Western Asset Premium U.S. Money Market Funds

REGISTRATION INFORMATION

Name of Entity

Contact Name

Address (P.O. Box addresses are not acceptable)

Tax Identification Number ("TIN")/Social Security No.

Attn/Suite/Floor/Other

Telephone Number

City/State/Zip

Fax Number

ACCOUNT REGISTRATION

Column A

- □ Public Corporation (Please provide Symbol)
- □ Subsidiary of a Public Corporation (Please provide Symbol above)
- □ Government Entity
- □ Non-Public Corporation
- □ Partnership
- □ Limited Liability Corporation
- □ Disregarded Entity (Please provide owner's Name) _____
- □ Other _____

Column B

- □ U.S. Bank
- □ SEC Registered Broker-Dealer
- □ Insurance Company
- □ N/A

INITIAL INVESTMENT/DISTRIBUTION OPTIONS

Minimum $100,000

- □ Western Asset Premium Liquid Reserves # 255 $_____
- □ Western Asset Premium U.S. Treasury Reserves # 351 $_____
- □ Other $_____

Monthly Cash Dividend

□ Check this box if dividends are to be paid monthly in cash. Otherwise dividends will be reinvested automatically in additional shares of the Fund.

Investment Products: Not FDIC Insured • No Bank Guarantee • May Lose Value

WESTERN ASSET

Western Asset Premium U.S. Money Market Funds

REDEMPTION PAYMENTS/DISTRIBUTIONS

Redemption proceeds will be wired to the bank or trust company listed below, for credit to the investor's account. If the investor wishes to send redemption proceeds to more than one such institution, please list the additional institution(s) below. The investor hereby authorizes its Service Agent (as defined in the Funds Prospectus) and/or, as applicable, Legg Mason Investor Services, LLC (together, the "Service Agent") as its duly appointed service agent, to honor telephone or written instructions, without a signature guarantee, for redemption of Fund shares. The Service Agent's records of such instructions will be binding on all parties and the Service Agent and the Fund will employ reasonable procedures to confirm that instructions are genuine. If these procedures are not followed, the Service Agent and/or the Fund may be liable for any losses to an investor due to unauthorized or fraudulent transactions. Otherwise, the investor will bear all risk of loss arising out of such transactions. **Account registration title and bank account title must be identical.**

Name of Commercial Bank: _____

Bank Account No.: _____ ABA Number: _____

Address of Bank: _____

Street City State/Country Zip/Postal Code

Name of Account: _____

For Further Credit Information

Name of Commercial Bank: _____

Bank Account No.: _____ ABA Number: _____

Address of Bank: _____

Street City State/Country Zip/Postal Code

Name of Account: _____

TRANSACTING PERSONS

In addition to the authorized officer(s) signing below, the following person(s) (each a "Transacting Person") currently is (a) at least 18 years old; (b) holds the position with the investor stated next to his or her name; and (c) is authorized to purchase or redeem shares of the Fund on behalf of the Authorized Officer(s) signing below. Such Transacting Persons are not hereby authorized to change and amend instructions given elsewhere in application.

Transacting Person: _____

Print Name Signature

Title Date of Birth

E-mail Address Telephone Number (including country code)

Transacting Person: _____

Print Name Signature

Title Date of Birth

E-mail Address Telephone Number (including country code)

The Service Agent, and the Fund may, without inquiry, act upon the instruction of any person purporting to be the Transacting Person named in the Application form last received by the Service Agent or the Fund. The Service Agent and the Fund shall not be liable for any losses to an investor due to unauthorized or fraudulent transactions resulting from the Service Agent and/or the Fund having acted upon any instructions hereby reasonably believed by it to be genuine.

Western Asset Premium U.S. Money Market Funds

SUITABILITY CERTIFICATION & INVESTMENT PROFILE PAGE

☐ Yes ☐ No The applicant has total assets of at least $50,000,000.

