



IRA Application

For Traditional, ROTH, SEP, and SIMPLE IRAs

Mail to: DoubleLine Funds
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To: DoubleLine Funds
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

>> In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: *full name, date of birth, Social Security number, and permanent street address*. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1 Type of IRA

If no tax year is indicated, we will assume it is for the current tax year. Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

Traditional IRA Account

- For tax year _____
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____

IRA Rollover Account

- Rollover IRA to Rollover IRA
- Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator.
Please check the type of qualified plan:
 Corporate Pension Profit Sharing Plan 401(k) 403(b) Other _____

ROTH IRA Account

- For tax year _____
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA Conversion to Roth IRA – year of conversion _____ in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited Roth IRA - Name of Decedent _____ Date of Death _____ Date of Birth _____

SEP (Simplified Employee Pension Plan) – Each employee must complete an IRA Application.

- Contribution
- Transfer from another SEP IRA Account
- Rollover (shareholder had receipt of funds)

SIMPLE IRA (Be sure to complete Section 11)

- Contribution
- Transfer from another SIMPLE IRA Account
- Rollover (shareholder had receipt of funds)

2 Investor Information

Individual

| | | | |
|------------------------|------|-----------|----------------------------|
| | | | |
| FIRST NAME | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| | | | |
| SOCIAL SECURITY NUMBER | | | |

3 Permanent Street Address

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

| | | |
|------------------------------|-------|------------------------------|
| STREET | | APT / SUITE |
| CITY | STATE | ZIP CODE |
| DAYTIME PHONE (XXX) XXX-XXXX | | EVENING PHONE (XXX) XXX-XXXX |

E-MAIL ADDRESS

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

| | |
|--------------|----------------|
| COMPANY NAME | |
| NAME | |
| STREET | APT / SUITE |
| CITY | STATE ZIP CODE |

Mailing Address* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

| | | |
|--------|-------|-------------|
| STREET | | APT / SUITE |
| CITY | STATE | ZIP CODE |

* A P.O. Box may be used as the mailing address.

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

| | |
|--------------|----------------|
| COMPANY NAME | |
| NAME | |
| STREET | APT / SUITE |
| CITY | STATE ZIP CODE |

If you would like duplicate statements sent to more than two parties other than the account owner(s), please attach a letter of instruction to this application.

4 Investment Amount

Purchase by check: Make check payable to the DoubleLine Funds.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

Purchase by wire: Call 877-DLINE11 (877-354-6311).

Note: Representatives at this number will assist in accepting a faxed completed application in advance of a wire. Refer to Section 5 for additional information.

Purchase by transfer: Due to rollover or beneficiary payout.

Note: Completion of IRA Transfer Form or Beneficiary Payout Form is required.

Investment Amount
\$500 Minimum

| | | | |
|--|------------|----|--|
| <input type="checkbox"/> Core Fixed Income Fund Class N | 2043 DLFNX | \$ | |
| <input type="checkbox"/> Emerging Markets Fixed Income Fund Class N | 2045 DLENX | \$ | |
| <input type="checkbox"/> Emerging Markets Local Currency Bond Fund Class N | 6369 DLELX | \$ | |
| <input type="checkbox"/> Flexible Income Fund Class N | 2357 DLINX | \$ | |
| <input type="checkbox"/> Floating Rate Fund Class N | 2055 DLFRX | \$ | |
| <input type="checkbox"/> Global Bond Fund Class N | 5055 DLGBX | \$ | |
| <input type="checkbox"/> Income Fund Class N | 5498 DBLNX | \$ | |

4 Investment Amount *continued*

| | | | |
|--|------------|----|----------------------|
| <input type="checkbox"/> Infrastructure Income Fund Class N | 5083 BILTX | \$ | <input type="text"/> |
| <input type="checkbox"/> Long Duration Total Return Bond Fund Class N | 2686 DLLDX | \$ | <input type="text"/> |
| <input type="checkbox"/> Low Duration Bond Fund Class N | 2051 DLSNX | \$ | <input type="text"/> |
| <input type="checkbox"/> Low Duration Emerging Markets Fixed Income Fund Class N | 2359 DELNX | \$ | <input type="text"/> |
| <input type="checkbox"/> Multi-Asset Trend Fund Class N | 5633 DLMOX | \$ | <input type="text"/> |
| <input type="checkbox"/> Real Estate and Income Fund Class N | 6367 DLREX | \$ | <input type="text"/> |
| <input type="checkbox"/> Shiller Enhanced CAPE Class N | 2227 DSENX | \$ | <input type="text"/> |
| <input type="checkbox"/> Shiller Enhanced International CAPE Class N | 6148 DLEUX | \$ | <input type="text"/> |
| <input type="checkbox"/> Strategic Commodity Fund Class N | 2799 DLCMX | \$ | <input type="text"/> |
| <input type="checkbox"/> Total Return Bond Fund Class N | 2041 DLTNX | \$ | <input type="text"/> |
| <input type="checkbox"/> Ultra Short Bond Fund Class N | 5149 DLUSX | \$ | <input type="text"/> |

