



Account Application

Consultant Class Shares

This application can only be used for initial purchase of the Consultant Class shares of *The Royce Funds* listed on page 3. It cannot be used to open an Individual Retirement Account (IRA). For additional Royce Account applications, visit www.roycefunds.com/literature, or call (800) 221-4268. **The Funds reserve the right both to suspend the offering of Fund shares to new investors and to reject any specific purchase request.** The Funds do not offer their shares for sale outside of the United States.

Customer Identification Program

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.

What this means for you:

- When you open an account, we will ask for your name, address, date of birth and other information and/or documentation that will allow us to identify you. This information will be verified to ensure the accurate identity of all individuals opening a mutual fund account.
- If we are unable to obtain the required information and documentation within a reasonable amount of time, your application will be rejected. If we are unable to verify your identity within a reasonable amount of time, the Fund reserves the right to freeze or liquidate your account.

Please Print, Preferably with Black Ink

Step One Account Registration

Check one box. Provide the information exactly as you wish it to appear on your account (e.g., as your name appears on your other legal/financial records, such as your bank account, will, etc.). Provide your Social Security or Taxpayer Identification Number to avoid withholding of taxes.

INDIVIDUAL OR JOINT ACCOUNT

Transfer on Death Registrations require a separate form, which you can download at www.roycefunds.com or obtain by calling (800) 221-4268.

OWNER'S NAME (FIRST, MIDDLE, LAST)

JOINT OWNER'S NAME (FIRST, MIDDLE, LAST)

JOINT OWNER'S SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

Joint accounts will be registered as joint tenants with right of survivorship unless otherwise indicated.

UNIFORM GIFT OR TRANSFER TO MINOR ACCOUNT

CUSTODIAN'S NAME (ONE NAME ONLY FIRST, MIDDLE, LAST)

CUSTODIAN'S SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

MINOR'S NAME (ONE NAME ONLY FIRST, MIDDLE, LAST)

MINOR'S SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

(If applied for, please provide copy of application.)

under the ____ ____ *Uniform Gift/Transfer to Minors Act*
(State of Minor's Residence)

TRUST (INCLUDING CORPORATE RETIREMENT PLANS)

A copy of the first and last page of the Trust Agreement must be attached. If necessary, attach a separate list for additional trustees that includes their full name(s), date(s) of birth, and Social Security Number(s).

TRUSTEE'S NAME(S) (FIRST, MIDDLE, LAST)	
TRUSTEES'S SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
NAME OF TRUST OR RETIREMENT PLAN	DATE OF TRUST AGREEMENT (MM/DD/YYYY)
FOR BENEFIT OF (NAME, IF APPLICABLE)	SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER

LEGAL ENTITIES Must Complete: Legal Entity Beneficial Ownership Certification Form

Type: C Corporation S Corporation Partnership Nominee Non-Profit Statutory Trust Government Entity
 Limited Liability Company (If LLC, Provide the tax classification) _____
If no classification is provided, per IRS regulations, your account will default to S Corporation.

NAME OF ENTITY	TAXPAYER ID NUMBER
<input type="checkbox"/> Check here if a Tax-Exempt Entity Under IRS Sec. 501(c)3 (For Corporations, Nominees and other organizations, a copy of the certified articles of incorporation and the business license of the corporation must be attached. For Partnerships, a copy of the partnership agreement must be attached.)	
Check if exempt from identification verification due to:	
<input type="checkbox"/> Publicly traded entity (Symbol _____)	<input type="checkbox"/> Financial Institution regulated by a federal functional regulator
<input type="checkbox"/> Bank regulated by state bank regulator	<input type="checkbox"/> Retirement plan covered by ERISA

Step Two Addresses

If the account's mailing address is a post office box, a street address is also required by federal law. APO and FPO addresses will be accepted.

OWNER'S STREET ADDRESS	CITY, STATE, ZIP CODE
OWNER'S MAILING ADDRESS (STREET OR PO BOX NUMBER)	CITY, STATE, ZIP CODE
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER
JOINT OWNER'S STREET ADDRESS (REQUIRED IF DIFFERENT FROM OWNER'S STREET ADDRESS)	CITY, STATE, ZIP CODE

Step Three Advisor/Dealer Information

Must be completed for your financial advisor/dealer to receive copies of statements.

REPRESENTATIVE NAME	REPRESENTATIVE NUMBER
FIRM NAME	
BROKER BRANCH NUMBER	PHONE NUMBER
STREET ADDRESS	CITY, STATE, ZIP CODE

Step Four Choose Your Investment(s)

FUND NAME	FUND NUMBER	SYMBOL	AMOUNT
CONSULTANT CLASS \$2,000 MINIMUM INITIAL INVESTMENT			
Royce Dividend Value Fund	226	RDVCX	\$
Royce International Premier Fund	484	RINPX	\$
Royce Micro-Cap Fund	312	RYMCX	\$
Royce Opportunity Fund	319	ROFCX	\$
Royce Pennsylvania Mutual Fund	302	RYPCX	\$
Royce Premier Fund	313	RPRCX	\$
Royce Small-Cap Value Fund	781	RVFCX	\$
Royce Small/Mid-Cap Premier Fund	262	RYGCX	\$
Royce Smaller-Companies Growth Fund	782	RVPCX	\$
Royce Special Equity Fund	339	RSQCX	\$
Royce Special Equity Multi-Cap Fund	870	RSMLX	\$
Royce Total Return Fund	255	RYTCX	\$
TOTAL			\$ _____

Step Five Payment

Make your checks payable to The Royce Fund. The Funds do not accept third-party checks, “starter” checks or money orders.