☐ Yes ☐ No The applicant (a) is capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities; and (b) will exercise independent judgement in evaluating the recommendations of any broker-dealer or its associated persons, unless it has otherwise notified the broker-dealer in writing.

If you answered "no" to one of the questions above please complete the following information, as regulators require that we establish an investment profile. All information will be kept confidential.

Investable Assets:

☐ $5,000,000 or less
☐ $5,000,000 to $10,000,000
☐ $10,000,000 to $20,000,000
☐ $20,000,000 to $30,000,000
☐ $30,000,000 to $40,000,000
☐ $40,000,000 to $50,000,000
☐ Over $50,000,000

Investment Objectives and Risk Tolerance:

Choose one

☐ Capital Preservation (Low Risk)
☐ Income & Growth (Moderate Risk)
☐ Growth (High Risk)
☐ Aggressive Growth (High)

Financial Experience:

	Experience Knowledge			Currently Invested?	
Fixed Income	☐ No Experience	☐ Moderate Experience	☐ Extensive Experience	☐ Yes	☐ No
Equity	☐ No Experience	☐ Moderate Experience	☐ Extensive Experience	☐ Yes	☐ No
Alternative Funds	☐ No Experience	☐ Moderate Experience	☐ Extensive Experience	☐ Yes	☐ No

Tax Status:

☐ Individual
☐ Corporation
☐ Tax-Exempt

Investment Time Horizon:

☐ Less than 1 year
☐ 1–5 Years
☐ 5–10 Years
☐ Over 10 Years

Western Asset Premium U.S. Money Market Funds

CERTIFICATION

By the execution of this Application, the investor represents and warrants that the investor has full right, power and authority to invest in the Fund, and the person or persons signing on behalf of the investor represent and warrant that they are duly authorized to sign this Application and to purchase or redeem shares of the Fund on behalf of the investor. The investor acknowledges that the Service Agent is a service agent, and appoints the Service Agent to act as its agent in all transactions on the investor's behalf with the Fund. In its role as service agent, the investor acknowledges that the Service Agent may establish such minimums and other terms for the investor's account as it may determine from time to time. The investor will be sent by mail all Fund proxy solicitation material and proxies and understands that it is expected to vote them in such manner as it considers desirable and then return them in accordance with the instructions received. The investor understands that if its written proxy instructions have not been received prior to the date on which the proxy is to be voted, the Service Agent, is authorized to vote such outstanding proxies in the same proportion as the proxies received from other Fund account holders. **The investor hereby affirms that it has received and read a current Fund Prospectus and agrees to be bound by its terms as such may be revised from time to time. The investor acknowledges that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by any bank, are not insured by the Federal Deposit Insurance Corporation or any other agency, and involve investment risks, including possible loss of principal amount invested.**

Authorized Officer/Title: _____ Date of Birth: _____

Signature: _____ Date: _____

Authorized Officer/Title: _____ Date of Birth: _____

Signature: _____ Date: _____

Authorized Officer/Title: _____ Date of Birth: _____

Signature: _____ Date: _____

A corporation, trust or partnership must also submit supporting documentation indicating the names and titles of officers authorized to act on its behalf.

Western Asset Premium U.S. Money Market Funds

TAX CERTIFICATION (SUBSTITUTE W-9)

IMPORTANT

Exempt payee code (if any) _____ Exempt from FATCA reporting code (if any) _____

I understand that federal law requires financial institutions to obtain, verify and record information that identifies each person or entity that opens a new account. Account owners are asked to provide their names, addresses, dates of birth (if applicable) and other information, which may include driver's license numbers or other identification numbers, so that the institution can accurately verify their identity. If Legg Mason is unable to verify a client's identity within a reasonable time after the account opening, the firm may restrict or close the account.

Under penalties of perjury, I certify that (check all that apply):

- ☐ **The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued and will provide the number to the fund as soon as it is issued), and**
- ☐ **I am not subject to backup withholding 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- ☐ **I am a U.S. person (including a U.S. resident alien) and**
- ☐ **The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct**

Certification Instructions: Do not check 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.

