

Letter Of Instruction (LOI)

Please Print, Preferably with Black Ink. If you require additional space, please use a second form or attach a second page.

-	count Information from an account with multiple funds, please specify the f	fund name/number and	the dollar/share value to be redeemed:
ACCOUNT NUMBER		FUND NAME OR FUND NUMBER	
NAME(S) ON ACCOU	NT		
RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)		CITY, STATE, ZIP CODE	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
SOCIAL SECURITY NUMBER/TAX ID NUMBER		DATE OF BIRTH (MM/DD/YYYY)	
Step Two Ins	tructions , request the following action regarding my Royce Funds acc	count:	
If you are acting or	n behalf of an account owner who is deceased, you MUST inclu	de the Date of Death	month/ day/ year
Step Three S	iignatures		
-	ng as an individual, state your title or capacity. Each person sign	ing on behalf of an entity re	epresents that his or her actions are authorized.
ACCOUNT OWNER SIGNATURE			
DATE	TITLE/CAPACITY		
JOINT ACCOUNT OW	NER SIGNATURE		
DATE	TITLE/CAPACITY		MEDALLION GUARANTEE STAMP

Step Four Mailing Instructions

Please mail the completed form to:

The Royce Funds c/o SS&C GIDS, Inc. PO Box 219012 Kansas City, MO 64121-9012 **Express, Certified or Registered Mail:**

The Royce Funds c/o SS&C GIDS, Inc. 330 W 9th Street Kansas City, MO 64105 For assistance, please visit our website or call Shareholder Services at (800) 841-1180

