

ACCOUNT APPLICATION

Use this application to open a regular TCW Funds account. For a TCW Funds IRA application or assistance in completing this application, call (800) 248-4486.

Important Information About Procedures for Opening a New Account

In compliance with the USA Patriot Act, all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security number, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** See document verification form. 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. Registration (Select one from A, B or C)

All of the information for the selected account type must be completed or the account cannot be opened.

A Individual Joint Tenants with Rights of Survivorship[†] Tenants in Common (Please attach separate page with full name, SSN and DOB for each additional Tenant)[†]

Name of Owner (First, Middle, Last)

Owner's Social Security Number

Date of Birth

Name of Co-Owner (if any) (First, Middle, Last)[†]

Co-Owner's Social Security Number

Date of Birth

[†] If address is different than address in Section 2, please provide permanent street address.

B Gift/Transfer to Minor

Name of Custodian[†]

Custodian's Social Security Number

Date of Birth

Name of Minor

Minor's Social Security Number

Date of Birth

Under the _____ Uniform Gift/Transfer to Minor's Act
State of Minor's Residence

[†] If address is different than address in Section 2, please provide permanent street address.

C Partnership
 Trust
 Tax Exempt Organization
 Other Entity
 Corporate Entity: If checked, please select either: S-Corporation C-Corporation
 LLC: If checked, please select either: S-Corporation C-Corporation Partnership

Name of Corporation, Partnership, LLC, Trust or Other Entity*

Date of Formation*

Date of Trust Instrument

Federal Taxpayer ID Number

Name(s) of Trustee(s)
(if to be included in account registration)

* Complete Authorized individuals section on the next page.

If a trust, include the date of Trust instrument and name(s) of Trustee(s) if they are to be included in the account registration. Please refer to Document Verification Form for additional documents

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

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.

2.

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

3.

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

4.

Fund Selection

Minimum initial investment is \$2,000 for non-IRA accounts. Please see the corresponding prospectus for further details. Checks are made payable to **TCW Funds, Inc.** If you are wiring funds, please call (800) 248-4486 for an account number to reference.

Investment in: **New Account** **New Fund Under Existing TCW Account #:** _____

Equities (I Share)	Ticker	Cusip No.	Amt. of Investment	Allocation Fund (I Share)	Ticker	Cusip No.	Amt. of Investment
<input type="checkbox"/> 4742 Focused Equities <i>(formerly Concentrated Value)</i>	TGFFX	87234N-567	\$ _____	<input type="checkbox"/> 4757 Conservative	TGPCX	87234N-245	\$ _____
<input type="checkbox"/> 4772 Global Real Estate	TGREX	872365-796	\$ _____	Fixed Income (I Share)			
<input type="checkbox"/> 4753 Growth Equities	TGGEX	87234N-377	\$ _____	<input type="checkbox"/> 4726 Core Fixed Income	TGCFX	87234N-401	\$ _____
<input type="checkbox"/> 4771 High Dividend Equities	TGHDX	872365-820	\$ _____	<input type="checkbox"/> 4767 Global Bond	TGGBX	872365-887	\$ _____
<input type="checkbox"/> 4773 TCW New America Premier Equities	TGUSX	872365754	\$ _____	<input type="checkbox"/> 4727 High Yield Bond	TGHYX	87234N-708	\$ _____
<input type="checkbox"/> 4751 Relative Value Dividend Appreciation	TGDFX	87234N-344	\$ _____	<input type="checkbox"/> 4729 Short Term Bond	TGSMX	87234N-856	\$ _____
<input type="checkbox"/> 4750 Relative Value Large Cap	TGDIX	87234N-385	\$ _____	<input type="checkbox"/> 4728 Total Return Bond	TGLMX	87234N-880	\$ _____
<input type="checkbox"/> 4735 Relative Value Mid Cap	TGVOX	87234N-799	\$ _____	International (I Share)			
<input type="checkbox"/> 4730 Select Equities	TGCEX	87234N-302	\$ _____	<input type="checkbox"/> 4743 Developing Markets Equity	TGDMX	872365-770	\$ _____
<input type="checkbox"/> 4724 Small Cap Growth	TGSCX	87234N-849	\$ _____	<input type="checkbox"/> 4721 Emerging Markets Income	TGEIX	87234N-765	\$ _____
Money Market (Select Class)				<input type="checkbox"/> 4764 Emerging Markets Local Currency Income	TGWIX	872365-309	\$ _____
<input type="checkbox"/> 4774 FIMM Government Portfolio*	FGEXX	192826303	\$ _____	<input type="checkbox"/> 4770 Emerging Markets Multi-Asset Opportunities	TGMAX	872365-846	\$ _____
				<input type="checkbox"/> 4769 International Growth	TGIBX	872365-861	\$ _____
				<input type="checkbox"/> 4765 International Small Cap	TGICX	872365-507	\$ _____