If you are subject to backup withholding, check the box in front of the following statement.

☐ I have been notified by the IRS that I am subject to backup withholding.

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

Authorized Signature: _____ Date _____

DUPLICATE STATEMENTS

Please complete this section if you would like a duplicate account statement sent to another party.

Name: _____

Street: _____

Suite/Floor/P.O. Box: _____

City/State/Zip Code: _____

Western Asset Premium U.S. Money Market Funds

THE USA PATRIOT ACT

To help the U.S. government fight the funding of terrorism and money laundering activities, U.S. federal law requires all financial institutions to obtain, verify and record information that identifies each person or entity opening an account. In some cases, U.S. Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

What this means to you: When you open an account, we will ask for name(s), address(es), date(s) of birth and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons. If you do not provide us with the information, we will not be able to open the account. If we are unable to verify the identities, we reserve the right to close your account or take other steps that we may deem advisable.

LEGAL ENTITY BENEFICIAL OWNERSHIP CERTIFICATION FORM

Purpose

This form must be completed by the person opening a new account on behalf of a legal entity. For the purpose of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit or any similar business entity.

Important Notes

This form requires you to provide the name(s), address(es), date(s) of birth and Social Security number(s) (or other non-U.S. identification number(s)) for the following individuals:

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Section A – Account Information

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

Name: _____

Title: _____

b. Name, Type and Address of Legal Entity for Which the Account is Being Opened:

Name: _____

Type: _____

Address: _____

_____

Western Asset Premium U.S. Money Market Funds

Section B – Beneficial Owner(s)

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Note: U.S. Non-profits do not have to complete this section.

Name/Title	**Date of Birth** (mm/dd/yyyy)	**Address** (Residential or Business Street Address)	**For U.S. Persons:** Social Security Number	**For non-U.S. Persons:** Passport Number and Country of Issuance, or other similar Identification Number

Section C – Control Person

The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., 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. (if appropriate, an individual listed under section (b) above may also be listed in this section (c)).

Name/Title	**Date of Birth** (mm/dd/yyyy)	**Address** (Residential or Business Street Address)	**For U.S. Persons:** Social Security Number	**For non-U.S. Persons:** Passport Number and Country of Issuance, or other similar Identification Number

Section D – Certification

I, _____(name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Signature: _____

Date: _____

Western Asset Premium U.S. Money Market Funds

CORPORATE ACCOUNTS

A certified copy of the Corporate Resolution with the corporate seal affixed to the document is required. Certification must be dated within six months of our receipt. It must state that the document is a true and complete copy of the original, that the resolution is in full force and effect and that it has not been revoked. *The certification must be signed by the secretary of the corporation or by another officer who has not signed the letter of instruction. Please note that an original Medallion Signature Guarantee that is affixed to the document will serve as certification.*

PARTNERSHIP ACCOUNTS

A certified copy of the Partnership Agreement outlining the rules and regulations of a business set up as a partnership is required. The Partnership Agreement must name the partners authorized to act on behalf of the business (to sell, buy, transfer or assign) and further state how many partners must act at any one time. This document must be certified by an acceptable bank or brokerage firm and should contain language which conveys it is a true and complete copy and is in full force and effect, the date, the name of the financial institution certifying the document, the signature and title of the person certifying on behalf of the financial institution and a signature or medallion guarantee by another officer of the financial institution. Be advised this document must be certified within 60 days prior to our receipt.

TRUST ACCOUNTS

A certified copy of the trust agreement and/or amendment to the trust agreement naming the authorized trustee(s) is required. This certification must be dated within 60 days of our receipt. Acceptable certification may be obtained from most domestic financial institutions, including domestic banks, domestic trust companies, municipal and government securities dealers and brokers, domestic credit unions, domestic savings associations, members of a domestic national securities exchange, domestic brokers and dealers, registered domestic securities associations and domestic clearing agencies. Certification should appear on the document in the following format:

"This document is a true and complete copy of the original and is in full force and effect."

