



# IRA Application

For Traditional, ROTH, SEP, and SIMPLE IRAs

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

Overnight Express Mail To: DoubleLine Funds  
c/o U.S. Bancorp Fund Services, LLC  
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 10)

- 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	

### 4 Investment Amount

**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.

**By transfer:** Due to rollover or beneficiary payout.

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

**Investment Amount**

\$5,000 Minimum

<input type="checkbox"/> Total Return Bond Fund Class I	2040 DBLTX	\$	
<input type="checkbox"/> Core Fixed Income Fund Class I	2042 DBLFX	\$	
<input type="checkbox"/> Emerging Markets Fixed Income Fund Class I	2044 DBLEX	\$	
<input type="checkbox"/> Multi-Asset Growth Fund Class I	2048 DMLIX	\$	
<input type="checkbox"/> Low Duration Bond Fund Class I	2050 DBLSX	\$	
<input type="checkbox"/> Floating Rate Fund Class I	2054 DBFRX	\$	
<input type="checkbox"/> Shiller Enhanced CAPE Class I	2210 DSEEX	\$	
<input type="checkbox"/> Flexible Income Fund Class I	2356 DFLEX	\$	
<input type="checkbox"/> Low Duration Emerging Markets Fixed Income Fund Class I	2358 DBLLX	\$	

## 4 Investment Amount *continued*

<input type="checkbox"/> Long Duration Total Return Bond Fund Class I	2685	DBLDX	\$	<input type="text"/>
<input type="checkbox"/> Strategic Commodity Fund Class I	2798	DBCXM	\$	<input type="text"/>
<input type="checkbox"/> Global Bond Fund Class I	5054	DBLGX	\$	<input type="text"/>
<input type="checkbox"/> Infrastructure Income Fund Class I	5082	BILDY	\$	<input type="text"/>
<input type="checkbox"/> Ultra Short Bond Fund Class I	5148	DBULX	\$	<input type="text"/>
<input type="checkbox"/> Shiller Enhanced International CAPE Class I	6147	DSEUX	\$	<input type="text"/>

## 5 Automatic Investment Plan (AIP)

*Your signed Application must be received at least 15 calendar 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 7 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 I	2040	DBLTX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Core Fixed Income Fund Class I	2042	DBLFX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Emerging Markets Fixed Income Fund Class I	2044	DBLEX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Multi-Asset Growth Fund Class I	2048	DMLIX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Low Duration Bond Fund Class I	2050	DBLSX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Floating Rate Fund Class I	2054	DBFRX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Shiller Enhanced CAPE Class I	2210	DSEEX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Flexible Income Fund Class I	2356	DFLEX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Low Duration Emerging Markets Fixed Income Fund Class I	2358	DBLLX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Long Duration Total Return Bond Fund Class I	2685	DBLDX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Strategic Commodity Fund Class I	2798	DBCXM		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Global Bond Fund Class I	5054	DBLGX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Infrastructure Income Fund Class I	5082	BILDY		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Ultra Short Bond Fund Class I	5148	DBULX		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Shiller Enhanced International CAPE Class I	6147	DSEUX		<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.
- An AIP will cease the year in which a shareholder reaches the age of 70 1/2 (excluding SEP, SIMPLE and Roth IRA accounts).

## 6 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.

\* You must provide bank instructions and a voided check in Section 7.

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.

## 7 Voided Check for Bank Information

Please attach a voided check or savings deposit slip to this application if you chose the Automatic Investment Plan. 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).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
<b>VOID</b>	
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
⑆ 23456789 ⑆      ⑆ 2345678956789 ⑆	

## 8 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"/>
NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Non Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

### Secondary

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

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.

<b>X</b>	<input type="text"/>
SIGNATURE OF SPOUSE	DATE

## 9 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.

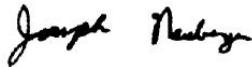
✓ The Funds, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, 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.

X

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

Appointment as Custodian accepted:  
U.S. BANK, NA



## 10 SIMPLE IRA Plans Only

### Employer Information:

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT NAME

EMPLOYER CONTACT BUSINESS PHONE (XXX) XXX-XXXX

### ! Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - 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?
- Enclosed your check made payable to DoubleLine Funds?
- Included a voided check, if applicable?
- Signed your application in Section 9?

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