



## Authorized Individuals

\_\_\_\_\_ Authorized Individuals (If corporation, partnership, trust or other entity, this section must be filled out for each authorized individual)

_____ Name of Individual (First, Middle, Last)	_____ Individual's Social Security Number	_____ Date of Birth
_____ Street Address (may not be a PO Box)	_____ City, State, Zip	
_____ Name of Individual (First, Middle, Last)	_____ Individual's Social Security Number	_____ Date of Birth
_____ Street Address (may not be a PO Box)	_____ City, State, Zip	

For Additional Authorized Individuals, please include a separate letter detailing the full name, date of birth, Social Security number, and permanent street address for all other authorized individuals.

## SECTION 2: Beneficial Owner and Controller Information with Signature & Certification

### A Beneficial Owner

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 1C**. 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.**

Name (First, Middle, and Last) (No initials)	Date and Country of Birth	Street Address City, State, Country, Zip Code (Residential or Business Street Address – no PO Box)	U.S. Persons:	Foreign Persons:	25% or >
			Social Security Number Attach a copy of Driver License or Passport*	Passport Number or other acceptable ID # (Attach copy of above ID)	
1 _____	DOB: _____ Country: _____	_____	SS#: _____	PP#: _____ Other ID #: _____ Country: _____ Issue Date: _____ Exp. Date: _____	_____%
2 _____	DOB: _____ Country: _____	_____	SS#: _____	PP#: _____ Other ID #: _____ Country: _____ Issue Date: _____ Exp. Date: _____	_____%
3 _____	DOB: _____ Country: _____	_____	SS#: _____	PP#: _____ Other ID #: _____ Country: _____ Issue Date: _____ Exp. Date: _____	_____%
4 _____	DOB: _____ Country: _____	_____	SS#: _____	PP#: _____ Other ID #: _____ Country: _____ Issue Date: _____ Exp. Date: _____	_____%

## B 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 1C, 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 2A 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 (First, Middle, and Last) (No initials)	Date and Country of Birth	Street Address City, State, Country, Zip Code (Residential or Business Street Address – no PO Box)	U.S. Persons:	Foreign Persons:
			Social Security Number Attach a copy of Driver License or Passport*	Passport Number or other acceptable ID # (Attach copy of above ID)
Name: _____	DOB: _____	_____	SS#: _____	PP#: _____
Title: _____	Country: _____	_____	_____	Other ID #: _____
				Country: _____
				Issue Date: _____
				Exp. Date: _____

\* **Verification Document** – please attach a copy to the Account Application for each individual listed as a **Beneficial Owner and the Control Individual**: For an individual, an unexpired government-issued identification evidencing nationality or residence and bearing a photograph or similar safeguard, such as a driver's license or passport. In lieu of a passport number, foreign persons may also provide 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.

I, (name of natural person opening account on behalf of the Legal Entity Customer), hereby certify, to the best of my knowledge, that the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

\_\_\_\_\_  
Name (print) Signature Date

## SECTION 3: Residential/Business/Mailing Addresses

### Residential/Business Address (Required)

### Mailing Address (If different from Residential/Business Address)

A PO Box may be used as the mailing address.

Street Address – Apt. (may not be a PO Box)		Street Address	
City, State, Zip		City, State, Zip	
Country	Home Telephone	Country	Daytime Telephone

e-mail address: \_\_\_\_\_

Owner's Citizenship:  USA or Resident Alien  Non-Resident Alien \_\_\_\_\_  
Country

If Non-Resident Alien, please provide the following: Government Issued ID Number: \_\_\_\_\_ ID Type: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_ Date Issued: \_\_\_\_\_

### Additional Statements

Complete this section if you want account statements sent to an address in addition to the address of record. If more than one, please attach separate pages.

Name of Additional Person to Receive Statements \_\_\_\_\_

Street Address	City	State	Zip
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## SECTION 4: For Financial Advisor or Dealer Use Only

When opening your account through a registered representative, please have him/her complete this section.

