

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 | ignatures | | |
| - | ng as an individual, state your title or capacity. Each person signi | ing on behalf of an entity r | 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

