



Class R6 Shares Application

Please do not use this form for Individual, Joint Owner, Gift to Minor or IRA accounts

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 financial institutions (including mutual funds) are required to obtain, verify, and record the following information for the entity: **full name, TIN, permanent street address and 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.

1 Investor Information

You must supply documentation to substantiate the existence of your organization. (e.g., Articles of Incorporation/Formation/Organization, Partnership Agreement with Corporate Resolution, or other official documents.)

NAME OF ENTITY

STATE OF ORGANIZATION

TAX ID NUMBER

ENTITY / PLAN TYPE - PLEASE COMPLETE THE ABOVE WITH THE CLASS R6 ELIGIBLE PLAN TYPE LISTED BELOW

Check here if you are a government entity or affiliated with a government entity.

Class R6 eligible plans include only those types of plans listed below and who hold shares through a plan level or omnibus account.

- Qualified 401(a) plans (including 401(k) plans, Keogh plans, profit-sharing pension plans, money purchase pension plans, target benefit plans, defined benefit pension plans and Taft-Hartley multi-employer pension plans);
- 403(b) plans and tax-sheltered annuity plans;
- 457 plans, including 457(a) governmental entity plans and tax-exempt plans;
- Nonqualified deferred compensation plans, including rabbi trusts and similar arrangements; and
- Funded welfare benefit plans (e.g., Voluntary Employees' Beneficiary Association (VEBA) plans, and Other Post-Employment (OPEB) plans).

Class R6 shares are not available to non-retirement accounts, Traditional and Roth individual retirement accounts (IRAs), Coverdell Education Savings Accounts, SEPs, SARSEPs, SIMPLE IRAs, and 529 college savings plans.

2 Plan Custodian Information

CUSTODIAN NAME

PRIMARY CONTACT

ADDRESS

CITY

STATE

ZIPCODE

EMAIL

PHONE NUMBER (XXX) XXX-XXXX

Duplicate Statement

Please check box if you wish to receive duplicate statements at the address listed above.

Plan Custodian Wire Instructions:

BANK NAME

ABA #:

ACCOUNT #:

FCC: (Account Name at Bank)

3 Plan Agent (Recordkeeper)

FIRM NAME

PRIMARY CONTACT

ADDRESS

CITY

STATE

ZIP CODE

EMAIL

PHONE NUMBER (XXX) XXX-XXXX

TRADE PROCESSING VIA NSCC (YES or NO)

TRADE INSTRUCTIONS (PLAN LEVEL OR SUPER OMNIBUS)

Duplicate Statement

Please check box if you wish to receive duplicate statements at the address listed above.

4 Permanent Street Address

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

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

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 PO 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

5 Cost Basis Method

Cost basis is not tracked for most entities (ex. Bank/Trust Company, Charity Foundation, Church/Religious Group, C Corporation or other entities not subject to 1099 reporting. This section applies to entities subject to 1099 reporting.

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.**

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.

6 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.

			Investment Amount	Capital Gains		Dividends	
				Reinvest	Cash*	Reinvest	Cash*
<input type="checkbox"/> Total Return Bond Fund Class R6	5444	DDTRX	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Core Fixed Income Fund Class R6	5445	DDCFX	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Low Duration Bond Fund Class R6	5446	DDLDX	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shiller Enhanced CAPE Class R6	5447	DDCPX	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flexible Income Fund Class R6	5448	DFFLX	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Cash distributions from capital gains and dividends should be paid by (select one):

- Check to Address of Record ACH to Bank of Record

Section 8, Investor Bank Information, must be completed to fulfill payment by ACH to Bank of Record

7 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 attach a voided check or savings deposit slip to Section 10 of this application. 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"/> Total Return Bond Fund Class R6	5444	DDTRX			
<input type="checkbox"/> Core Fixed Income Fund Class R6	5445	DDCFX			
<input type="checkbox"/> Low Duration Bond Fund Class R6	5446	DDLDX			
<input type="checkbox"/> Shiller Enhanced CAPE Class R6	5447	DDCPX			
<input type="checkbox"/> Flexible Income Fund Class R6	5448	DFFLX			

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.

8 Telephone and Internet Options

You automatically have the ability to make telephone 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.

* You must provide bank instructions and a voided check or savings deposit slip in Section 10.

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 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.

9 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 Section 4

Payments will be deposited directly into your bank account. Please attach a voided check or savings deposit slip to Section 10 of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts.

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

			AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
<input type="checkbox"/> Total Return Bond Fund Class R6	5444	DDTRX			
<input type="checkbox"/> Core Fixed Income Fund Class R6	5445	DDCFX			
<input type="checkbox"/> Low Duration Bond Fund Class R6	5446	DDLDX			
<input type="checkbox"/> Shiller Enhanced CAPE Class R6	5447	DDCPX			
<input type="checkbox"/> Flexible Income Fund Class R6	5448	DFFLX			

10 Bank Information

BANK ABA NUMBER

BANK ACCOUNT NUMBER (DDA)

FOR FURTHER CREDIT NUMBER

FOR THE BENEFIT OF NAME

BANK ACCOUNT NAME

BANK NAME

BANK TELEPHONE NUMBER (XXX) XXX-XXXX

BANK CONTACT

Please note that future changes to the wire instructions must be received in writing from an Authorized Officer and must contain a Medallion Signature Guarantee or Signature Validation Program Stamp.

11 Signature and Certification Required by the Internal Revenue Service

✓ I have received and understand the prospectus for the DoubleLine Funds (the "Funds"). I understand the Funds' 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 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.

✓ 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. 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.

✓ 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, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from FATCA reporting. (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding due to a failure to report all interest and dividends.)

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

✓ I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

PRINTED NAME OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

PRINTED NAME OF AUTHORIZED SIGNER

SIGNATURE OF AUTHORIZED SIGNER

DATE (MM/DD/YYYY)

! Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Tax ID Number in Section 1?
 - Permanent street address in Section 4?
- Enclosed your check made payable to DoubleLine Funds?
- Included a voided check or savings deposit slip, if applicable?
- Signed your application in Section 11?
- Enclosed additional documentation, if applicable?

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