Dealer Name	Dealer Number	Branch Number
Branch Address	City	State Zip
Registered Representative's Name/ID Number	Daytime Telephone	
Authorized Signature _____		

## SECTION 5: Fund Selection

Minimum initial investment is \$5,000 for M Share, \$3,000,000 for I Share, and \$25,000,000 for Plan Share Class. Please see the corresponding prospectus for further details. Checks are made payable to **MetWest Funds**. If you are wiring funds, please call (800) 241-4671 for an account number to reference.

Investment in:  New Account  New Fund Under Existing MetWest Account #: \_\_\_\_\_

Fund #/I Share	Ticker	Cusip No.	Amt. of Investment	Fund #/M Share	Ticker	Cusip No.	Amt. of Investment
<input type="checkbox"/> 519 Floating Rate Income Fund	MWFLX	592905723	\$ _____	<input type="checkbox"/> 313 Alpha Trak 500 Fund	MWATX	592905400	\$ _____
<input type="checkbox"/> 514 High Yield Bond Fund	MWHIX	592905848	\$ _____	<input type="checkbox"/> 319 Floating Rate Income Fund	MWFRX	592905731	\$ _____
<input type="checkbox"/> 515 Intermediate Bond Fund	MWIIX	592905855	\$ _____	<input type="checkbox"/> 314 High Yield Bond Fund	MWHYX	592905871	\$ _____
<input type="checkbox"/> 511 Low Duration Bond Fund	MWLIX	592905608	\$ _____	<input type="checkbox"/> 315 Intermediate Bond Fund	MWIMX	592905863	\$ _____
<input type="checkbox"/> 516 Strategic Income Fund	MWSIX	592905822	\$ _____	<input type="checkbox"/> 311 Low Duration Bond Fund	MWLDX	592905202	\$ _____
<input type="checkbox"/> 512 Total Return Bond Fund	MWTIX	592905509	\$ _____	<input type="checkbox"/> 316 Strategic Income Fund	MWSTX	592905830	\$ _____
<input type="checkbox"/> 517 Ultra Short Bond Fund	MWUIX	592905798	\$ _____	<input type="checkbox"/> 312 Total Return Bond Fund	MWTRX	592905103	\$ _____
<input type="checkbox"/> 518 Unconstrained Bond Fund	MWCIX	592905749	\$ _____	<input type="checkbox"/> 317 Ultra Short Bond Fund	MWUSX	592905814	\$ _____
				<input type="checkbox"/> 318 Unconstrained Bond Fund	MWCRX	592905756	\$ _____
Fund #/Plan Share Class	Ticker	Cusip No.	Amt. of Investment				
<input type="checkbox"/> 712 Total Return Bond Fund	MWTSX	592905764	\$ _____				

MetWest Funds offers a wide variety of share classes. For information on additional share classes not listed above, please contact (800) 241-4671 weekdays, 9:00 a.m. to 7:00 p.m. Eastern Time.

## SECTION 6: Distributions

If not completed, all dividends and capital gains will be reinvested to your account.

- |                                                                                                             |                                                                                                        |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Full Reinvestment</b> – Reinvest all dividends and capital gains.               | <input type="checkbox"/> <b>Dividend Reinvestment</b> – Reinvest dividends, pay capital gains in cash. |
| <input type="checkbox"/> <b>Capital Gains Reinvestment</b> – Reinvest capital gains, pay dividends in cash. | <input type="checkbox"/> <b>Cash</b> – Pay all dividends and capital gains in cash.                    |

For cash distributions, please select the following payment options:

- ACH** – Funds may take up to three days to post to your account.<sup>1</sup> Please complete Bank Account information in section 9.
- Federal Wire** – Funds should post to your account same day.<sup>1</sup> Please complete Bank Account information in section 9.
- Mail checks to the registered shareholder(s).**
- Mail checks to someone other than the registered shareholder(s).** – Please complete the following information. Medallion signature guarantee is required.<sup>2</sup>

Name to appear on check: \_\_\_\_\_

\_\_\_\_\_

Address

City

State

Zip

<sup>1</sup> Signature Guarantee is required if bank account registration is different from your MetWest Funds account registration. Bank account must have at least one name in common.

