

Individual Retirement Account Application (Adoption Agreement)

Consultant Class Shares

TRADITIONAL AND ROTH IRAS

If you prefer to open an Individual IRA or Roth IRA account online, visit **www.royceinvest.com**, go to "Invest With Us" and select "Open a New Account". Complete a separate IRA Application for each account you wish to open. You may make copies, but each must bear an original signature.

UMB BANK, N.A. INDIVIDUAL RETIREMENT CUSTODIAL ACCOUNT

I, the person signing this Application (hereinafter called the "Investor"), establish an Individual Retirement Account (IRA), which is either a Traditional IRA or a Roth IRA, as indicated below, (the "Account") with UMB Bank, N.A. as Custodian ("Custodian"). A Traditional IRA operates under Internal Revenue Code Section 408(a). A Roth IRA operates under Internal Revenue Code Section 408(a). I agree to the terms of my Account, which are contained in the applicable provisions of the documents entitled "Traditional/Roth Individual Retirement Account Disclosure Statement and Custodial Agreement" and this Application. I certify the accuracy of the information in this Application. My Account will be effective upon acceptance by Custodian.

USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for information that will allow us to identify you. This information must be provided and will be verified to ensure identity of every person opening a mutual fund account, as required by the USA Patriot Act.

Step One Information About You

ACCOUNT OWNER INFORMATION

If the Account Owner is not of legal age for the state in which he or she resides, a parent or guardian must also sign this Application. Until the Account Owner reaches the age of majority, the parent or guardian will exercise the powers and duties of the Account Owner.

☐ Check here if this IRA is being opened for a minor.	
NAME (FIRST, MIDDLE, LAST)	
RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)	CITY, STATE, ZIP CODE
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
☐ I am a U.S. Person. (a U.S. citizen or a resident alien)	
CUSTODIAN INFORMATION Complete this section only if the Account Owner is a minor. Federal law req acting for the minor:	uires the following identifying information for the parent or guardian
SIGNATURE OF PARENT OR GUARDIAN	NAME OF PARENT OR GUARDIAN
RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)	CITY, STATE, ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
DAYTIME PHONE NUMBER	COUNTRY OF CITIZENSHIP

TheRoyceFunds

YOUR ADVISOR/DEALER INFORMATION

FIRM NAME		FIRM NUMBER	FIRM NUMBER			
BRANCH NUMBER		PHONE NUMBER	PHONE NUMBER			
STREET ADDRESS		CITY, STATE, ZIP CODE				
REPRESENTATIVE NAME		REPRESENTATIVE NUMBER				
Step Two Choose Your IRA I	 Election					
 To establish a Traditional IRA, check B To establish a Roth IRA, check Box B In both cases, complete Step Three to 	and complete Part B.					
□ PART A TRADITIONAL IRA By check Annual Contributions (Note that Fund r Which year does this contribution apply □ Current □ Prior Year (You can gene Check enclosed for \$ for the year of contribution as described	ninimum initial investment amounts var to? erally make a prior year contribution up 	to April 15 of the following year.) bution does not exceed the maximum permitted amo	ount			
Maximum Allowable Annual Contrib To determine your eligibility, refer to the YEAR		greement for details about contribution limits. "CATCH-UP" CONTRIBUTIONS PEOPLE OVER AGE 50				
2024	\$7,000	\$1,000 (see page 3 of Custodial Agreement)				
If this transfer includes any nonder contributions included in this trans Participant Rollover Rollover of a withdrawal from anot arrangement or eligible 457 plan. additional information and consult If this rollover contribution constitution an employer qualified plan 40	directly from current Custodian or Trus ductible contributions to the transferring fer \$	tee. Complete the IRA Transfer of Assets Form. g account, indicate the amount of nondeductible over distribution from an employer qualified plan, 40 e complex. See the Traditional IRA Disclosure States eck enclosed for \$ m another Traditional IRA or an eligible rollover distributes any after-tax or nondeductible contributions to the amount of after-tax contributions included in the	ment for ribution to such other			
are described in the Traditional IRA arrangement, and if it includes any	A Disclosure Statement. If this is a direct after-tax or nondeductible contribution	ed plan, 403(b) arrangement or eligible 457 plan. Din t rollover contribution from an employer qualified pl ns to such employer qualified plan or 403(b) arrange	an or 403(b)			
☐ I am the surviving spouse. Regi.☐ I am the surviving spouse. Regi.			M/DD/YYYY).			