5 Investor Bank Information

For redemptions or other payments, please attach a voided check or preprinted savings deposit slip. You may have the option to receive payments via Check, ACH, or Wire (additional fee may apply). We are unable to debit or credit mutual fund, or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

**ACH proceeds are typically credited to your bank within two or three business days after the redemption. Wire proceeds are sent on the business day following your redemption for a \$15 fee.

If Section 5 is not completed, payment via check to address of record will be the only option.

Please indicate the method of payment these bank instructions can be used for (select one):

Only ACH Only Wire* Both ACH and Wire*

*Payment via wire (\$15 fee) is available for redemptions only.

If you complete this section but do not select one of the options above, all options will be added to the account.

John Doe
Jane Doe
123 Main St.
Anytown, USA 12345

53289

Pay to the order of _____ \$ _____

_____ DOLLARS

Memo _____ Signed _____

⑆ 123456789 ⑆ ⑆ 12345678956789 ⑆

If you are making your first investment in a Fund, before you wire funds, the transfer agent must have a completed New Account Application. You may mail or overnight deliver your New Account Application to the transfer agent. Upon receipt of your completed New Account Application, the transfer agent will establish an account for you. The shareholder account number assigned will be required as part of the instruction that should be provided to your bank to send the wire. Your bank must include both the name of the Fund you are purchasing, the shareholder account number, and the name on the account per the New Account Application so that monies can be correctly applied.

U.S. Bank, N.A.
777 E. Wisconsin Avenue
Milwaukee, WI 53202
ABA No. 075000022
Credit: U.S. Bancorp Fund Services, LLC
Account No. 112-952-137
Further Credit: DoubleLine Funds [Name of Fund and Share Class]
(Shareholder Account Number, Shareholder Name)

Before sending your fed wire, please call the transfer agent at 877-DLine11 (877-354-6311) or contact your financial intermediary (if applicable) to advise them of the wire. This will ensure prompt and accurate credit to your account upon receipt of the fed wire. **Please note that the bank instructions used to issue a federal wire to fund your account must match the bank information provided with this new account application in order for the bank instructions to be established on your account for future use.**

Wired funds must be received prior to the close of trading on the NYSE (normally 4:00 p.m. Eastern Time) for the related purchase order to be eligible for same day pricing, except that orders provided in respect of advisory accounts (including other DoubleLine funds) managed by DoubleLine Capital or one of its related parties and orders provided by or through a broker-dealer or financial intermediary with whom the Funds (or their service providers) have a processing relationship may receive same day pricing so long as the related trade instructions are received timely. The Funds and U.S. Bank, N.A. are not responsible for the consequences of delays resulting from the banking or Federal Reserve wire system or from incomplete wire instructions.

Note: If you make any changes to the bank instructions after the account has been established, you will be required to submit written documentation along with a signature guarantee from either a Medallion program member or a non-medallion program member. These include situations when the redemption proceeds are to be sent or payable to any person, address or bank account not on the Funds' record or if ownership is being changed on the account. This would also be required if a redemption request is received by the Transfer Agent and the account address has changed within the last 30 calendar days. More information appears in the Fund's statutory prospectus.

6 Automatic Investment Plan (AIP)

Your signed application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please complete Section 5. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): Monthly Quarterly Semi-Annually Annually

\$100 minimum

If no option is selected, the frequency will default to monthly.

| | | | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
|--------------------------|---|------------|-----------------|-----------------|---------------|
| <input type="checkbox"/> | Core Fixed Income Fund Class N | 2043 DLFNX | | | |
| <input type="checkbox"/> | Emerging Markets Fixed Income Fund Class N | 2045 DLENX | | | |
| <input type="checkbox"/> | Emerging Markets Local Currency Bond Fund Class N | 6369 DLELX | | | |
| <input type="checkbox"/> | Flexible Income Fund Class N | 2357 DLINX | | | |
| <input type="checkbox"/> | Floating Rate Fund Class N | 2055 DLFRX | | | |
| <input type="checkbox"/> | Global Bond Fund Class N | 5055 DLGBX | | | |
| <input type="checkbox"/> | Income Fund Class N | 5498 DBLNX | | | |
| <input type="checkbox"/> | Infrastructure Income Fund Class N | 5083 BILTX | | | |
| <input type="checkbox"/> | Long Duration Total Return Bond Fund Class N | 2686 DLLDX | | | |
| <input type="checkbox"/> | Low Duration Bond Fund Class N | 2051 DLSNX | | | |
| <input type="checkbox"/> | Low Duration Emerging Markets Fixed Income Fund Class N | 2359 DELNX | | | |
| <input type="checkbox"/> | Multi-Asset Trend Fund Class N | 5633 DLMOX | | | |
| <input type="checkbox"/> | Real Estate and Income Fund Class N | 6367 DLREX | | | |
| <input type="checkbox"/> | Shiller Enhanced CAPE Class N | 2227 DSENX | | | |
| <input type="checkbox"/> | Shiller Enhanced International CAPE Class N | 6148 DLEUX | | | |
| <input type="checkbox"/> | Strategic Commodity Fund Class N | 2799 DLCMX | | | |
| <input type="checkbox"/> | Total Return Bond Fund Class N | 2041 DLTNX | | | |
| <input type="checkbox"/> | Ultra Short Bond Fund Class N | 5149 DLUSX | | | |

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

7 Telephone Options

You automatically have the ability to make telephone purchases*, redemptions*, or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

**Reminder: Please complete Section 5.*

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

I decline telephone transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

8 E-Delivery Options and Investor Web Portal

I would like to:

- Receive account statements electronically
- Receive transaction confirmations electronically
- Receive tax forms electronically
- Receive prospectuses, annual reports, and semi-annual reports electronically

By selecting the e-delivery options above, you agree to waive the physical delivery of applicable item(s). If you have opted to receive any of these items electronically, you will need to establish on-line access to your account, which can be done after your account has been established by visiting <https://doublelinefunds.com/> and selecting "Account Access Login". There you can register as a new user or log in as an existing user.

You must provide your email address in Section 4 to enroll in e-Delivery.

Benefits/features of on-line investor web portal:

- View account statements, transaction confirmations, tax forms, etc.
- Place trades
- View current account balance, historical balance, and transaction history
- Update certain account settings such as: beneficiaries, distribution options, cost basis method, etc.
- Update contact information and delivery preferences
- On-line chat with a customer service representative

9 Beneficiary Information | *If you need more space, please enclose a separate sheet of paper.*

Primary

| | | | | |
|----------------------|--|---------------------------------------|------------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <small>NAME</small> | | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| <input type="text"/> | <input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <small>NAME</small> | | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| <input type="text"/> | <input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <small>NAME</small> | | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |

Secondary

| | | | | |
|----------------------|--|---------------------------------------|------------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <small>NAME</small> | | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| <input type="text"/> | <input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <small>NAME</small> | | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| <input type="text"/> | <input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <small>NAME</small> | | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

| | | |
|-------------------------------------|----------------------|----------------------|
| <input checked="" type="checkbox"/> | <input type="text"/> | <input type="text"/> |
| <small>SIGNATURE OF SPOUSE</small> | | <small>DATE</small> |

10 Signature

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the DoubleLine Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the prospectus for the DoubleLine Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and its transfer agent shall not be liable, if I fail to notify the Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. [If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e., "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)]

✓ If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

✓ Your mutual fund account assets may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

✓ The Funds, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Funds, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

| | |
|---|----------------------------------|
| <input type="text"/> | |
| <small>PRINTED NAME OF DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL</small> | |
| <input checked="" type="checkbox"/> | <input type="text"/> |
| <small>DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE</small> | <small>DATE (MM/DD/YYYY)</small> |

Appointment as Custodian accepted:
U.S. BANK, N.A.

Joseph Neuberger

11 SIMPLE IRA Plans Only

Employer Information:

| | | | |
|---|--------------------------------------|---|--|
| <input type="text"/> | | <input type="text"/> | |
| <small>EMPLOYER (COMPANY) NAME</small> | | <small>EMPLOYER STREET ADDRESS</small> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <small>EMPLOYER CITY / STATE / ZIP CODE</small> | <small>EMPLOYER CONTACT NAME</small> | <small>EMPLOYER CONTACT BUSINESS PHONE (XXX) XXX-XXXX</small> | |



Before you mail, have you:

- | | |
|---|---|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? <ul style="list-style-type: none">- Social Security or Tax ID Number in Section 2?- Birth Date in Section 2?- Full Name in Section 2?- Permanent street address in Section 3? | <input type="checkbox"/> Enclosed your check made payable to DoubleLine Funds? <ul style="list-style-type: none"><input type="checkbox"/> Included a voided check or savings deposit slip, if applicable?<input type="checkbox"/> Signed your application in Section 10? |
|---|---|

For additional information please call toll-free 877-DLINE11 (877-354-6311) or visit us on the web at www.doublelinefunds.com.