

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*

Name Social Security Number

Address

City State Zip Code

Business Phone Home Phone

Mother Father Guardian** Beneficiary

* Parent/legal Guardian, unless Beneficiary has attained age of majority in his/her state of residence. ** If Guardian, submit proof of guardianship. If the 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) Phone

City State Zip Code

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.

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

5. INSTRUCTIONS TO RESIGNING TRUSTEE (Authorization to Transfer ESA Assets)

I have established an Education Savings Account with the Gabelli Funds. Please liquidate and forward Gabelli Funds:

- All Assets OR \$ _____
- Upon Maturity _____ OR Immediately
(Date) (I am aware of any penalty that 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(S)

Beneficiary / Parent / Guardian (please circle one)

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.