If applicable, please select the box(s) below.	
☐ Recharacterization of existing Roth IRA	
☐ With a Royce Fund. Account Number	
Indicate amount to be recharacterized, if less than entire account balance \$ we will recharacterize the entire account balance.)	(If no amount is inserted here,
☐ With another custodian, complete the IRA Transfer of Assets Form .	
☐ SEP Provision	
\square Check here if you intend to use this Account with a SEP Plan or grandfathered SARSEP Plan esta	ablished by your employer.
☐ PART B ROTH IRA By checking this box, I designate my Account as a Roth IRA under Code Section 40	08A.
☐ If you want to keep annual contribution amounts in a separate Roth IRA account from amounts conversion. A separate Application is required to open another Roth IRA. If the box is not checked, we will produce amounts and conversion amounts in the Account.	
Refer to the table on previous page, or the Disclosure Statement, to learn the current contribution limits.	
Annual Contributions (Note that Fund minimum initial investment amounts vary.)	
Which year does this contribution apply to?	
☐ Current ☐ Prior Year (You can generally make a prior year contribution up to April 15 of the following	g year.)
Check enclosed for \$ I verify that this contribution does not exceed the contribution as described in the Traditional IRA Disclosure Statement.	e maximum permitted amount for the year of
Check One Box. Indicate the type of Roth IRA you are opening.	
☐ Conversion of existing Traditional IRA with a Royce Fund to a Roth IRA with a Royce Fund.	
Current Traditional IRA Account Number	
Amount Converted: ☐ All ☐ Part (specify how much) \$	
Tax Withholding Election for Conversion Under IRS rules, a conversion of a Traditional IRA to a Roth distribution of taxable amounts in the Traditional IRA. IRS rules also require the custodian to withhol income taxes unless no withholding has been elected. See IRS Publication 505, "Tax Withholding a State tax withholding may also apply if federal income tax is withheld. Caution Withholding income paying applicable income taxes from another source) may adversely impact the expected financial a Roth IRA (consult your financial advisor if you have a question). Because of this impact, by electing you are deemed to elect no withholding unless you check the box below:	Id 10% of the conversion amount for federal and Estimated Tax" for more information. taxes from the amount converted (instead of benefits of converting from a Traditional to g to convert a Traditional IRA to a Roth IRA,
☐ Withhold 10% for federal income taxes ☐ I wish to withhold a greater percentage	%
☐ Conversion from existing Traditional IRA with another custodian or trustee to a Roth IRA with a Roye	ce Fund.
You must also complete the IRA Transfer of Assets Form if this transaction is a Transfer (as oppose	ed to a Rollover.)
☐ Rollover or Transfer from existing Roth IRA with another custodian or trustee to a Roth IRA with a R	Poyce Fund.
You must also complete the IRA Transfer of Assets Form if this transaction is a Transfer (as oppose	ed to a Rollover.)
☐ Inherited IRA	
Please check one box below and enter the date of the previous account owner's death	(MM/DD/YYYY).
☐ I am the surviving spouse. Register the IRA in my name.	
\square I am the surviving spouse. Register the IRA as a decedent (DCD) IRA.	
\square I am a non-spousal beneficiary. IRA will be registered as a decedent (DCD) IRA.	

Step Three Choose Your Investments and Investment Services

Fund Selection I acknowledge that I have sole responsibility for my investment choices, that I have received a current Prospectus for each Fund I selected, and that I have read the respective Prospectus of the Fund(s) selected before investing.

