Registration (please print or type)

Address City State Zip

I understand that my ACH debit will be dated (on or about) the day of each month indicated above or as specified by written request. I agree that if such debit is not honored upon presentation, State Street may discontinue this service and any share purchase made upon deposit of such debit may be cancelled. I further agree that if the net asset value of the shares purchased with such debit is less when said purchase is cancelled than when the purchase was made, State Street shall be authorized to liquidate other shares or fractions thereof held in my account to make up the deficiency. This Automatic Investment Plan may be discontinued by State Street upon 30 days written notice or at any time by the investor by written notice to State Street, which is received no later than 5 business days prior to the above designated investment date. Investors may wish to confirm the proper bank routing number to assure correct processing. For IRA's, a purchase will be considered a contribution for the year in which it is received.

Signature(s) (Signature of Bank Depositor(s) as shown on bank records)

ATTACH VOIDED CHECK HERE:

John Doe  
123 Main St  
Anywhere US 10111

Date \_\_\_\_\_

PAY TO THE ORDER OF **VOID** \$

\_\_\_\_\_ DOLLARS

Your Bank  
456 Main St  
Anywhere US 10111

MEMO \_\_\_\_\_

⑆ 123456789 ⑆ ⑆0000239⑆ ⑆99⑆

## 6. 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).

## 7. 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 Form 5305-A or 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 the 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 219204, Kansas City, MO 64121-9204 or use enclosed Business Reply Envelope