

# GABELLI FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT APPLICATION

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

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

## 1. BENEFICIARY INFORMATION

<hr/> First Name	<hr/> Initial	<hr/> Last Name	<hr/> Beneficiary's Social Security Number
<hr/> Mailing Address			<hr/> Date of Birth <i>(Required)</i>
<hr/> Street Address <i>(If mailing address above is a post office, a street address is also required by the USA Patriot Act)</i>			<hr/> Daytime Telephone
<hr/> City	<hr/> State	<hr/> Zip	<hr/> Email Address
<p><b>Note:</b> No Education Savings Account contributions are permitted after the date on which the designated beneficiary (the Student) attains age 18.</p>			<input type="checkbox"/> Student is a Special Needs Student

## 2. RESPONSIBLE INDIVIDUAL INFORMATION\*

<hr/> First Name	<hr/> Last Name	<hr/> Date of Birth	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
<hr/> Mailing Address			<hr/> Responsible Individual's Social Security Number		
<hr/> City	<hr/> State	<hr/> Zip	<hr/> Daytime Telephone		

\* "Responsible Individual" must be a Parent or legal Guardian of the Beneficiary. \*\* If guardian, submit proof of guardianship.

## 3. DONOR INFORMATION\*

<hr/> First Name	<hr/> Last Name	<hr/> Date of Birth	<hr/> Responsible Individual's Social Security Number
<hr/> Mailing Address			<hr/> Daytime Telephone
<hr/> City	<hr/> State	<hr/> Zip	

\* To be completed if donor is not the Responsible Individual identified in Section 2.

#### 4. WHAT TYPE OF EDUCATION SAVINGS ACCOUNT IS IT?

- ANNUAL CONTRIBUTION:** (The maximum annual contribution to an Education Savings Account is \$2,000 per child.)
- ROLLOVER FROM EXISTING EDUCATION SAVINGS ACCOUNT:** (The requirements for a valid rollover are complex. See the Education Savings Account Disclosure Statement for additional information and consult your tax advisor.)
- TRANSFER OF ASSETS FROM EXISTING EDUCATION SAVINGS ACCOUNT\*:** (Complete the separate Education Savings Account Transfer Request Form) \* Check the box below to indicate whether the Beneficiary of the Gabelli Education Savings Account will be the same as the Beneficiary of the existing Education Savings Account, or a member of the original Beneficiary's family:
  - Same Designated Beneficiary
  - New Designated Beneficiary  
Relationship to original Beneficiary: \_\_\_\_\_

#### 5. WHICH GABELLI FUND(S) DO YOU WISH TO INVEST IN?

Please List Fund(s)	Indicate Tax Year If Applicable	
	20 _____	20 _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

**NOTE:** The maximum annual contribution to an Education Savings Account is \$2,000 per child. Make your check payable to the specific Fund or "Gabelli Funds" if you are investing in multiple Funds.

#### 6. SIGNATURE(S)

If this is a Rollover Education Savings Account, the undersigned certifies that any assets transferred in-kind are the same assets received in the distribution being rolled over; that no rollover into an Education Savings Account has been made within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to the Account; and that the designated Beneficiary identified in Item 1 is either the person for whose benefit the prior Education Savings Account was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529(e)(2)).

If this is an Annual Contribution Education Savings Account, the undersigned certifies that the designated Beneficiary is less than 18 years old and that all contributions made on the designated Beneficiary's behalf to this or any other Education Savings Account do not exceed \$2,000 in a single tax year.

If this is a transfer or Rollover of an existing Education Savings Account, the undersigned certifies that the designated Beneficiary is less than 30 years old and that the relationship indicated in Section 4 is correct.

The undersigned acknowledges having received and read the "Coverdell Education Savings Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Coverdell Education Savings Account Agreement, and the "Instructions" pertaining to this Adoption Agreement.

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Signature of Responsible Individual (Parent/Legal Guardian) Date

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Signature of Donor Date

If the designated Beneficiary is a minor under the laws of his/her state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the Responsible Individual's (identified above in Section 2) agreement to be responsible for all requirements of the designated Beneficiary, and to exercise the power and duties of the designated Beneficiary, with respect to the operation of the Account. Upon reaching the age of majority in the state in which the designated Beneficiary then resides, the designated Beneficiary may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Account. Absent such written notice by the designated Beneficiary, Custodian shall have no responsibility to acknowledge designated Beneficiary's exercise of such powers and duties of administration.

**Custodian Acceptance:** UMB Bank N.A will accept appointments as Custodian of the Account. However, this Agreement is not binding upon the Custodian until the designated Beneficiary has received a statement of the transaction. Receipt by the designated Beneficiary of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank N.A.'s acceptance of appointment as Custodian of the Account.