



Account Application

Institutional Class Shares

This application can only be used for initial purchase of the Institutional 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)

OWNER'S SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

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)

TRUSTEE'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

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:

- Publicly traded entity (Symbol _____) Financial Institution regulated by a federal functional regulator
- Bank regulated by state bank regulator Retirement plan covered by ERISA

Step Two Authorized Person(s)

Authorized to Act on Behalf of Shareholder. To be completed only for Trusts or Corporations (non-individual accounts).

Please provide appropriate corporate resolution or comparable evidence of authorization.

Please provide all required information for the person(s) authorized to act on behalf of the shareholder. If you wish to have additional authorized persons, please provide their information on a separate document.

NAME(S) (FIRST, MIDDLE, LAST)

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS CITY, STATE, ZIP CODE

DAYTIME PHONE NUMBER EVENING PHONE NUMBER

Step Three 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

EMAIL

Step Four 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 Five Choose Your Investment(s)

FUND NAME	FUND NUMBER	SYMBOL	AMOUNT
INSTITUTIONAL CLASS \$1,000,000 MINIMUM INITIAL INVESTMENT			
Royce Dividend Value Fund	497	RDVCX	\$
Royce Global Financial Services Fund	487	RGFIX	\$
Royce International Premier Fund	418	RIPIX	\$
Royce Opportunity Fund	429	ROFIX	\$
Royce Pennsylvania Mutual Fund	488	RPMIX	\$
Royce Premier Fund	426	RPFIX	\$
Royce Smaller-Companies Growth Fund	882	RVPIX	\$
Royce Special Equity Fund	449	RSEIX	\$
Royce Special Equity Multi-Cap Fund	489	RMUIX	\$
Royce Total Return Fund	427	RTRIX	\$
			TOTAL \$

Step Six 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 Seven 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 Eight 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 Nine Wire Instructions

Be sure to complete this section fully to establish wire services.

NAME(S) ON ACCOUNT

BANK NAME

ACCOUNT TYPE

ACCOUNT NUMBER

ACCOUNT REGISTRATION

BANK TRANSIT/ABA NUMBER

BANK ADDRESS

PHONE NUMBER

BANK ADDRESS

CITY, STATE, ZIP CODE

Step Ten 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 Phone 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.

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 Eleven Signature(s)

Be sure to sign below. Sign exactly as your name is registered in StepOne or StepTwo.

AUTHORIZED PERSON Check one box.

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

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

If the account is for a corporation, trust or other entity, I (we) further certify that each of the persons signing below is duly authorized and is now legally holding the office below his/her name and that such entity is duly organized and existing and has the power to engage in all the activities described in this application.

I (we) have full right, power, authority and legal capacity and am (are) of legal age in my (our) state of residence to purchase shares of the Fund. I (we) understand and agree that if I (we) hereafter order any additional shares and do not pay for such shares in a timely manner as described in the Prospectus, the Fund may cancel the order and deduct any losses to the Fund incurred as a result of such cancellation from dividends or redemption of the account's remaining shares. If investing in the Financial Intermediary Class of shares, I (we) understand that a 12b-1 fee is included in the

expenses for this class of shares and that I (we) may qualify for investment in the Institutional class that is not subject to a 12b-1 fee. To the extent that this investment involves pension plan assets, I (we) verify that this is an appropriate investment under the plan.

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 AUTHORIZED PERSON, TRUSTEE, OR CUSTODIAN

DATE

SIGNATURE OF OTHER AUTHORIZED PERSON OR CO-TRUSTEE (IF ANY)S

DATE

Mail to:

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

Questions?

Call (800) 221-4268