<sup>2</sup> The medallion signature guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Signature Guarantee. The medallion signature guarantee stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED" and otherwise comply with the medallion program requirements.

## SECTION 7: Cost Basis Method

For shares acquired on or after January 1, 2012, the Cost Basis Method you elect applies to all existing and future accounts you may establish. 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 the Internal Revenue Service (IRS). **Please consult your tax advisor to determine which Cost Basis Method best suits your specific situation.** If you do not elect a Cost Basis Method, your account will default to Average Cost.

### 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.

## SECTION 8: Investments & Redemptions/Exchanges by Telephone

Shareholders may call (800) 241-4671 to purchase additional shares of the fund or to expedite redemption and have the proceeds sent directly to their address of record or to their bank account on file. If you do not want this privilege, please decline by checking this box .

You automatically have the ability to make telephone and/or internet purchases†, redemptions† or exchanges per the prospectus, unless you specifically decline above. See the prospectus for minimum and maximum amounts.

The MetWest link with your bank offers flexible access to your money. Transfers occur only when you initiate them and may be made by either bank wire or bank clearinghouse transfer with MetWest Fund's Electronic Transfer service. To establish the MetWest link to your bank, please attach a voided check or preprinted deposit slip from your bank account and a letter of instruction. Your MetWest Funds account and bank account must have at least one name in common.

**Your signed application must be received at least 15 business days prior to initial transaction.**

† You must provide bank instructions and a voided check or preprinted deposit slip.

## SECTION 9: Bank Account Information

You must complete this information in order to Buy shares, Sell shares, receive payments via ACH or Wire, or to use Automatic Investment Program.

Type of account:  Checking  Savings

Bank Name

ABA Routing Number

Account Name (as it appears on bank records)

Account Number

**Please attach a voided check or preprinted deposit slip. Bank Account Name must have at least one name in common.**

## SECTION 10: Automatic Investment Program (M Share Class)

The MetWest Funds Automatic Investment Program automatically purchases shares at a frequency you designate by transferring the dollar amount you specify from your bank. Please attach a voided check or preprinted deposit slip of the account from which the purchases are to be made. I agree that I will be liable for any associated costs that may incur with this program, such as fees generated by my bank.

- a. Your signed application must be received at least 15 business days prior to initial transaction.
- b. If you choose this option, funds will be automatically transferred from your bank account (choose one):

- Bi-Monthly
- Monthly
- Quarterly
- Semi-Annually
- Annually

Please attach a voided check or preprinted deposit slip. We are unable to debit from mutual fund or pass-through ("for further credit") accounts.

- c. Participation in the plan will be terminated upon redemption of all shares.

Fund Number and Name	Amount (\$100 Minimum/Fund)	Start Month	Start Day

## SECTION 11: Signature & Certification Required by the Internal Revenue Service

I have received and understand the Prospectus for the MetWest Funds (the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by the terms of the applicable Prospectus. I intend to purchase and agree to be bound by all the terms, conditions and account features selected in any and all parts of this application and the prospectus. A copy of the current prospectus(es) can be accessed at [www.tcw.com](http://www.tcw.com). Before I request an exchange or purchase additional shares of any Fund, I will obtain the current prospectus for each Fund. To the extent available, I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as Prospectuses, shareholder reports, proxies, 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 their 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 legal capacity to make this purchase.

The Funds, the applicable fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "MetWest Funds") will not be responsible for banking system delays beyond their control. By completing **SECTIONS 5, 6, 8 OR 9**, I hereby authorize my bank to honor all entries to my bank account initiated through BNY Mellon, on behalf of the applicable Fund. The MetWest Funds will not be liable for acting upon instruction 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 collected funds must be in my account to pay them. I agree that my bank's treatment and rights with respect to each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored 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 Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

I authorize the Fund to perform a credit check based on the information provided, if necessary.

