

# GABELLI FUNDS CHANGE IN BENEFICIARY FORM

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

## 1. REGISTRATION & MAILING ADDRESS (Please Print)

Participant's Full Name	Social Security Number
Date of Birth	Account Number
Name of Fund	
<i>I hereby designate the person(s) named below as my beneficiary to receive the funds credited to my account and remaining at my death in the account listed above. All prior beneficiary designations are hereby revoked.</i>	

## 2. PRIMARY BENEFICIARY

Beneficiary Name	Beneficiary Name				
Street Address	Street Address				
City	State	Zip	City	State	Zip
Social Security Number			Social Security Number		
Date of Birth	Relationship	Percentage	Date of Birth	Relationship	Percentage
<b>Note:</b> Unless otherwise indicated, Gabelli will assume equal beneficiary distribution if more than one primary beneficiary is designated. The sum of the percentages for all primary beneficiaries must equal 100 percent. If you wish to name more than two primary beneficiaries, please attach a separate sheet with all of the requested information.					

## 3. SECONDARY BENEFICIARY

Beneficiary(ies) Name	Beneficiary(ies) Name				
Street Address	Street Address				
City	State	Zip	City	State	Zip
Social Security Number			Social Security Number		
Date of Birth	Relationship	Percentage	Date of Birth	Relationship	Percentage
<b>Note:</b> Unless otherwise indicated, Gabelli will assume equal beneficiary distribution if more than one primary beneficiary is designated. The sum of the percentages for all primary beneficiaries must equal 100 percent. If you wish to name more than two primary beneficiaries, please attach a separate sheet with all of the requested information.					

## 4. SIGNATURE

I am revoking my prior primary and secondary beneficiary(ies) for accounts referred in section 1, and designated the beneficiary(ies) listed in sections 2 and 3.

X	
Signature of Owner	Date
<b>Spousal Consent:</b> If you name someone other than your spouse as primary beneficiary and reside in a community or marital property state, including AK, AZ, CA, ID, LA, NV, MN, TX, WA, or WI.	
X	
Signature of Spouse	Date

Please mail completed form to: Gabelli Funds, P.O. Box 219204, Kansas City, MO 64121-9204 or use enclosed Business Reply Envelope