



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

☐ Individual

| | | | |
|------------------------------------|----------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FULL LEGAL FIRST NAME ¹ | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/> | | | |
| SOCIAL SECURITY NUMBER | | | |

☐ Joint Owner

| | | | |
|------------------------------------|----------------------|----------------------|----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FULL LEGAL FIRST NAME ¹ | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/> | | | |
| SOCIAL SECURITY NUMBER | | | |

Registration will be Joint Tenancy with Rights of Survivorship (JTWROS) unless otherwise specified.

☐ Transfer to
Minor

| | | | |
|--|---|----------------------|-----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CUSTODIAN'S FULL LEGAL FIRST NAME ¹ (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/> | | | |
| CUSTODIAN'S SOCIAL SECURITY NUMBER | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MINOR'S FULL LEGAL FIRST NAME ¹ (ONLY ONE) | M.I. | LAST NAME | DATE OF BIRTH (MM/DD/YYYY) |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> |
| MINOR'S SOCIAL SECURITY NUMBER | UTMA STATE (list state's law that governed the initial transfer)* | | AGE OF TERMINATION** ² |

"Minor" means an UTMA account owner (customer) who has not reached the age of termination (age the custodianship terminates, which is designated at the time of transfer and governed by state law). This means that depending on the applicable state, a minor could be older than 18 or 21.

Upon reaching the age of termination, the custodian must remove themselves as custodian (and their authority over the account) so that the UTMA account owner can complete a new application solely in their name and under their control. The custodian will no longer be able to act on the account after the minor reaches the age of termination. Please note, transfers to a minor are irrevocable. Additionally, at the age of termination, U.S. Bank Global Fund Services as transfer agent for DoubleLine Funds reserves the right to restrict purchases and redemptions and reinvest any dividends and/or capital gains set to pay out in cash until the former 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.

²Note 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.

1 Investor Information continued

☐ Trust

| | |
|--|--------------------------------|
| <input type="text"/> | |
| NAME OF TRUST | |
| <input type="text"/> | |
| NAME(S) OF TRUSTEE(S) | |
| <input type="text"/> | <input type="text"/> |
| 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.

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | | <input type="text"/> |
| STREET | | APT / SUITE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CITY | STATE | ZIP CODE |
| <input type="text"/> | <input type="text"/> | |
| DAYTIME PHONE NUMBER | EVENING PHONE NUMBER | |
| <input type="text"/> | | |
| EMAIL ADDRESS | | |

Mailing Address* (if different from Permanent Street 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.

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | | <input type="text"/> |
| STREET | | APT / SUITE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CITY | STATE | ZIP CODE |

* A PO Box may be used as the mailing 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.

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | | <input type="text"/> |
| STREET | | APT / SUITE |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CITY | STATE | ZIP CODE |

Duplicate Statement #1

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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | | |
| COMPANY NAME | | |
| <input type="text"/> | | |
| NAME | | |
| <input type="text"/> | <input type="text"/> | |
| STREET | APT / SUITE | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CITY | STATE | ZIP CODE |

Duplicate Statement #2

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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | | |
| COMPANY NAME | | |
| <input type="text"/> | | |
| NAME | | |
| <input type="text"/> | <input type="text"/> | |
| STREET | APT / SUITE | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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.

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)

- ☐ First 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

\$100,000 Minimum

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

| FUND SELECTION | INVESTMENT \$ AMOUNT | Capital Gains | | Dividends | |
|----------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Reinvest | Cash* | Reinvest | Cash* |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FUND SELECTION | INVESTMENT \$ AMOUNT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FUND SELECTION | INVESTMENT \$ AMOUNT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FUND SELECTION | INVESTMENT \$ AMOUNT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FUND SELECTION | INVESTMENT \$ AMOUNT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***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

If nothing is selected, capital gains and dividends will be reinvested.

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):

☐ 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.

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.

\$100 minimum

| FUND SELECTION | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FUND SELECTION | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FUND SELECTION | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FUND SELECTION | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FUND SELECTION | AMOUNT PER DRAW | AIP START MONTH | AIP START DAY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 ☐ Monthly ☐ Quarterly ☐ Annually **starting with the month given here:**

| FUND SELECTION | AMOUNT PER DRAW | SWP START MONTH | SWP START DAY |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FUND SELECTION | AMOUNT PER DRAW | SWP START MONTH | SWP START DAY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FUND SELECTION | AMOUNT PER DRAW | SWP START MONTH | SWP START DAY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FUND SELECTION | AMOUNT PER DRAW | SWP START MONTH | SWP START DAY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FUND SELECTION | AMOUNT PER DRAW | SWP START MONTH | SWP START DAY |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

9 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 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 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.

10 Signature and Certification Required by the Internal Revenue Service | continued

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

X

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE (MM/DD/YYYY)

! Before you mail, please:

- | | |
|--|---|
| <input type="checkbox"/> Complete all USA PATRIOT Act required information | <input type="checkbox"/> Enclose your personal check made payable to the DoubleLine Funds |
| <input type="checkbox"/> Social Security or Tax ID Number in Section 1 | <input type="checkbox"/> Include a voided check or savings deposit slip, if applicable |
| <input type="checkbox"/> Date of Birth in Section 1 | <input type="checkbox"/> Sign your application in the Section 10 |
| <input type="checkbox"/> Full Name in Section 1 | <input type="checkbox"/> Enclose additional documentation, if applicable |
| <input type="checkbox"/> Permanent Street Address in Section 2 | <input type="checkbox"/> Complete UTMA information, if applicable |

DOUBLELINE CLASS I FUNDS LIST

| FUND | TICKER | FUND NUMBER |
|--|--------|-------------|
| DoubleLine Core Fixed Income Fund Class I | DBLFX | 2042 |
| DoubleLine Emerging Markets Fixed Income Fund Class I | DBLEX | 2044 |
| DoubleLine Emerging Markets Local Currency Bond Fund Class I | DBELX | 6368 |
| DoubleLine Flexible Income Fund Class I | DFLEX | 2356 |
| DoubleLine Floating Rate Fund Class I | DBFRX | 2054 |
| DoubleLine Global Bond Fund Class I | DBLGX | 5054 |
| DoubleLine Income Fund Class I | DBLIX | 5497 |
| DoubleLine Infrastructure Income Fund Class I | BILDIX | 5082 |
| DoubleLine Long Duration Total Return Bond Fund Class I | DBLDX | 2685 |
| DoubleLine Low Duration Bond Fund Class I | DBLSX | 2050 |
| DoubleLine Low Duration Emerging Markets Fixed Income Fund Class I | DBLLX | 2358 |
| DoubleLine Multi-Asset Trend Fund Class I | DBMOX | 5632 |
| DoubleLine Shiller Enhanced CAPE Class I | DSEEX | 2210 |
| DoubleLine Shiller Enhanced International CAPE Class I | DSEUX | 6147 |
| DoubleLine Strategic Commodity Fund Class I | DBCMX | 2798 |
| DoubleLine Total Return Bond Fund Class I | DBLTX | 2040 |