



Power Of Attorney (POA) Form

Open-End Funds

State Street Bank and Trust Company/DST Asset Manager Solutions, Inc.

Indemnification Agreement For Power Of Attorney Registration (Form #106 8/2001)

This form should be used to give financial power of attorney to someone you trust who will be on hand to manage your Royce Funds should you become incapacitated. Please complete ALL sections to ensure proper and speedy processing.

Please Print, Preferably with Black Ink

Step One Account 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)

Step Two Designation of Power of Attorney

Please complete the following:

I, _____ (name) of _____ (place) do hereby make, constitute and appoint _____ (name) whose specimen signature is _____ (signature) and whose address is _____ (address) my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:

1. to transmit to the transfer agent State Street Bank and Trust Company ("State Street") and its service company DST Asset Manager Solutions, Inc. (DST AMS) either orally or in writing in accordance with procedures established by either State Street or DST AMS from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with The Royce Funds;
2. to make, draw, sign, endorse, negotiate, cash, deliver, and make a stop payment of checks drawn on any of my accounts with said mutual funds; and
3. to enter into all other lawful transactions with respect to any of my said mutual fund(s), including transfer into the name of said or direct remittance of the proceeds of sale to said Agent. I hereby agree to indemnify and hold State Street, DST AMS, and the above named mutual fund(s) harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said agent with respect to the shares held in my account(s) with any of these mutual funds.

I hereby agree to indemnify and hold State Street, DST AMS, and the above named mutual fund(s) harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to DST AMS. and delivered to its main office. Such revocation shall not effect any liability in any way resulting from transactions initiated prior to DST AMS's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and State Street, DST AMS. and the above named mutual fund(s) shall not be responsible for any action taken on the basis of this authorization until DST AMS, has received written notice thereof addressed to DST AMS and delivered to its main office.

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

TheRoyceFunds

Step Two Designation of Power of Attorney (continued)

The undersigned has read the foregoing in its entirety before signing, IN WITNESS WHEREOF, I have herein to set my hand and seal the
on this _____ day of _____ (month), 20 _____ (year),

SIGNATURE OF SHAREHOLDER/GRANTOR OF POWER OF ATTORNEY

STATE OF _____ S.S.

COUNTY OF _____

on this _____ day of _____ (month), 20 _____ (year), before me personally appeared _____,

to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

POWER OF ATTORNEY FULL NAME

POWER OF ATTORNEY RESIDENTIAL STREET ADDRESS (A POST OFFICE BOX IS NOT ACCEPTABLE) CITY, STATE, ZIP CODE

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

SIGNATURE OF ACCOUNT OWNER

DATE

I am not involved in any money laundering schemes, and the source of this investment is not derived from any criminal activities, the information provided on this form and documents submitted are true, correct and complete and are provided with the intent that they will be relied upon to verify my identity.

Step Three Affidavit of Attorney-In-Fact

Please complete the following:

STATE OF _____ S.S.

COUNTY OF _____

Being duly sworn and deposed, I affirm that: _____ as principal, who resides at
_____ (address) did, on this _____ day of _____ (month), 20 _____ (year),

appoint me his true and lawful attorney by the foregoing instrument hereby made a part hereof.

SIGNATURE OF ATTORNEY-IN-FACT

Sworn to before me this _____ day of _____ (month), 20 _____ (year),

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

Step Four Mailing Instructions

Please mail the completed form to:

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