

New Account Application

Regular Mail: DoubleLine Funds c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701 **Overnight Mail:** DoubleLine Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

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

In compliance with the USA PATRIOT Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Trust accounts require additional documentation.** 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 at the current day's net asset value. Please do not use this application for IRA or Entity accounts.

1 Investor Information | Select one

		ı		
Individual				
	FULL LEGAL FIRST NAME ¹	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	SOCIAL SECURITY NUMBER			
Joint Owner	,			
	FULL LEGAL FIRST NAME ¹	M.I.		DATE OF BIRTH (MM/DD/YYYY)
		IVI.I.	LAST NAME	
	SOCIAL SECURITY NUMBER			
	Registration will be Joint Tenancy with Rights c	of Survivo	rship (JTWROS) unless otherwise specified.	
Transfer to				
Minor]	
WIITOT	CUSTODIAN'S FULL LEGAL FIRST NAME ¹ (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
	L CUSTODIAN'S SOCIAL SECURITY NUMBER			
		ı ——] [
	MINOR'S FULL LEGAL FIRST NAME ¹ (ONLY ONE)	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
		1		
	MINOR'S SOCIAL SECURITY NUMBER			AGE OF TERMINATION**2
			STATE (list state's law that governed the initial transfer)*	
			b has not reached the age of termination (age the custodianship depending on the applicable state, a minor could be older than	
			st remove themself as custodian (and their authority over the ac	
			I under their control. The custodian will no longer be able to act irrevocable. Additionally, at the age of termination, U.S. Bank G	
	DoubleLine Funds reserves the right to restrict		es and redemptions and reinvest any dividends and/or capital ga	
	minor completes a New Account Application.			

*In the event that the custodian does not complete the "UTMA State" field above, the custodian hereby directs U.S. Bank to establish the UTMA state using the state from the Permanent Street Address provided in the Address section as the UTMA state. This designation shall permanently remain as the designated state for this account.

**In the event that the custodian does not complete the "Age of Termination" field above, the custodian hereby directs U.S. Bank to establish the account using the default age of termination for custodial property transferred by gift under the "UTMA State's" law.

¹If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.

DL-REG-APPN

Note that electing an age of termination beyond the default age, such as 25 if permissible for a particular state, may result in the loss of any annual exclusion for federal gift tax purposes. By entering an age of termination that is different than the state laws governing the gift or transfer, you represent and warrant that you have consulted with your tax and legal advisors on (i) the permissibility of the age selected under the governing state's law, and (ii) the state and federal tax consequences of the designated age of termination.

Trust

NAME OF TRUST		
NAME(S) OF TRUSTEE(S)		
SOCIAL SECURITY NUMBER / TAX I.D. NUMBER	DATE OF AGREEMENT (MM/DD/YYYY)	

You must supply documentation to substantiate existence of your trust such as your Trust Agreement (including the powers and limitations section(s)), or Certificate of Trust.

2 Address

Permanent Street Address

Foreign addresses and PO Boxes are not allowed.

STREET	APT / SUITE
CITY	STATE ZIP CODE
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

Mailing Address* (if different from Permanent Street Address) If completed, this address will be used as the Address of Record for all statements, checks,

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

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 PO Box may be used as the mailing address.

EMAIL ADDRESS

Minor's Address

Check box if minor's address is the same as the custodian's address. If not, please provide the minor's address below.

STREET		APT	/ SUITE
CITY	ST	ATE ZIP	CODE

Duplicate Statement #1

COMPANY NAME

NAME

STREET

CITY

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

			COMPANY NAME		
]	NAME		
	APT / SUITE]	STREET	 	APT / SUITE
STATE	ZIP CODE		CITY	STATE	ZIP CODE

Duplicate Statement #2

duplicate statements.

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.

3 Cost Basis Method

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. The Cost Basis Method you select will determine the order in which shares are redeemed and how your cost basis information is calculated and subsequently reported to you and to the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to **Average Cost**.

Primary Method (Select only one)

- Average Cost averages the purchase price of acquired shares
- □ First In, First Out oldest shares are redeemed first
- Last In, First Out newest shares are redeemed first
- Low Cost least expensive shares are redeemed first
- High Cost most expensive shares are redeemed first
- Loss/Gain Utilization depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares

Specific Lot Identification – you must specify the share lots to be sold at the time of a redemption (This method requires you elect a Secondary Method below, which will be used for systematic redemptions and in the event the lots you designate for a redemption are unavailable.)

Secondary Method – applies only if Specific Lot Identification was elected as the Primary Method (Select only one)

- Girst In, First Out
- Last In, First Out
- Low Cost
- High Cost
- Loss/Gain Utilization

Note: If a Secondary Method is not elected, First In, First Out will be used.

4 Investment and Distribution Options

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.

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.

Investment Amount

\$2,000 Minimum

A list of available fund names, TICKERs, and fund numbers can be found on the last page of this application.

