



IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Account Application

Amount Invested (\$3,000,000 minimum)

FORM OF PAYMENT — INITIAL INVESTMENT

- Check enclosed — payable to:
- Metropolitan West Ultra Short Bond Fund, Class I \$ _____
 - Metropolitan West Low Duration Bond Fund, Class I \$ _____
 - Metropolitan West Intermediate Bond Fund, Class I \$ _____
 - Metropolitan West Total Return Bond Fund, Class I \$ _____
 - Metropolitan West High Yield Bond Fund, Class I \$ _____
 - Metropolitan West Strategic Income Fund, Class I \$ _____
 - Metropolitan West Alpha Trak 500 Fund \$ _____

By Wire — Funds were wired on _____ in the amount of \$ _____

REGISTRATION (Please Print)

INDIVIDUAL (Joint ownership with rights of survivorship unless otherwise noted)

Individual Owner's First Name Middle Initial Last Name Social Security #

Date of Birth

Joint Owner's First Name Middle Initial Last Name Social Security #

Date of Birth

Investment Objective _____

Annual Income _____

Net Worth _____

Tax Bracket _____

GIFT TO MINORS

Under the _____ UGMA/UTMA

Name of Custodian (one name only)

State

Custodian Date of Birth

Custodian Social Security #

As Custodian For (one name only)

Minor's Social Security #

Minor's Date of Birth

CORPORATIONS, PARTNERSHIPS, TRUSTS and OTHERS (Complete Corporate Resolution)

Tax I.D. #

Name of Trustee(s)

Date of Trust

Name of Corporation, Partnership, Trust or Other*

*Corporations (excluding Qualified Plans and publicly traded corporations), partnerships and trusts must provide copies of relevant documents such as Articles of Incorporation, Partnership Agreement or Trust Agreement and a list of authorized traders for the account. A street address, date of birth and social security number must also be supplied for each authorized trader.

MAILING ADDRESS OF RECORD AND TELEPHONE NUMBER(S)

Mailing Address	City	State	Zip
Street Address (if different from mailing address)	City	State	Zip
Daytime Phone Number () _____		Evening Phone Number () _____	
If you have an account in another Metropolitan West Fund registered under the same name as above, please indicate the following:			
Fund Name	Account Number	Share Class	
Address of Joint Tenant or Minor (if different than Custodian)			

DISTRIBUTION OPTIONS (Please indicate one — Distributions will be reinvested if no option is checked)

Automatic Compounding (dividends & capital gains reinvested in additional shares)

Cash Dividends (dividends in cash, capital gains reinvested in additional shares)

All Cash (dividends & capital gains in cash)

TELEPHONE OPTIONS

TELEPHONE REDEMPTION

I (We) authorize PFPC Inc. ("PFPC") to honor telephone instructions for my (our) account. Neither the Fund nor PFPC will be liable for properly acting upon telephone instructions believed to be genuine. Please attach a voided check and complete below if you wish to have redemption proceeds wired to your bank.

Name of Bank	City	State
Bank Routing Number (nine digits)	Account Number	<input type="radio"/> Checking <input type="radio"/> Savings

TELEPHONE EXCHANGE — Permits switching at any time among the mutual funds in the Fund Group.

SYSTEMATIC WITHDRAWAL PLAN

Check box if you want this service.

To establish a Systematic Withdrawal Plan (SWP), an account must have a current market value of \$10,000 or more. Additionally, an account must have dividends reinvested.

Check box if you want withdrawal sent to address of record.

Check box if you want withdrawal sent directly to your bank via electronic transfer (3-5 business day settlement). Attach a voided check.

Amount and Frequency of Payments:

Beginning in _____, _____, please make payments in the amount of \$ _____
month year \$100,000 minimum

Payments will be processed on the 25th day of the month in the frequency indicated below:

Monthly Quarterly Semi-annually Annually

SIGNATURE AND CERTIFICATION

Required by Federal tax law to avoid backup withholding: "By signing, I certify under penalties of perjury that the social security or taxpayer identification number entered above is correct and that I have not been notified by the IRS that I am subject to backup withholding unless I have checked the box to the right. I also certify that I am a U.S. person (including a U.S. resident alien)." Receipt of current prospectus is hereby acknowledged.

I am subject to backup withholding.

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

Signature	<input type="radio"/> Owner	<input type="radio"/> Custodian	<input type="radio"/> Trustee	Date
Citizen of:	<input type="radio"/> United States	<input type="radio"/> Other (Please Indicate)	_____	

Signature of Joint Owner (If applicable)	Date
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FOR INVESTMENT DEALER ONLY:

Firm's Name	Representative's/Advisor's Name	Number
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Branch Address	Authorized Signature
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Mail completed application to: Metropolitan West Funds
c/o PFPC Inc.
P.O. Box 9793
Providence, RI 02940
Telephone: (800) 241-4671

