GABELLI FUNDS Systematic Withdrawal Plan

For assistance, please call 800-GABELLI (800-422-3554) Do not use this form for IRA Accounts

Account Options (Please choose only one method of distr	ibution):	
I would like to have electronic transfers (\$100 minimum) made must have a minimum balance of \$10,000 and automatically have made on the date you specify (or the next business day) to your des	all dividends and capital gains reinvest	
*Please attach a voided check to authorize above services	5.	
ATTACH VOIDEL) CHECK H	<i>IERE</i>
I would rather have a check mailed (\$100 minimum) to my addre and automatically have all dividends and capital gains reinvested. T business day) and sent to your address of record.		
	ccount \$ (Dollar Amount)	
Specify Frequency: Monthly Quarterly Semi Annually Annual	- Date payments begin	te - mm/dd/yy)
Signature of Owner(s)	Date	
Account Registration (Name as it appears on your Gabelli Funds acc	count) Gabelli Account Nu	mber
Address City	State	Zip Code
MEDALLION SIGNATURE(S) GUARANTEED BY:		
Name of Firm or Bank	Signature of Officer	· & Title
*A Medallion Guarantee is required for setting up a systematic withdrawal and may be executed from any 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.	Medallion Guarantee:	