		Capital	Gains	Divide	
FUND SELECTION	INVESTMENT \$ AMOUNT	Reinvest	Cash*	Reinvest	Cash'
FUND SELECTION	INVESTMENT \$ AMOUNT				
FUND SELECTION	INVESTMENT \$ AMOUNT	_			
FUND SELECTION	INVESTMENT \$ AMOUNT	-			
FUND SELECTION	INVESTMENT \$ AMOUNT				
	If nothing is	selected, capita	al gains and div	vidends will be rei	nvested.

*If cash distribution should be paid, please select one:

Check to Address of Record

ACH to Bank of Record - Valid Voided Check or Savings Deposit Slip Needed

Section 5, Investor Bank Information, must be completed to fulfill payment by ACH to Bank of Record

5 Investor Bank Information

For redemptions, cash dividends, and/or other payments, 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).

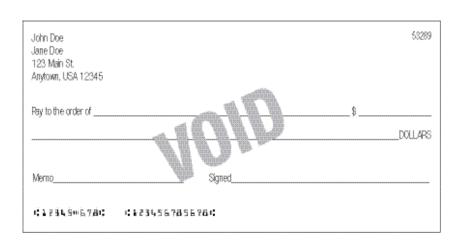
**ACH proceeds are typically credited to your bank within two or three business days after the redemption. Wire proceeds are sent on the business day following your redemption for a \$15 fee.

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):

*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.



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

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

AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
	AMOUNT PER DRAW	AMOUNT PER DRAW AIP START MONTH AMOUNT PER DRAW

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 and Internet Options

You have the ability to make telephone, internet and/or on-line Live Chat 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 and/or internet 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 Systematic Withdrawal Plan (SWP)

Your signed Application must be received at least 15 calendar days prior to initial transaction.

System Withdrawal Plan (SWP) \$500 minimum and \$10,000 account value minimum – permits the automatic withdrawal of funds.

□ Payments will be mailed to address in the Section 2.

Payments will be deposited directly into your bank account via ACH. Please complete Section 5.

Make payments I Monthly Quarterly Annually starting with the month given here:

FUND SELECTION	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
FUND SELECTION	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
FUND SELECTION	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
FUND SELECTION	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
FUND SELECTION	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY

E-Delivery Options and Investor Web Portal 9

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 any of the above options, you will receive email notification to access your statements on-line. 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://doubleline.com/ and selecting "Mutual Fund Direct Account Access". There you can register as a new user or log in as an existing user.

You must provide your email address in the Section 2 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

10 Signature and Certification Required by the Internal Revenue Service

✓ I have received and understand the prospectus for the DoubleLine Funds (the "Fund"). I understand the Fund's investment 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 Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.

✓ The Fund, 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 Fund, 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 Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

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

- ✓ Under penalty of perjury, I certify that:
 - 1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number
 - 2) I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding; and
 - 3) I am a U.S. citizen or other U.S. person; and
 - 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification Instructions.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PRINTED NAME OF OWNER*	
x	
SIGNATURE OF OWNER*	DATE (MM/DD/YYYY)
PRINTED NAME OF OWNER*	
x	

SIGNATURE OF JOINT OWNER*

DATE (MM/DD/YYYY)

* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign.

If the custodian listed in the Investor Information section is NOT a parent or legal guardian of the minor, a parent or legal guardian is REQUIRED to complete the following section.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalty of perjury, I certify that:

1) the Social Security or taxpayer identification number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2) I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding; and

3) I am a U.S. citizen or other U.S. person; and

4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification Instructions.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisitions or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

I am signing on behalf of the minor as a parent or legal guardian:

PRINT	MINOR'S	NAME

Х

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE (MM/DD/YYYY)

Before you mail, please:

Complete all USA PATRIOT Act required information

Social Security or Tax ID Number in Section 1

Date of Birth in Section 1

□ Full Name in Section 1

Permanent Street Address in Section 2

Enclose your personal check made payable to the DoubleLine Funds

□ Include a voided check or savings deposit slip, if applicable

□ Sign your application in the Section 10

Enclose additional documentation, if applicable

Complete UTMA information, if applicable

FUND	TICKER	FUND NUMBER
DoubleLine Core Fixed Income Fund Class N DoubleLine Emerging Markets Fixed Income Fund Class N DoubleLine Emerging Markets Local Currency Bond Fund Class N DoubleLine Flexible Income Fund Class N	DLFNX DLENX DLELX DLINX DLFRX	2043 2045 6369 2357 2055
DoubleLine Floating Rate Fund Class N DoubleLine Global Bond Fund Class N DoubleI ine Income Fund Class N	DLGBX DBLNX	2055 5055 5498
DoubleLine Infrastructure Income Fund Class N	BILTX	5083
DoubleLine Long Duration Total Return Bond Fund Class N	DLLDX	2686
DoubleLine Low Duration Bond Fund Class N	DLSNX	2051
DoubleLine Low Duration Emerging Markets Fixed Income Fund Class N	DELNX	2359
DoubleLine Shiller Enhanced CAPE Class N	DSENX	2227
DoubleLine Shiller Enhanced International CAPE Class N	DLEUX	6148
DoubleLine Strategic Commodity Fund Class N	DLCMX	2799
DoubleLine Total Return Bond Fund Class N	DLTNX	2041