Under penalty of perjury, I certify that:

1. The Social Security number or the taxpayer identification number shown on this form is correct, and
2. I am not subject to backup withholding either because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) 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).
4. I understand that, if no activity occurs in my account within the time period specified by applicable state law, the assets in my account may be considered abandoned and transferred (also known as "escheated") to the appropriate state regulators. I understand that the escheatment time period varies by state.
5. 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), Please indicate The FATCA Exemption code(s) \_\_\_\_\_.

The following codes identify payees that are exempt from backup withholding: **1** – An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2) **2** – The United States or any of its agencies or instrumentalities **3** – A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities **4** – A foreign government or any of its political subdivisions, agencies, or instrumentalities **5** – A corporation **6** – A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States **7** – A futures commission merchant registered with the Commodity Futures Trading Commission **8** – A real estate investment trust **9** – An entity registered at all times during the tax year under the Investment Company Act of 1940 **10** – A common trust fund operated by a bank under section 584(a) **11** – A financial institution **12** – A middleman known in the investment community as a nominee or custodian **13** – A trust exempt from tax under section 664 or described in section 4947

**Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

\_\_\_\_\_  
Signature of Owner\*

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Signature of Joint Owner\* (if any)

\_\_\_\_\_  
Date (month/day/year)

\* If shares are to be registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the joint owner.

**PLEASE SEE BACK FOR MAILING INSTRUCTIONS**

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## Mailing

Please mail the completed application form with your check to:

### Via Regular Mail

MetWest Funds  
c/o BNY Mellon Investment Servicing  
P.O. Box 9793  
Providence, RI 02940

### Overnight Delivery

MetWest Funds  
c/o BNY Mellon Investment Servicing  
4400 Computer Drive  
Westborough, MA 01581-1722

## Shareholder Services

If you have any questions regarding this application or your account, please call (800) 241-4671 weekdays, 9:00 a.m. to 7:00 p.m. Eastern Time.

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## Before you mail, have you:

- Completed ALL USA Patriot Act Required Information?**
  - Social Security or Tax ID number in Section 1?
  - Birth date in Section 1?
  - Full name in Section 1?
  - Permanent street address in Section 3?
- Enclosed your personal check made payable to MetWest Funds?**  
(Reminder: Generally, cashier's checks, money orders of any amount, and third party checks are not accepted.)
- Included a voided check, if applicable?**
- Signed your application in Section 11?**
- Enclosed additional documentation, if applicable?**

865 SOUTH FIGUEROA STREET, SUITE 1800 | LOS ANGELES, CALIFORNIA 90017 | 213 244 0000

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[www.TCW.com](http://www.TCW.com)

## PRIVACY POLICY

### The TCW Group, Inc. and Subsidiaries

TCW Investment Management Company LLC  
 TCW Asset Management Company LLC  
 Metropolitan West Asset Management, LLC

**TCW Funds, Inc.**

**TCW Strategic Income Fund, Inc.**

**Metropolitan West Funds**

**Sepulveda Management LLC**

**TCW Direct Lending LLC**

**TCW Direct Lending VII LLC**

Effective November 2018

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### WHAT YOU SHOULD KNOW

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At TCW, we recognize the importance of keeping information about you secure and confidential. ***We do not sell or share your nonpublic personal and financial information with marketers or others outside our affiliated group of companies.***

We carefully manage information among our affiliated group of companies to safeguard your privacy and to provide you with consistently excellent service.

We are providing this notice to you to comply with the requirements of Regulation S-P, "Privacy of Consumer Financial Information," issued by the United States Securities and Exchange Commission.

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### OUR PRIVACY POLICY

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We, The TCW Group, Inc. and its subsidiaries, the TCW Funds, Inc., TCW Strategic Income Fund, Inc., the Metropolitan West Funds, Sepulveda Management LLC, and TCW Direct Lending (collectively, "TCW") are committed to protecting the nonpublic personal and financial information of our customers and consumers who obtain or seek to obtain financial products or services primarily for personal, family or household purposes. We fulfill our commitment by establishing and implementing policies and systems to protect the security and confidentiality of this information.

