



# Entity Account 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

- ☐ C Corporation
- ☐ Partnership
- ☐ Limited Liability Company
- ☐ S Corporation
- ☐ Trust Company
- ☐ Exempt Organization
- ☐ Other Entity

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 |

|                           |
|---------------------------|
|                           |
| TYPE OF ENTITY (IF OTHER) |

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

## 2 Authorized Signers

Please attach the entity's Corporate Resolution that states who is authorized to act on behalf of the entity. If there are additional authorized signers, include on a separate sheet. At least one authorized signer is required, however, multiple are recommended.

### Authorized Signer

|                            |       |
|----------------------------|-------|
|                            |       |
| NAME (first, middle, last) | TITLE |
|                            |       |
| SIGNATURE                  |       |

### Authorized Signer

|                            |       |
|----------------------------|-------|
|                            |       |
| NAME (first, middle, last) | TITLE |
|                            |       |
| SIGNATURE                  |       |

### 3 Beneficial Owner Information

If you are the following type of legal entity, the below information is required: C Corporation, S Corporation, Partnership, Limited Liability Corporation, Nonprofit Organizations (exempt from part A), Unions, Non-Qualified Plans or Other Organizations.

Please complete the table below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, **owns 25% or more of the equity interests of the Legal Entity listed in Section 1**. If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legal Entity.

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed within the table (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

For Foreign Persons: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

Please see last page of this application for a list of entity types that are excluded or exempt from completing this section.

|   | Name | Date of Birth | Address (Residential or Business Street Address) | Social Security Number (For U.S. Persons) | Passport Number and Country of Issuance (For Foreign Persons) |
|---|------|---------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|
| 1 |      |               |                                                  |                                           |                                                               |
| 2 |      |               |                                                  |                                           |                                                               |
| 3 |      |               |                                                  |                                           |                                                               |
| 4 |      |               |                                                  |                                           |                                                               |

### 4 Controller Information

Please complete the table below with the requested information for one individual with significant responsibility for managing the Legal Entity listed in Section 1, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in Section 2 can be listed here if appropriate).

For a Foreign Person: An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. **A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.**

| Name | Date of Birth | Address (Residential or Business Street Address) | Social Security Number (For U.S. Person) | Passport Number and Country of Issuance (For Foreign Person) |
|------|---------------|--------------------------------------------------|------------------------------------------|--------------------------------------------------------------|
|      |               |                                                  |                                          |                                                              |

## 5 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 |

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.

### ☐ 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 |

## 6 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.

## 7 Investment and Distribution Options

☐ **Purchase 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.

☐ **Purchase 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 8 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.

| Fund Selection       | Investment \$ Amount | Capital Gains<br>Reinvest | Cash*                    | Dividends<br>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="text"/> | <input type="text"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fund Selection       | Investment \$ Amount |                           |                          |                          |                          |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fund Selection       | Investment \$ Amount |                           |                          |                          |                          |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fund Selection       | Investment \$ Amount |                           |                          |                          |                          |
| <input type="text"/> | <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

## 8 Investor Bank Information

For redemptions, cash dividends, and/or other payments, please enter your preferred bank information/instructions, or 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 8 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.

|                               |                             |
|-------------------------------|-----------------------------|
|                               |                             |
| NAME OF BANK                  |                             |
|                               |                             |
| BANK STREET ADDRESS           | ABA (OR ROUTING NUMBER)     |
|                               |                             |
| CREDIT ACCOUNT NUMBER         | CREDIT ACCOUNT NAME         |
|                               |                             |
| FURTHER CREDIT ACCOUNT NUMBER | FURTHER CREDIT ACCOUNT NAME |
|                               |                             |
| OTHER                         |                             |

John Doe  
Jane Doe  
123 Main St.  
Anytown, USA 12345

53289

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_ Signed \_\_\_\_\_

⑆ 1 2 3 4 5 6 7 8 ⑆    ⑆ 1 2 3 4 5 6 7 8 9 ⑆

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.**

## 9 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 8. 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.

| 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.

## 10 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 8.

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.

