

# GABELLI FUNDS CHANGE IN REGISTRATION FORM

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

## INSTRUCTIONS FOR CHANGING YOUR ACCOUNT REGISTRATION

This guide is designed to help you understand what is needed to change the registration of your existing Gabelli Funds account. In most cases, you will need to have your signature(s) guaranteed to process the registration change. In some situations, we will need additional documentation to make the change. This guide reviews various scenarios and details associated with each situation. If any certificates are outstanding on the account being changed, you must sign and attach all certificates. These instructions are not intended to be used for Individual Retirement Accounts. If you have any questions, please call 800-422-3554 to speak with a Gabelli representative.

## FROM AN INDIVIDUAL ACCOUNT TO A JOINT TENANT ACCOUNT

- Complete a Change in Registration Form.
- Account owner(s) signatures must be **Medallion Guaranteed** in Section #4 if account value exceeds \$25,000 or the tax-identification number is changing.

## FROM A JOINT TENANT ACCOUNT TO AN INDIVIDUAL ACCOUNT BECAUSE OF:

### *Death of an Account Owner & Estate Account Registration (If NO TOD Beneficiary Is Listed)*

- Complete a Change in Registration Form.
- Signature of surviving Joint Owner or of the Executor of the Estate must be **Medallion Guaranteed** in Section #4.
- Provide an Inheritance Tax Waiver if Decedent had legal residence in an applicable State.
- If applicable, send copy of Letters of Testamentary.

### *Divorce*

- Complete a Change in Registration Form
- Account owner(s) signatures must be **Medallion Guaranteed** in Section #4.
- Provide a copy of divorce settlement or QDRO.

### *All Other Situations*

- Complete Change in Registration Form.
- Account owner(s) signatures must be **Medallion Guaranteed** in Section #4 if account value exceeds \$25,000 or the tax-identification number is changing.

## NAME CHANGE

- Provide letter of instruction signed with both former name (on file with Gabelli) as well as with new name.
- New signature must be **Notarized**.
- You do not need to complete a Change in Registration Form.

## UGMA/UTMA ACCOUNT TO AN INDIVIDUAL ACCOUNT DUE TO MINOR REACHING AGE OF MAJORITY

- Complete a Change in Registration Form.
- Custodian's signature must be **Notarized** in Section #4.

## INDIVIDUAL OR JOINT TENANT ACCOUNT TO A TRUST

- Complete a Change in Registration Form.
- Include a copy of the first and last page of the Trust Agreement.
- Account Owner(s) signatures must be **Medallion Guaranteed** in Section #4 if account value exceeds \$25,000 or the tax-identification number is changing.

# GABELLI FUNDS CHANGE IN REGISTRATION FORM

## 1. CURRENT ACCOUNT REGISTRATION

\_\_\_\_\_  
Name/Title on Account

\_\_\_\_\_  
Social Security Number or Tax ID Number

**Current Fund Name and Account Number(s) to be Transferred:**

\_\_\_\_\_  
Fund Name and Account Number

\_\_\_\_\_  
Fund Name and Account Number

## 2. TRANSFER INSTRUCTIONS

**Transfer Amount:**

Full Balance

**OR**

Partial Balance Amount

Number of shares/Amount to be transferred: \_\_\_\_\_

*If the current cost basis is Specific Lot Identification and the transfer amount is less than 100%, attach separate instructions with specific lot shares.*

**Transfer Ownership to:**

\_\_\_\_\_  
Name of new Account Owner(s), Trust or Other Entity

## 3. REASON FOR TRANSFER

**If a reason is not provided, this transfer will be defaulted to a transfer due to gift.**

Re-registration (divorce/separation, individual to trust, etc.)

