



AIP Express Service Form

Royce Small-Cap Fund—GiftShares Account

This form should be used to establish Automatic Investment Plan (AIP) Express Service for GiftShare Accounts in Royce Small-Cap Fund only. Express Service is a convenient way to purchase shares automatically via a bank checking account. Please read the instructions on the reverse side carefully. You must complete ALL sections to ensure proper and speedy processing.

Please Print, Preferably with Black Ink

Step One Account Information

Please indicate what type of account this is:

- New Account** An Account Application and Trust Agreement must be enclosed.
- Existing Account** A Medallion Guarantee of Signature(s) is required on the reverse side.

ACCOUNT NUMBER

FUND NAME

NAME OF DONOR (FIRST, MIDDLE, LAST)

RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE)

CITY, STATE, ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

NAME OF BENEFICIARY (FIRST, MIDDLE INITIAL, LAST)

Step Two Bank Account Information

A voided check must be attached in order to establish AIP Express Services. To arrange for AIP Express Service, please provide the bank information below. Passbook savings accounts are not eligible. Use of a Money Market account through another mutual fund group, e.g., Fidelity, Charles Schwab, etc. is not permitted. Please verify with your banking institution that they are a member of the Automated Clearing House (ACH).

BANK ACCOUNT NUMBER

BANK ROUTING NUMBER (ABA NUMBER)

BANK NAME

BANK ADDRESS

CITY, STATE, ZIP CODE

BANK PHONE NUMBER (IF AVAILABLE)

PRIMARY NAME IN WHICH BANK ACCOUNT IS REGISTERED (FIRST, MIDDLE, LAST)

SECONDARY NAME IN WHICH BANK ACCOUNT IS REGISTERED (FIRST, MIDDLE, LAST), IF APPLICABLE

Step Three Choose Type of Express Service

Please indicate that you would like to establish AIP Express Service by checking the box below. Specify the amount of the investment and the transaction date.

Yes, I would like to establish an Automatic Investment Plan

On the _____ day of each month quarter, transfer \$ _____ from my bank account to purchase shares in my Royce Fund account (\$100 minimum). I wish to begin my plan in _____ (select month).

Step Four Signature(s)

Please sign exactly as your name appears on your Account Registration. Both owners must sign on joint accounts:

SIGNATURE OF ACCOUNT OWNER

DATE

SIGNATURE OF JOINT OWNER

DATE

Medallion Guarantee (required for existing accounts)

Step Five Mailing Instructions

Please mail the completed form, together with your voided check to:

The Royce Funds
c/o SS&C GIDS, Inc.
PO Box 219012
Kansas City, MO 64121-9012

Please allow 3 weeks for set-up before using Express Service.