In our offices, we limit access to nonpublic personal and financial information about you to those TCW personnel who need to know the information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards to protect your nonpublic personal and financial information.

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### CATEGORIES OF INFORMATION WE COLLECT

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**We may collect the following types of nonpublic personal and financial information about you from the following sources:**

- Your name, address and identifying numbers, and other personal and financial information, from you and from identification cards and papers you submit to us, on applications, subscription agreements or other forms or communications.
- Information about your account balances and financial transactions with us, our affiliated entities, or nonaffiliated third parties, from our internal sources, from affiliated entities and from nonaffiliated third parties.
- Information about your account balances and financial transactions and other personal and financial information, from consumer credit reporting agencies or other nonaffiliated third parties, to verify information received from you or others.



## CATEGORIES OF INFORMATION WE DISCLOSE TO NONAFFILIATED THIRD PARTIES

We may disclose your name, address and account and other identifying numbers, as well as information about your pending or past transactions and other personal financial information, to nonaffiliated third parties, for our everyday business purposes such as necessary to execute, process, service and confirm your securities transactions and mutual fund transactions, to administer and service your account and commingled investment vehicles in which you are invested, to market our products and services through joint marketing arrangements or to respond to court orders and legal investigations.

We may disclose nonpublic personal and financial information concerning you to law enforcement agencies, federal regulatory agencies, self-regulatory organizations or other nonaffiliated third parties, if required or requested to do so by a court order, judicial subpoena or regulatory inquiry.

**We do not otherwise disclose your nonpublic personal and financial information to nonaffiliated third parties, except where we believe in good faith that disclosure is required or permitted by law. Because we do not disclose your nonpublic personal and financial information to nonaffiliated third parties, our Customer Privacy Policy does not contain opt-out provisions.**

## CATEGORIES OF INFORMATION WE DISCLOSE TO OUR AFFILIATED ENTITIES

- We may disclose your name, address and account and other identifying numbers, account balances, information about your pending or past transactions and other personal financial information to our affiliated entities for any purpose.
- We regularly disclose your name, address and account and other identifying numbers, account balances and information about your pending or past transactions to our affiliates to execute, process and confirm securities transactions or mutual fund transactions for you, to administer and service your account and commingled investment vehicles in which you are invested, or to market our products and services to you.

## INFORMATION ABOUT FORMER CUSTOMERS

We do not disclose nonpublic personal and financial information about former customers to nonaffiliated third parties unless required or requested to do so by a court order, judicial subpoena or regulatory inquiry, or otherwise where we believe in good faith that disclosure is required or permitted by law.

## QUESTIONS

Should you have any questions about our Customer Privacy Policy, please contact us by email or by regular mail at the address at the end of this policy.

## REMINDER ABOUT TCW'S FINANCIAL PRODUCTS

Financial products offered by The TCW Group, Inc. and its subsidiaries, the TCW Funds, Inc., TCW Strategic Income Fund, Inc., the Metropolitan West Funds, Sepulveda Management LLC, and TCW Direct Lending.

- Are not guaranteed by a bank;
- Are not obligations of The TCW Group, Inc. or of its subsidiaries;
- Are not insured by the Federal Deposit Insurance Corporation; and
- Are subject to investment risks, including possible loss of the principal amount committed or invested, and earnings thereon.

THE TCW GROUP, INC.

SEPULVEDA MANAGEMENT LLC

TCW FUNDS, INC.

TCW DIRECT LENDING LLC

TCW STRATEGIC INCOME FUND, INC.

TCW DIRECT LENDING VII LLC

METROPOLITAN WEST FUNDS

Attention: Privacy Officer | 865 South Figueroa St. Suite 1800 | Los Angeles, CA 90017 | email: [privacy@tcw.com](mailto:privacy@tcw.com)