



IRA Transfer Form

[If this is for a new IRA Account, an IRA Application must accompany this form.]

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

There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, or if you need a signature guarantee in Section Six to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

1 Investor Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>		<input type="text"/>	
ADDRESS		CITY / STATE / ZIP	
<input type="text"/>	<input type="text"/>		
DAYTIME PHONE (XXX) XXX-XXXX	EVENING PHONE (XXX) XXX-XXXX		

2 Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

<input type="text"/>		
CURRENT CUSTODIAN OR PLAN ADMINISTRATOR		
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	CONTACT PERSON	CONTACT NUMBER (XXX) XXX-XXXX
<input type="text"/>		<input type="text"/>
STREET ADDRESS		CITY / STATE / ZIP

Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, SIMPLE IRA, Roth IRA, or Inherited IRA, or to directly rollover my qualified retirement plan as directed below: *

All Assets **OR** \$ or %

Please process this request:*

Immediately **OR** At Maturity (month / day / year)

** If no option is selected, please transfer all assets immediately.*

Type of account being transferred/rolled-over:

Pension Profit Sharing Plan 401(k) 403(b) Roth 401(k) Roth 403(b) Traditional IRA
 SEP IRA SIMPLE IRA Roth IRA Inherited IRA Other

Original Roth IRA funding year (if applicable):

Original SIMPLE IRA funding date (if applicable):

Send the check representing the assets payable to "The DoubleLine Funds FBO [Shareholder's Name]" along with a copy of this form to the address at the top of page one.

3 Investment Selection

A DoubleLine Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those indicated below.

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

4 Required Minimum Distribution (RMD) Information

Check one of the following:

I am under RMD age and do not turn RMD age at anytime during this calendar year.

OR

I am RMD age or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a rollover of my required distribution occurs.

5 Conversion of Traditional IRA to Roth IRA - Optional

I am converting assets from a Traditional IRA to a Roth IRA. Upon receiving the assets from my current Custodian, I instruct the Fund's transfer agent to invest the proceeds into a new or existing Roth IRA account, as indicated in Section Two. I understand this may be a taxable event. By signing below I agree that I am solely responsible for all tax consequences of this conversion.

OWNER'S SIGNATURE*

DATE (MM/DD/YYYY)

***The Fund's Transfer Agent cannot process the conversion without a signature above.**

6 Signature and Certification

I certify that I have established an IRA with the DoubleLine Funds, of which U.S. Bank, N.A., is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bank Global Fund Services, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

SIGNATURE OF OWNER [OR GUARDIAN IF IRA OWNER IS A MINOR]

DATE (MM/DD/YYYY)

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

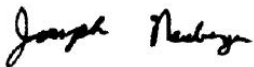
IMPORTANT: Please contact your current Custodian to determine if a signature guarantee* is required.

* A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near your signature. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.

7 Acceptance / Custodian Authorization

U.S. Bank, N.A., hereby accepts its appointment as Custodian of the above IRA account and upon receipt of assets, will deposit such assets in a DoubleLine Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

U.S. BANK, N.A.



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