* An unaffiliated money market mutual fund. Please see the checkwriting privilege (Section 9) of this application if you wish to establish checkwriting. TCW Funds, Inc. offers a wide variety of share classes. For information on additional share classes not listed above, please contact (800) 248-4486 weekdays, 8:00 a.m. to 8:00 p.m. Eastern Time.

5.

Distributions

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

- | | |
|---|--|
| <input type="checkbox"/> Full Reinvestment – Reinvest all dividends and capital gains. | <input type="checkbox"/> Dividend Reinvestment – Reinvest dividends, pay capital gains in cash. |
| <input type="checkbox"/> Capital Gains Reinvestment – Reinvest capital gains, pay dividends in cash. | <input type="checkbox"/> Cash – 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.² Please complete Bank Account information in section 8.
- Federal Wire** – Funds should post to your account same day.² Please complete Bank Account information in section 8.
- 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.¹

Name to appear on check: _____

Address City State Zip

¹ 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.

² Signature Guarantee is required if bank account registration is different from your TCW Funds account registration. Bank account must have at least one name in common.

6.

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.

7.

Investments & Redemptions/Exchanges By Telephone

Shareholders may call (800) 248-4486 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 TCW 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 TCW Fund's Electronic Transfer service. To establish the TCW link to your bank, please attach a voided check or preprinted deposit slip from your bank account and a letter of instruction. Your TCW 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.

8.

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.

9.

Automatic Investment Program

The TCW 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

10.

Checkwriting Privilege

This option is available for the Fidelity Prime Money Market Portfolio Select Class only (\$100 minimum redemption). By completing the signature card below, I/we certify that the signatures are genuine and represent individuals with authority and legal capacity to sign checks and redeem shares on behalf of the shareholder(s).

Signature Card for Checkwriting

The number of signatures required on checks _____. If this field is not completed, only one signature will be required on checks.

Shareholder Name (please print)

Signature

11.

Signature & Certification Required by the Internal Revenue Service

I have received and understand the Prospectus for the TCW Funds (the "Funds"). If I am purchasing shares of the Fidelity Prime Money Market Portfolio Select Class (the "Money Market Fund"), an unaffiliated money market mutual fund, I understand I will receive the Prospectus with the confirmation of my purchase. I understand the Funds' and/or Money Market Fund investment objectives and policies and agree to be bound by the terms of the applicable Prospectus. Before I request an exchange, 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 "TCW Funds") will not be responsible for banking system delays beyond their control. By completing **SECTIONS 4, 5, 7 OR 8**, I hereby authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. The TCW 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.

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

Mailing

Please mail the completed application form with your check to:

Via Regular Mail

TCW Funds, Inc.
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Delivery

TCW Funds, Inc.
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan Street, Fl. 3
Milwaukee, WI 53202-5207

Shareholder Services

If you have any questions regarding this application or your account, please call (800) 248-4486 weekdays, 8:00 a.m. to 8:00 p.m. Eastern Time.

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 2?
- Enclosed your personal check made payable to The TCW Funds, Inc.?** (Reminder: Generally, cashier's checks of \$10,000 or less, money orders of any amount, and third party checks are not accepted.)
- Included a voided check, if applicable?**
- Signed your application in Section 10?**
- Enclosed additional documentation, if applicable?**