

GABELLI FUNDS ACCOUNT APPLICATION

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

Do not use this form for IRAs or for Class A or C Shares

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

1. WHO OWNS THIS ACCOUNT (Please check only one box)

INDIVIDUAL OR JOINT TENANTS

First Name Initial Last Name Social Security Number Date of Birth

First Name Initial Last Name Social Security Number Date of Birth

GIFT/TRANSFER TO A MINOR

Custodian's Name (Only one permitted) Social Security Number Date of Birth

As Custodian For _____ under the _____ Uniform Gift/Transfer to Minors Act.
Minor's Name State of Donor

Minor's Social Security Number Minor's Date of Birth

TRUSTS

Name of Trustee(s) Social Security Number Date of Birth

Name of Trustee(s) Social Security Number Date of Birth

Name of Trust Taxpayer Identification Number Date of Trust Agreement

Please enclose a copy of the first and last pages of the trust agreement.

CORPORATIONS, PARTNERSHIPS OR OTHER ENTITIES

(C) Corporation (S) Corporation Partnership Estate Nominee
 Limited Liability Corporation Governmental Agency or Instrumentality Other _____

Name of Corporation or other Entity Taxpayer Identification Number

Authorized Representative Title Social Security Number Date of Birth

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A copy of the certified articles of incorporation or a copy of the partnership agreement must be attached. If applicable, please send a copy of the letters of testamentary/court appointments of Executors, Administrators, or Personal Representatives. A *Certification of Beneficial Owner Form* is required except for Estate accounts.

Customer Identification Exemption Check if exempt from identification 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

2. WHERE WOULD YOU LIKE YOUR STATEMENTS MAILED? (For duplicate statements see section 9)

Your permanent address must be within the United States, an APO/FPO, or in a U.S. Territory

Mailing Address	City	State	Zip	Country
Permanent Street Address of Owner (Cannot be a P.O. Box)				
Day-Time Phone	Evening Phone	Email Address		

3. WHICH FUND(S) DO YOU WANT TO INVEST IN?

VALUE

Gabelli Asset Fund (GABAX)	\$ _____
Gabelli Dividend Growth Fund (GABBX)	\$ _____
Gabelli ESG Fund (ESGKX)	\$ _____
Gabelli Value 25 Fund (GVCAAX)	\$ _____
TETON Westwood Equity Fund (WESWX)	\$ _____

FOCUSED VALUE

Gabelli Focused Growth & Income Fund (GWSIX)	\$ _____
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SMALL CAP VALUE

Gabelli Small Cap Growth Fund (GABSX)	\$ _____
TETON Westwood Small Cap Equity Fund (WESCX)	\$ _____

GROWTH

Gabelli Growth Fund (GABGX)	\$ _____
GAMCO International Growth Fund (GIGRX)	\$ _____

AGGRESSIVE GROWTH

Gabelli Global Growth Fund (GGGIX)	\$ _____
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MICRO CAP

Gabelli Global Mini Mites Fund (GGMMX)	\$ _____
TETON Westwood Mighty Mites SM Fund (WEMMX)	\$ _____

EQUITY INCOME

Gabelli Equity Income Fund (GABEX)	\$ _____
TETON Westwood Balanced Fund (WEBAX)	\$ _____
TETON Convertible Securities Fund (WESRX)	\$ _____

SPECIAL EQUITY

Gabelli Global Rising Income & Dividend (GAGIX)	\$ _____
Gabelli International Small Cap Fund (GLOIX)	\$ _____

SECTOR

Gabelli Gold Fund (GOLDX)	\$ _____
Gabelli Utilities Fund (GABUX)	\$ _____
Gabelli Media Mogul Fund (MOGLX) <i>(Minimum initial investment is \$5,000)</i>	\$ _____
Gabelli Pet Parents Fund (PETZX) <i>(Minimum initial investment is \$5,000)</i>	\$ _____
Gabelli Global Content & Connectivity Fund (GTTIX)	\$ _____
Gabelli Global Financial Services Fund (GAFSX)	\$ _____

MERGER/ARBITRAGE

Gabelli ABC Fund (GABCX) <i>(Minimum initial investment is \$10,000)</i>	\$ _____
Gabelli Enterprise Mergers & Acquisitions (EAAAX)	\$ _____

CASH MANAGEMENT - MONEY MARKET

Gabelli U.S. Treasury Money Market Fund (GABXX) <i>(Minimum initial investment is \$3,000)</i>	\$ _____
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TOTAL AMOUNT ENCLOSED

Please make check payable to: **Gabelli Funds**
The minimum investment is \$1,000, unless otherwise noted.

4. WHAT SHOULD WE DO WITH ANY DIVIDENDS AND/OR DISTRIBUTIONS?

Please check one. If none of the 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 income dividends and capital gain distributions (when paid) are to be paid in cash and sent to the address of record.
- Cash Direct Deposit** - All income dividends and capital gain distributions (when paid) will be sent to my bank checking account.
(Please attach a voided check to authorize this service).

5. 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 1/1/2012). 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.

