

GABELLI FUNDS TRANSFER ON DEATH AGREEMENT

For assistance, please call 800-GABELLI (800-422-3554) (FOR NON-IRA'S ONLY)

1. CURRENT ACCOUNT REGISTRATION

Primary Owner

Social Security Number

Joint Owner (if applicable)

Social Security Number

Fund Name(s) and Account Number(s) Attach separate sheet if necessary

2. TYPE OF ACCOUNT (not applicable for an IRA)

☐ Individual

☐ Joint

3. PRIMARY BENEFICIARY DESIGNATION

Add/change my Primary TOD beneficiary(ies) to: if applicable, the share of a beneficiary who predeceases the account owner will be divided proportionally among the surviving beneficiaries. If you have more than three primary beneficiaries please attach a separate sheet. **The sum of all primary beneficiary designations must equal 100%.**

Name of Beneficiary

Relationship

Social Security or Taxpayer ID Number

Date of Birth/UA Date of Trust

% of Account

Name of Beneficiary

Relationship

Social Security or Taxpayer ID Number

Date of Birth/ UA Date of Trust

% of Account

Name of Beneficiary

Relationship

Social Security or Taxpayer ID Number

Date of Birth/UA Date of Trust

% of Account

Total (must equal 100%) _____

4. SECONDARY BENEFICIARY DESIGNATION

Add/change my Secondary TOD beneficiary(ies) to: Secondary beneficiaries only receive assets if the account owner has died and all primary beneficiaries predecease the owner or disclaim assets. If you have more than three secondary beneficiaries please attach a separate sheet. **The sum of all secondary beneficiary designations must equal 100%.**

Name of Beneficiary	Relationship	
Social Security or Taxpayer ID Number	Date of Birth/UA Date of Trust	% of Account

Name of Beneficiary	Relationship	
Social Security or Taxpayer ID Number	Date of Birth/UA Date of Trust	% of Account

Name of Beneficiary	Relationship	
Social Security or Taxpayer ID Number	Date of Birth/UA Date of Trust	% of Account

Total (must equal 100%) _____

5. PLEASE READ AND SIGN BELOW

By signing below, I /we also make the following warranties, representations and agreements:

1. Gabelli Funds is not required to re-register the investment in the name of the beneficiary unless it has received such documents as are required to establish that I am deceased/we are both deceased.
2. Gabelli Funds may re-register the investment in the name of the beneficiary upon receipt of such documents, even if the beneficiary is also deceased. For beneficiaries who are minors, Gabelli Funds may require the appointment of a guardian or conservator as a condition of any distribution.
3. Gabelli Funds is not responsible for determining tax consequences of the decision to register this investment as requested above.
4. I/we agree to hold harmless, indemnify and defend Gabelli Funds for any claim, loss or liability resulting from (a) any breach of any warranty or representation in the Agreement, and (b) any action you take in connection with the registration, re-registration in the name of the beneficiary, and from any distribution thereafter to the beneficiary or for the benefit of the beneficiary as made as requested or authorized under this Agreement.
5. If this Agreement is established under joint tenants with rights of survivorship, under the death of one of the joint owners, ownership shall pass to the surviving owner, and Gabelli Funds may follow the instructions of the survivor with regard to the investment, including, without limitation, instructions to (a) terminate transfer on death registration, (b) change owner or beneficiary, or (c) redeem all or any part of the investment.
6. If I have established this account individually and am married (or established this account jointly and am not married to my joint applicant), my spouse's waiver has been executed below.
7. Gabelli Funds has not provided any legal advice to me, and I agree to obtain the advice of any attorney with regard to the enforceability of this form of registration in my state, and its effect on my estate and tax planning.

Signature of Primary Owner	Date	Signature of Joint Owner (If applicable)	Date
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6. SPOUSAL WAIVER (if applicable)

By signing below, I consent to the terms and conditions of this Agreement.

Signature of Spouse	Name of Spouse (please print)	Date
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Please mail completed form to: Gabelli Funds, P.O. Box 219204, Kansas City, MO 64121-9204 or use enclosed Business Reply Envelope