Invest Contributions to My Account as Follows:

FUND NAME CONSULTANT CLASS	FUND NUMBER	SYMBOL	AMOUNT INVESTED
Royce Dividend Value Fund	226	RDVCX	\$
Royce International Premier Fund	484	RINPX	\$
Royce Micro-Cap Fund	312	RYMCX	\$
Royce Premier Fund	313	RPRCX	\$
Royce Small-Cap Fund (formerly Royce Pennsylvania Mutual Fund [©])	302	RYPCX	\$
Royce Small-Cap Opportunity Fund	319	ROFCX	\$
Royce Small-Cap Special Equity Fund	339	RSQCX	\$
Royce Small-Cap Total Return Fund	255	RYTCX	\$
Royce Small-Cap Value Fund	781	RVFCX	\$
Royce Smaller-Companies Growth Fund	782	RVPCX	\$

	TOTAL \$	
Custodian Fee		
🗖 A separate check for a \$15 Custodian	ee, made out to "UMB Bank" is enclosed.	
\beth Deduct the \$15 Custodian Fee from n	account.	
,	ho signs up for eDelivery of Prospectuses and Reports, as well as for investors with more than \$ is charged, and for new transfer and rollover accounts in their first year.)	\$20,000
Automatic Investment Plan (Optional) C RA on a set schedule.	mplete this section if you would like to transfer money automatically from your bank account to	your Royce
nvestment Amount \$	(\$50 Minimum subject to IRA eligibility and contribution limits.)	

Enclose a voided check (for checking accounts) or a savings account deposit slip. Check must be preprinted, contain banking information, and a common name must appear on both your bank and Royce Fund accounts.

or 🗖 Quarterly, Day of Quarter _

You may alternatively use your purchase check:

Investment Frequency (Choose One):

☐ Monthly, Day of Month.

 \square Please use my purchase check for bank of record information.

Step Four Designate Your Beneficiaries

As Investor, I hereby make the following designation of beneficiary in accordance with the UMB Bank, N.A. Traditional Individual Retirement Custodial Account or Roth Individual Retirement Custodial Account. In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). If any Primary Beneficiary predeceases me, his or her share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary.

Note Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change the beneficiary(ies) named below at any time by filing a new Designation of Beneficiary with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent designation does not dispose of your entire Account. Attach an additional sheet to list additional beneficiaries if necessary. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). Distributions to Beneficiaries must total 100%.

PRIMARY BENEFICIARY OR BENEFICIARIES

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PROPORTION
				%
				0/
				%
				%

ALTERNATE BENEFICIARY OR BENEFICIARIES				
NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PROPORTION
				%
				%
If none of the Primary Beneficiaries survives me, pa survive me. If any Alternate Beneficiary predecease				
proportions assigned to each such surviving Altern		vided among the Attended Ben	chelanes who salvive me i	THE TELETIC
This Designation of Beneficiary may have import by using this Part 4 to designate your beneficiary(ie you should take that beneficiary's share by right of Also, if you are married and reside in a community Texas, Washington or Wisconsin), you may need to at least half of your Account. See your lawyer or other	es) (for example, if you wish representation), you may s property or marital propert obtain your spouse's cons	to provide that the surviving cl submit another form of written by y state (Arizona, California, Idal ent if you have not designated	nildren of a beneficiary who peneficiary designation to t no, Louisiana, Nevada, Nev your spouse as primary be	predeceases he Custodian. v Mexico,
SPOUSAL CONSENT				
(This section should be reviewed if the Investor is redetermine if this section applies. The Investor may consequences resulting from a failure of the Invest	need to consult with legal	counsel. Neither the Custodian	-	-
I am the spouse of the above-named Investor. I a financial obligations. Due to any possible conseque see a tax professional or legal advisor.				
I hereby consent to the beneficiary designation(tax or legal advice was given to me by the Custodia		e full responsibility for any adv	erse consequence that ma	y result. No
SIGNATURE OF SPOUSE		DATE		
SIGNATURE OF WITNESS FOR SPOUSE		DATE		
Step Five Consent for eDelivery of [Documents			
When you sign up for eDelivery of these docume	nts, the annual \$15 IRA M	aintenance Fee mentioned in	Step Four will be waived!	
You can go paperless by consenting to receive state to eDelivery, you will be sent email notifications ale information will not be sent by email. If an email not statements and/or documents by mail. You can characteristic	tements and/or other impo erting you that documents a tification is returned as und	rtant documents via the Interne are available for viewing online. deliverable, your account will be	et, rather than by mail. If yo Please note that confiden e reset to receive traditiona	tial account
☐ Semiannual Account Statements		nsaction Confirmations		
☐ Prospectuses, Financial Reports	∐ Anr	nual Tax Forms 1099 and 5498		
Your current email address. Royce will use this email	ail address to send notifica	tions to you:		

Step Six Certificates and Signatures

EMAIL

INFORMATION AND CERTIFICATIONS CONCERNING TAX WITHHOLDING

If the Investor has indicated a Traditional IRA Rollover or Direct Rollover above, Investor certifies that, if the distribution is from another Traditional IRA, that Investor has not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules or a hardship distribution from an employer qualified plan or 403(b) arrangement or eligible 457 plan.

