



# 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 (\$5,000 minimum)

### FORM OF PAYMENT — INITIAL INVESTMENT

- Check enclosed — payable to:
  - Metropolitan West Ultra Short Bond Fund, Class M \$ \_\_\_\_\_
  - Metropolitan West Low Duration Bond Fund, Class M \$ \_\_\_\_\_
  - Metropolitan West Intermediate Bond Fund, Class M \$ \_\_\_\_\_
  - Metropolitan West Total Return Bond Fund, Class M \$ \_\_\_\_\_
  - Metropolitan West High Yield Bond Fund, Class M \$ \_\_\_\_\_
  - Metropolitan West Strategic Income Fund, Class M \$ \_\_\_\_\_
  - 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			

**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 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.



**AUTOMATIC INVESTMENT PLAN**

Check box if you want this service.

I (We) have read the terms and conditions of the Automatic Investment Plan set forth in the Prospectus. I (We) wish to invest on a monthly/quarterly/annual basis, directly from my checking account into the Fund.

Please attach a voided check. Please designate the amount you would like invested each month/quarter/year  
\$ \_\_\_\_\_

\$100 minimum

monthly       quarterly       yearly (check one)  
To begin on the 10th, 15th, 20th (circle one) of the month.

- Metropolitan West Ultra Short Bond Fund, Class M      \$ \_\_\_\_\_
- Metropolitan West Low Duration Bond Fund, Class M      \$ \_\_\_\_\_
- Metropolitan West Intermediate Bond Fund, Class M      \$ \_\_\_\_\_
- Metropolitan West Total Return Bond Fund, Class M      \$ \_\_\_\_\_
- Metropolitan West High Yield Bond Fund, Class M      \$ \_\_\_\_\_
- Metropolitan West Strategic Income Fund, Class M      \$ \_\_\_\_\_
- Metropolitan West Alpha Trak 500 Fund      \$ \_\_\_\_\_
- \_\_\_\_\_      \$ \_\_\_\_\_

**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       Owner       Custodian       Trustee      Date  
Citizen of:       United States       Other (Please Indicate) \_\_\_\_\_

Signature of Joint Owner (if applicable)      Date

**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 PFPC Inc.  
P.O. Box 9793  
Providence, RI 02940  
Telephone: (800) 241-4671