Death (Inheritance)

Gift

Date of Death: \_\_\_\_\_  
(required)

Date of Gift: \_\_\_\_\_

Alternate Date or Alternate Value\*\* \_\_\_\_\_  
(optional)

Fair Market Value Acceptance\* \_\_\_\_\_  
(signature of new owner)

*\*If the recipient's existing account or new account will use the Average Cost accounting method, they must sign above indicating acceptance of the shares valued at fair market value of the date of gift if the shares should be transferred at a loss.*

*\*\*There is a special rule under the estate tax that allows the executor to elect a different valuation date in certain cases. If the estate qualifies for this election, and the executor makes the election, the valuation date is six months after the date of death.*

## 4. SIGNATURE(S) OF CURRENT ACCOUNT OWNER(S)

\_\_\_\_\_  
Signature of current Owner, Custodian or Trustee

\_\_\_\_\_  
Print Name of current Owner, Custodian or Trustee (Date)

\_\_\_\_\_  
Signature of current Joint Owner or Co-Trustee

\_\_\_\_\_  
Print Name of current Joint Owner, Custodian or Trustee (Date)

*Note: If your relationship to the account is not as registered owner, you must indicate your capacity beside or beneath your signature.*

**MEDALLION GUARANTEED BY:**

**NOTARY PUBLIC BY:**

*Please refer to the Instructions to determine if a Medallion Guarantee is required. A Medallion Guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These include banks, credit unions and brokerage firms. The words "MEDALLION GUARANTEED" must be stamped or typed near the signature(s) being guaranteed. Note that a Notary Public stamp or seal is not acceptable.*

## 5. NEW ACCOUNT REGISTRATION

**Individual or Joint Tenants** *(The account registration will be joint tenants with rights of survivorship unless otherwise requested)*

Primary Owner \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Joint Owner (if applicable) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Gift/Transfer To A Minor**

Name of Custodian (only one permitted) \_\_\_\_\_ Custodian's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Minor \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_ Minor's Date of Birth \_\_\_\_\_

**Trusts** *(Please enclose a copy of the first and last page of the trust agreement.)*

Name of Trust \_\_\_\_\_ Trust Tax ID Number \_\_\_\_\_

Name of Trustee \_\_\_\_\_ Trustee's Social Security Number \_\_\_\_\_ Trustee's Date of Birth \_\_\_\_\_

Name of Co-Trustee \_\_\_\_\_ Co-Trustee's Social Security Number \_\_\_\_\_ Co-Trustee's Date of Birth \_\_\_\_\_

**Corporations, Partnerships, Estates, or Other Entities**

*(A copy of the certified articles of incorporation or a copy of the partnership agreement must be attached.)*

Type:  (C) Corporation  (S) Corporation  Partnership  Estate  Other \_\_\_\_\_

Name of Corporation or Entity \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

*Customer Identification Exemption - Check if exempt from verification due to:*

- Publicly Traded Entity (Symbol \_\_\_\_\_)*  *Financial Institution Regulated by a Federal Functional Regulator*  
 *Bank regulated by state bank regulator*  *Retirement Plan Covered by ERISA*

## 6. MAILING ADDRESS *(your permanent address must be within the United States, an APO/FPO, or a U.S. Territory)*

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Permanent Street Address of Owner (Cannot be a P.O. Box) \_\_\_\_\_ Phone Number \_\_\_\_\_

## 7. DISTRIBUTION OPTIONS

*Please check one. If none of the above boxes are checked, all dividends and/or distributions will be reinvested.*

- Full Reinvestment:** *Reinvest all dividends and distributions at Net Asset Value.*
- Capital Gains Reinvestment:** *Reinvest capital gains only; income dividends are to be paid in cash.*
- Cash:** *All dividends and distributions are to be paid in cash and sent to the address of record.*
- Cash Direct Deposit:** *All dividends and distributions will be sent to my bank checking account. A voided check must be attached to authorize this option.*

## 8. COST BASIS REPORTING METHOD

Please review the list of available options and select your preferred reporting method. Your selection will only report on covered shares (shares purchased after 1/1/12). If you do not select an option, the Funds default method of Average Cost will be selected as your cost basis method. If option #7 (SLID) is chosen, a secondary reporting method must be selected in the event the lots you have chosen are not available.