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

6. 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

ACCOUNT OPTIONS

7. TRANSFER ON DEATH OPTION

If you want to appoint beneficiaries to your account, you may designate the individuals(s) below as the one(s) to whom the investment shall pass after the account owner(s) is/are deceased:

Name of Beneficiary	Social Security Number	Beneficiary's Date of Birth	% of Account
Name of Beneficiary	Social Security Number	Beneficiary's Date of Birth	% of Account

SPOUSAL CONSENT: If you open the account individually and are married (or established this account 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

TURN TO THE NEXT PAGE FOR ADDITIONAL ACCOUNT OPTIONS

Gabelli U.S. Treasury Money Market Fund Checkwriting

Please complete this card to establish check-writing privileges for your account in **Gabelli U.S. Treasury Money Market Fund**.

Check Here To establish this service and receive checks for the Gabelli U.S. Treasury Money Market Fund

See conditions on the bottom of the next page.

SIGNATURE CARD FOR GABELLI U.S. TREASURY MONEY MARKET FUND

Account Number (Leave Blank)

Account Registrations (Must be the same as the shareholder account registrations)

Account Signature(s) (Signatures of all owners as they will appear on checks)

1.

2.

3.

CHECK THE APPROPRIATE BOX FOR REQUESTED SIGNATURE(S)

One Signature

All Signatures

Combination of Signatures
(specify the number of signatures required)

ACCOUNT OPTIONS

8. ONLINE, TELEPHONE AND OTHER SERVICES

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. Funds purchased in this manner will not be available for up to 15 days following the purchase date.

AUTOMATIC INVESTMENT PLAN: This service automatically purchases shares in your Gabelli Fund account by transferring money from your bank account via ACH on a monthly basis. The default date is the 15th of each month if no date is indicated. Monthly minimum is \$100.

Name of Fund(s) To Purchase	Monthly Amount(s)	Purchase To Take Place On
_____	_____	_____ day of each month
_____	_____	_____ day of each month
_____	_____	_____ day of each month

BANK WIRE REDEMPTIONS: This service will allow you to redeem shares and have the proceeds wired to your bank. Each wire request is subject to a \$1,000 minimum amount per transaction. Your bank may charge a fee for receiving a wire transaction.

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

I DO NOT WANT TELEPHONE/INTERNET REDEMPTION PRIVILEGES: Telephone and Internet redemption privileges are automatically established for your Gabelli/GAMCO Fund accounts *unless you check this box.*

CONSENT FOR E-DELIVERY: You can go paperless by consenting to receive statements and/or other important documents via the Internet instead of by mail. If you consent to e-delivery, you will be sent e-mail notifications alerting you that documents are available for viewing online. Please note that confidential account information will not be sent by e-mail. If an e-mail notification is returned as undeliverable, your account will be reset to receive traditional statements and/or documents by mail. You can change your delivery preference or unsubscribe from e-delivery at any time.

Quarterly Account Statements Transaction Confirmations Prospectuses, Financial Reports, Manager Commentaries

Your current email address: _____

9. DUPLICATE STATEMENTS (For Dealers, Financial Planners, Interested Parties)

Name		
Company	Email Address	
Street Address		
City	State	Zip
Day-time Phone	Broker/Dealer Code	Branch Number (if applicable)

Please mark the appropriate box:

- Interested Party
- Registered Broker/Dealer
- Financial Planner
- Trust Administrator

**The Payment of Funds is authorized by the signature(s)
on the Signature Card located on the previous page**

If this card is signed by more than one person, checks will require only one of the signatures appearing on the reverse side unless otherwise indicated. Each signatory guarantees the genuineness of the other's signature. Regular checks may not be for less than \$500. State Street Bank and Trust Company ("The Bank") is hereby appointed agent by the person(s) signing this card (the "shareholder(s)") and, as agent, is authorized and directed to present checks drawn on this checking account to the Trust or its redemption agent as requested to redeem shares of the Trust registered in the name of the Shareholder(s) in the amount of such checks and to deposit the proceeds of such redemptions in this checking account. The Bank shall be liable only for its own negligence. Shareholder(s) hereby authorize the Trust or its redemption agent to honor redemption requests presented in the above manner to the Bank. The Trust and its redemption agent will not be liable for any loss, expense or cost arising out of check redemptions. The Fund reserves the right to charge a fee for checkwriting. The Bank has the right not to honor checks in amounts exceeding the value of the Shareholder(s) account at the time the check is presented for payment less the value of any shares purchased by other than Federal Funds wire in the preceding 10 days. The Shareholder(s) agrees to be subject to the rules and regulations of the Bank pertaining to this checking account as amended from time to time. The Bank reserves the right to change, modify or terminate this checking account at any time upon notification mailed to the address of record of the Shareholder(s).

**COMPLETE
SIGNATURE CARD
ON PREVIOUS PAGE
FOR THE
CHECKWRITING
PRIVILEGE**

**(Available only to shareholders
of the Gabelli U.S. Treasury
Money Market Fund.)**