If Investor has indicated a Conversion, Transfer or a Rollover of an existing Traditional IRA to a Roth IRA, Investor acknowledges that the amount converted will be treated as taxable income (except for any prior nondeductible contributions) for federal income tax purposes, and certifies that no portion of the amount converted, transferred or rolled over is a required minimum distribution under applicable rules. If Investor has elected to convert an existing Traditional IRA with The Royce Funds to a Roth IRA (Item 2 of Step Two above) and has elected no withholding, Investor understands that Investor may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties. If Investor has indicated a rollover from another Roth IRA (Item 4 of Step Two above), Investor certifies that the information given in Item 4 is correct and acknowledges that adverse tax consequences or penalties could result from giving incorrect information. Investor certifies that any rollover contribution to the Roth IRA was completed within 60 days after the amount was withdrawn from the other IRA.

Investor has received and read the applicable sections of the "UMB Bank, N.A. Universal Individual Retirement Account Disclosure Statement" relating to this Account (including the Custodian's fee schedule), the Custodial Account document, and the "Instructions" pertaining to this Application. Investor acknowledges receipt of the Universal Individual Retirement Custodial Account document and Universal IRA Disclosure Statement at least 7 days before the date inscribed below and acknowledges that Investor has no further right of revocation.

SIGNATURE OF INVESTOR DATE

Custodian Acceptance UMB Bank, N.A. will accept appointment as Custodian of the Investor's Account. However, this Agreement is not binding upon the Custodian until the Investor has received a statement confirming the initial transaction for the Account. Receipt by the Investor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank, N.A.'s acceptance of appointment as Custodian of the Investor's Account.

UMB BANK, N.A., CUSTODIAN

Additional Representations and Signature(s) (Please be sure to read carefully and sign below)

I (We) represent and warrant to and agree with Royce that I (we) will (a) not make any additional purchases of Royce Funds if the response given in section 1 above is no longer accurate, (b) acquire shares of Royce Funds solely for my (our) own account and not with a view to transferring the shares and (c) not transfer any shares of Royce Funds or any interest in such shares to any other individual or entity without the written approval of Royce.

I (We) understand and have considered the fact that (a) the performance fee payable to Royce & Associates, LP ("R&A") may create an incentive for R&A to make investments that are riskier or more speculative than would be the case in the absence of such fee and (b) the compensation payable to R&A may result in total expenses payable by the Royce Funds that may be higher than the fees and other expenses normally charged for similar services.

I am (we are) of legal age, have full capacity to make this investment, have read the Prospectus for the Fund and agree to its terms. Neither the Fund nor its transfer agent will be liable for any loss or expense for acting upon written or telephone instructions reasonably believed to be genuine and in accordance with the procedures described in the Prospectus.

SIGNATURE OF OWNER, TRUSTEE OR CUSTODIAN	DATE
DATE SIGNATURE OF JOINT OWNER OR CO-TRUSTEE (IF ANY)	DATE

Step Seven Send Us Your Documents

Valir	IDΛ	Application	cannot be	accontod	without the	completed	documents or	tho	Custodian fees.
tour	IKA.	Application	cannot be	accepted	without the	completed	accuments or	tne	Custodian fees.

 \square Have you properly completed all necessary forms?

☐ Have you enclosed a check for the first contribution to your Traditional or Roth IRA (if applicable)?

☐ Have you enclosed a \$15 check for the Custodian's fee, unless the fee is being withdrawn from your Account? See Step Three for ways to avoid paying this fee.

☐ Make a copy for your records.

Make checks payable to The Royce Funds.

Mail forms and checks to:

The Royce Funds c/o SS&C GIDS, Inc. P.O. Box 219012 Kansas City, MO 64121-9012 Send overnight or certified mail to:

The Royce Funds c/o SS&C GIDS, Inc. 330 West 9th Street Kansas City, MO 64105

For assistance, call The Royce Funds Investor Services Group at (800) 221-4268