## 11 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 5.

☐ Payments will be deposited directly into your bank account via ACH. Please complete Section 8.

**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"/> |

## 12 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 Section 5 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

## 13 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 (OPTIONAL)

SIGNATURE OF AUTHORIZED SIGNER (OPTIONAL)

DATE (MM/DD/YYYY)



### Before you mail, have you:

- |                                                                                                                                                                                                             |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? <ul style="list-style-type: none"><li>– Tax ID Number in Section 1?</li><li>– Permanent street address in Section 5?</li></ul> | <input type="checkbox"/> Included a voided check or savings deposit slip, if applicable? |
| <input type="checkbox"/> Enclosed your check made payable to DoubleLine Funds, if applicable?                                                                                                               | <input type="checkbox"/> Signed your application in Section 13?                          |
|                                                                                                                                                                                                             | <input type="checkbox"/> 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](http://www.doubleline.com).

## Beneficial Ownership Exclusions and Exemptions

### Exclusions from the Definition of Legal Entity Customer:

The Rule excludes from the definition of legal entity customer certain entities that are subject to Federal or State regulations and for which information about their beneficial ownership and management is available from the Federal or State agencies, such as:

- Financial institutions regulated by a Federal functional regulator or a bank regulated by a State bank regulator;
- A department or agency of the United States, of any State, or of any political subdivision of a State;
- Any entity established under the laws of the United States, or any State, or of any political subdivision of any State, or under an inter-state compact;
- Any entity (other than a bank) whose common stock or analogous equity interests are listed on the New York, American, or NASDAQ stock exchange;
- Any entity organized under the laws of the United States or of any State at least 51% of whose common stock or analogous equity interests are held by a listed entity;
- Issuers of securities registered under section 12 of the Securities Exchange Act of 1934 (SEA) or that is required to file reports under 15(d) of that Act;
- An investment company, as defined in section 3 of the Investment Company Act of 1940, registered with the U.S. Securities and Exchange Commission (SEC);
- An SEC-registered investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940;
- An exchange or clearing agency, as defined in section 3 of the SEA, registered under section 6 or 17A of that Act;
- Any other entity registered with the SEC under the SEA;
- A registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, defined in section 1a of the Commodity Exchange Act, registered with the Commodity Futures Trading Commission;
- A public accounting firm registered under section 102 of the Sarbanes-Oxley Act.
- A bank holding company, as defined in section 2 of the Bank Holding Company Act of 1956 (12 USC 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners' Loan Act (12 USC 1467a(n));
- A pooled investment vehicle operated or advised by a financial institution excluded from the definition of legal entity customer under the final CDD rule;
- An insurance company regulated by a State;
- A financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010;
- A foreign financial institution established in a jurisdiction where the regulator of such institution maintains beneficial ownership information regarding such institution;
- A non-U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities; and
- Any legal entity only to the extent that it opens a private banking account subject to 31 CFR 1010.620.

### Exemptions from the Ownership Prong:

Certain legal entity customers are subject only to the control prong of the beneficial ownership requirement, including:

- A pooled investment vehicle operated or advised by a financial institution not excluded under paragraph 31 CFR 1010.230(e)(2); and
- Any legal entity that is established as a nonprofit corporation or similar entity and has filed its organizational documents with the appropriate state authority as necessary.

DOUBLELINE CLASS N FUNDS LIST

| FUND                                                               | TICKER | FUND NUMBER |
|--------------------------------------------------------------------|--------|-------------|
| DoubleLine Core Fixed Income Fund Class N                          | DLFNX  | 2043        |
| DoubleLine Emerging Markets Fixed Income Fund Class N              | DLENX  | 2045        |
| DoubleLine Emerging Markets Local Currency Bond Fund Class N       | DLELX  | 6369        |
| DoubleLine Flexible Income Fund Class N                            | DLINX  | 2357        |
| DoubleLine Floating Rate Fund Class N                              | DLFRX  | 2055        |
| DoubleLine Global Bond Fund Class N                                | DLGBX  | 5055        |
| DoubleLine Income Fund Class N                                     | DBLNX  | 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        |