



Payroll Deduction Authorization Form

Open-End Funds

Use this form to establish a Payroll Direct Deposit Plan with The Royce Funds, which allows you to set up automatic deposits from your paycheck to your Royce Funds account. If you receive your checks from the federal government (or an agency of the federal government), call (800) 841-1180 for assistance. Also, please check with your payroll department regarding the availability of this service through the Automated Clearing House (ACH). Please complete this form and give it to your payroll department.

Please Print, Preferably with Black Ink

Step One General Information

Personal Information

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)

Employer Information

EMPLOYER NAME

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

CITY, STATE, ZIP CODE

WORK PHONE NUMBER

Step Two Royce Funds Account Information

NAME OF ROYCE FUND TO RECEIVE INVESTMENT

FUND NUMBER AND ACCOUNT NUMBER (FROM YOUR ROYCE FUNDS ACCOUNT STATEMENT; PLEASE USE ZEROS TO RIGHT OF ACCOUNT NUMBER)

Check if this is an IRA account. (All Payroll Direct Deposit investments in IRA accounts will be reported as current year contributions.)

Notice to Employer: For ACH purposes, the employee's Royce Funds account number should be coded as a checking account. The transit routing number is 011307158. For IRA accounts, the ACH account number is 163 + the 3 digit fund number + the 10 digit Royce account number. For non-IRA accounts, the ACH account number is 162 + the 3 digit fund number + the 10 digit Royce account number.

For assistance,
call Shareholder Services (800) 841-1180

TheRoyceFunds

Step Three: Amount of Investment

Amount to be invested each pay period.

Choose one:

\$ _____ (Minimum \$50)

Total Net Pay

Step Four Signature

I hereby authorize my employer to automatically deduct from my paycheck the amount specified in Section 4 and transmit that amount to The Royce Funds account number indicated in Section 3. Investments will be made at the then current net asset value of the Royce Fund indicated herein. All instructions under the Royce Funds Payroll Direct Deposit Plan (the "Plan"), including changes in the amount of the investment or cancellation of the Plan, must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. If monies to which I am not entitled are transmitted by my employer to my Royce Funds account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize The Royce Funds and its transfer agent to follow all instructions by my employer in connection with transactions made under the Plan, including the redemption of fund shares, and I agree not to make claims against The Royce Funds or their transfer agent for following the instructions of my employer. The availability of funds in my Royce Funds account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

SIGNATURE

DATE

Step Five: Instructions to Employer

If you substitute your own authorization form for this one, please be sure that all of the information in Section 3 is included in your instructions to the payroll system.

SIGNATURE OF PAYROLL DEPARTMENT REPRESENTATIVE

DATE

NAME OF PAYROLL DEPARTMENT REPRESENTATIVE

PHONE NUMBER

Step Six Mailing Instructions

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

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