Payment of: Initial Investment (check enclosed) \$ _____

Step Six Dividend and Capital Gain Payment Options

Check one box. If no box is checked, all income dividends and capital gain distributions will be reinvested.

- Reinvest both dividends and capital gain distributions Pay dividends and capital gain distributions in cash
 Pay dividends in cash, reinvest capital gain distributions

Step Seven Cost Basis

Please review the list of available options and select your preferred reporting method. If you do not select an option, the funds default method of Average Cost will be selected as your cost basis method. Check one box. If you select **Specific Lot Identification (SLID)**, a secondary reporting method must be selected in the event the lots you have selected are not available.

- ACST** Average Cost I elect to use Average Cost as my election. This option only reports covered shares.
 FIFO First in First Out **LIFO** Last in First Out
 HIFO High Cost First Out **LOFO** Low Cost First Out
 LGUT Lost Gain Utilization **SLID** Specific Lot Identification Secondary Reporting Method Selection _____

For more information on Cost Basis, call Shareholder Services at 1-800-841-1180 or visit www.1costbasissolution.com

Step Eight Online, Telephone, and Other Services

Indicate the type of service you wish to establish. These services provide a convenient way to purchase or sell shares automatically or at your discretion.

EXPEDITED PURCHASES AND REDEMPTIONS

To purchase or redeem shares at any time, using a bank account to clear the transaction (\$50 minimum by ACH, \$500 by wire). This service enables you, at your discretion, to transfer up to \$200,000 on a purchase or \$50,000 on a redemption between your Royce Fund account and your bank account with a toll-free telephone call to Shareholder Services—(800) 841-1180—during regular business hours or to Royce InfoLine—(800) 78-ROYCE—at any time. You may also purchase or redeem shares online at www.roycefunds.com.

AUTOMATIC INVESTMENT PLAN

This service automatically purchases shares in your Royce Fund account by transferring money from your bank account on a monthly or quarterly basis.

On the _____ day of each month quarter, transfer \$ _____ from my bank account to purchase shares in my Royce Fund

account (\$50 minimum). I wish to begin my plan in _____ (select month).

AUTOMATIC WITHDRAWAL PLAN

This service automatically sells shares in your Royce Fund account and transfers the money to your bank account on a monthly basis. A \$25,000 minimum account balance is required to initiate the Plan.

On the 15th day of each month quarter, transfer \$ _____ from my Royce Fund account to my bank account (\$50 minimum).

\$25,000 minimum account balance required.

To arrange for these services, you must check the appropriate box. Passbook savings accounts may not be eligible for these services, and your bank must be a member of the Automated Clearing House (ACH) network. Be sure to specify the amount of the investment/withdrawal and the transaction date. You may not establish both an Automatic Investment Plan and an Automatic Withdrawal Plan on the same account. Telephone Purchases and Redemptions may be established with either of the automatic plans. A medallion guarantee may be required if your bank registration does not match your Royce Fund account registration. A medallion guarantee may be obtained from a bank, broker, or other guarantor that DST AMS deems acceptable. Please allow three weeks for set-up before using these services.

Take bank account information from the initial investment check enclosed. A voided check is attached.

CONSENT FOR eDELIVERY OF DOCUMENTS

You can go paperless by consenting to receive statements and/or other important documents via the Internet, rather than by mail. If you consent to eDelivery, you will be sent email notifications alerting you that documents are available for viewing online. Please note that confidential account information will not be sent by email. If an email notification is returned as undeliverable, your account will be reset to receive traditional paper statements and/or documents by mail. You can change your delivery preference or unsubscribe from eDelivery at any time.

- Semiannual Account Statements
- Transaction Confirmations
- Prospectuses, Financial Reports
- Annual Tax Forms 1099 and 5498

Your current email address. Royce will use this email address to send notifications to you:

EMAIL

Step Nine Signature(s)

Be sure to sign below. Sign exactly as your name is registered in Step One. Both owners must sign on joint accounts.

OWNER Check one box.

U.S. Citizen Resident Alien Taxpayer ID Number _____ (IRS Form W-8 must be included)

JOINT OWNER Check one box.

U.S. Citizen Resident Alien Taxpayer ID Number _____ (IRS Form W-8 must be included)

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, telephone, or computer online access instructions reasonably believed to be genuine and in accordance with the procedures described in the Prospectus.

As required by federal law, I (we) certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided above is correct and (2) that the IRS has never notified me (us) that I am (we are) subject to 28% backup withholding, or has notified me (us) that I am (we are) no longer subject to such backup withholding. (Note: if part (2) of this sentence is not true in your case, strike out that part before signing.) The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF OWNER, TRUSTEE OR CUSTODIAN _____ DATE _____

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

Mail to:

The Royce Funds
c/o DST AMS
PO Box 219012
Kansas City, MO 64121-9012

Questions?

Call (800) 221-4268