

GABELLI FUNDS Change of Dealer Authorization

Mail to - P.O. Box 219204, Kansas City, MO 64121-9204
For assistance, please call 800-GABELLI (800-422-3554)

Fax Number: 914-921-5118

1. SHAREOWNER NAME AND ADDRESS (must appear exactly as account is registered)

Shareholders Name (First, Middle Initial, Last)

Social Security Number

Joint Owners Name, if applicable (Fist, Middle Initial, Last)

Social Security Number

Street Address

Telephone Number

City

State

Zip Code

2. EXISTING ACCOUNTS (to be completed by the shareowner(s))

I/We Hereby authorize and direct you to substitute the dealer named below for the dealer designated in the original mutual fund account application(s) executed by me/us.

All of my/our accounts OR List your individual funds below:

Fund Name

Account Number of Plan ID Number

Fund Name

Account Number of Plan ID Number

Fund Name

Account Number of Plan ID Number

Check here if listing additional accounts on reverse side of this form.

3. NEW DEALER INFORMATION (to be completed by your dealer)

We confirm this dealer substitution and authorize and direct you to act as our Agent in accordance with the provisions of the mutual fund account(s) and the application referenced above. We hereby guarantee the genuineness of the shareowner signature(s) and represent to you that we are duly qualified and licensed to sell securities under the laws of the state set forth above as the address of the above shareowners and that we have executed a Dealer Sales Agreement with.

Representative Name

Representative Number

Fund Name

Branch Number

Branch Office Address

Telephone Number

City

State

Zip Code

X

Authorized Signature (Required), Title

Date (Month/Day/Year)

2. EXISTING ACCOUNTS (to be completed by the shareowner(s))

X

Signature (must appear exactly as account is registered)

Date (Month/Day/Year)

X

Signature (must appear exactly as account is registered)

Date (Month/Day/Year)