



## Class I Account Application

**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.

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

**FORM OF PAYMENT — INITIAL INVESTMENT**

- Check enclosed — payable to:
- Metropolitan West Ultra Short Bond Fund, Class I #517 \$ \_\_\_\_\_
  - Metropolitan West Low Duration Bond Fund, Class I #511 \$ \_\_\_\_\_
  - Metropolitan West Intermediate Bond Fund, Class I #515 \$ \_\_\_\_\_
  - Metropolitan West Total Return Bond Fund, Class I #512 \$ \_\_\_\_\_
  - Metropolitan West High Yield Bond Fund, Class I #514 \$ \_\_\_\_\_
  - Metropolitan West Strategic Income Fund, Class I # \_\_\_\_\_ \$ \_\_\_\_\_
  - Metropolitan West Alpha Trak 500 Fund #313 \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- 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			

- GIFT TO MINORS**

\_\_\_\_\_ Under the \_\_\_\_\_ UGMA/UTMA State

Name of Custodian (one name only)

Custodian Date of Birth \_\_\_\_\_ Custodian Social Security # \_\_\_\_\_

As Custodian For (one name only) \_\_\_\_\_ Minor's Social Security # \_\_\_\_\_  
Minor's Name

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.



**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="checkbox"/> Owner	<input type="checkbox"/> Custodian	<input type="checkbox"/> Trustee	Date
Citizen of:	<input type="checkbox"/> United States	<input type="checkbox"/> 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
_____	_____	_____
Branch Address	Authorized Signature	

Mail completed application to: Metropolitan West Funds  
c/o BNY Mellon  
P.O. Box 9793  
Providence, RI 02940  
Telephone: (800) 241-4671