- |   |  |  |
|---|--|--|
| 1. <input type="checkbox"/> Average Cost (ACST)       | 4. <input type="checkbox"/> High Cost First Out (HIFO)   | 7. <input type="checkbox"/> Specific Lot Identification (SLID) |
| 2. <input type="checkbox"/> First In First Out (FIFO) | 5. <input type="checkbox"/> Low Cost First Out (LOFO)    | Secondary Reporting Method for SLID: _____                     |
| 3. <input type="checkbox"/> Last In First Out (LIFO)  | 6. <input type="checkbox"/> Loss/Gain Utilization (LGUT) | _____  |

## 9. TRANSFER ON DEATH OPTION (optional)

_____ Name of Beneficiary	_____ Social Security Number	_____ Date of Birth
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_____ Name of Beneficiary	_____ Social Security Number	_____ Date of Birth
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**Spousal Consent:** If you open the account individually and are married (or established jointly and are not married to the joint applicant) and name someone other than your spouse as beneficiary, spousal consent is required.

\_\_\_\_\_  
Print Name of Spouse

\_\_\_\_\_  
Signature of Spouse

## 10. ONLINE, TELEPHONE AND OTHER SERVICES (optional)

- Periodic Telephone/Internet Purchases and Redemptions:** This service will allow you to purchase or redeem shares by telephone at 800-GABELLI or online at www.gabelli.com via Automated Clearing House (ACH) from your designated checking account with a U.S. bank. Fund purchased in this manner may not be available for up to 15 days following the purchase.
- Automatic Investment Plan:** This service will allow you to purchase shares in your Gabelli Fund account by transferring money from your bank account via ACH on a monthly basis. The default day is the 15th of each month if no date is indicated. Monthly minimum is \$100.

_____ Name of Fund to Purchase	_____ Monthly Amount	_____ Date of Monthly Purchase
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- Bank Wire Redemptions:** This service will allow you to redeem shares and have proceeds wired to your bank. Each wire request is subject to a \$1,000 minimum amount. Your bank may charge a fee for receiving a wire.

**IMPORTANT: A voided check must be attached to authorize the above services. In addition, any co-signer of your checking account who is not a joint owner of the mutual fund account(s) must authorize this service by signing below.**

\_\_\_\_\_  
Co-Signer Name

\_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Date

## 11. SIGNATURE(S) OF NEW ACCOUNT OWNERS

I (We) am (are) of legal age in the state of my (our) residence and wish to purchase shares of the Fund(s) as described in the current Prospectus (a copy of which I (we) have received). By the execution of the Account Application, the undersigned represents and warrants that the investor has full right, power and authority to make this investment and the undersigned is (are) duly authorized to sign this Application and to purchase or redeem shares of the Fund(s) on behalf of the investor. I (We) hereby appoint State Street Bank and Trust Co. as agent to receive dividends and distributions for automatic reinvestment in additional shares of the Fund(s).

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION** (check appropriate box, if applicable)

Under penalties of perjury, I certify that (1) the number shown on this form is my current taxpayer identification number; and (2) I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified me that I am no longer subject to backup withholding, or (c) I am exempt from backup withholding. (You must line out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding). **(You must line out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding).**

I further certify that I am a U.S. citizen (including a U.S. Resident Alien) and that I am exempt from FACTA reporting.

**ESCHEATMENT NOTICE:** Your mutual fund account may be escheated to your state of residence if no activity occurs with your account during the inactivity period specified in your state's abandoned property laws.

Signatures must be exactly as name(s) appear in Section 1 (NEW Account Registration). If your account is the account of an individual, the individual should sign; if joint owners, all should sign; if a custodian for a minor, the custodian should sign; if a corporation or other organization, an officer should sign (indicating corporate office or title); if a trust or other fiduciary, the trustee or fiduciaries should sign (including capacity).

**SIGN HERE:**

\_\_\_\_\_  
Individual/Custodian/Investor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Registrant, if any

\_\_\_\_\_  
Date

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