Western Asset Premium U.S. Money Market Funds

REQUIRED IDENTIFICATION DOCUMENTS FOR VERIFICATION OF NON-INDIVIDUAL ENTITIES

This information must be attached to the account application.

Non-Individual Entity	Formation/Organization Documents	Document Identifying Persons With Authority Over the Account	Supplemental Information Non-U.S. Only
Trust	Excerpts from existing Trust Agreement (first page, section(s) containing trustee investment powers, trustee(s) appointment(s), and signature page(s) of trustees) OR Notarized Trustee(s) Certification	List of Trustees	1. Name of Trustee(s) 2. Social Security Number ("SSN") or Individual Taxpayer Identification Number ("ITIN") of Trustee(s)* 3. Date of Birth of Trustee(s) 4. Address and Country of Citizenship of Trustee(s)
Corporation	Articles of Incorporation OR Certificate of Incorporation	Corporate Resolution or List of Authorized Signatories	1. Names of Authorized Signatories 2. SSN(s) or ITIN(s) of Authorized Signatories* 3. Date(s) of Birth of Authorized Signatories 4. Address and Country of Citizenship of Authorized Signatories
Partnership	Excerpts from existing partnership agreement (first page, sections containing partner investment powers, partner appointments, and signature page(s) of general partners) OR Certificate of formation/existence from state filing	(See Formation/ Organization Documents)	1. Name of Partners 2. SSN(s) or ITIN(s) of Partners* 3. Date(s) of Birth of Partners 4. Address and Country of Citizenship of Partners
Limited Liability Company (LLC)	Excerpts from LLC Operating Agreement (first page, sections containing investment powers) OR Articles of Organization	LLC Resolution or List of Authorized Signatories	1. Names of Authorized Signatories 2. SSN(s) or ITIN(s) of Authorized Signatories* 3. Date(s) of Birth of Authorized Signatories 4. Address and Country of Citizenship of Authorized Signatories
Nonprofit Organization or Other Incorporated or Non-Incorporated Entity (e.g., charitable, religious, educational, medical organization, association)	Articles of Incorporation OR Resolution of Governing Body reflecting existence and formation of organization	Entity Resolution or List of Authorized Signatories	1. Names of Authorized Signatories 2. SSN(s) or ITIN(s) of Authorized Signatories* 3. Date(s) of Birth of Authorized Signatories 4. Address and Country of Citizenship of Authorized Signatories

*If there is no SSN or ITIN, please provide any one of the following: 1) passport number and country of issuance; 2) alien identification card number; or 3) number and country of issuance of any other unexpired government-issued document evidencing nationality or residence and bearing a photograph.

Western Asset Premium U.S. Money Market Funds

PRIVACY AND SECURITY NOTICE

Your Privacy and the Security of Your Personal Information is Very Important to the Legg Mason Funds

This Privacy and Security Notice (the "Privacy Notice") addresses the Legg Mason Funds' privacy and data protection practices with respect to nonpublic personal information the Funds receive. The Legg Mason Funds include any funds sold by the Funds' distributor, Legg Mason Investor Services, LLC, as well as Legg Mason-sponsored closed-end funds. The provisions of this Privacy Notice apply to your information both while you are a shareholder and after you are no longer invested with the Funds.

The Type of Nonpublic Personal Information the Funds Collect About You

The Funds collect and maintain nonpublic personal information about you in connection with your shareholder account. Such information may include, but is not limited to:

- Personal information included on applications or other forms;
- Account balances, transactions, and mutual fund holdings and positions;
- Bank account information, legal documents, and identity verification documentation;
- Online account access user IDs, passwords, security challenge question responses; and
- Information received from consumer reporting agencies regarding credit history and creditworthiness (such as the amount of an individual's total debt, payment history, etc.).

How the Funds Use Nonpublic Personal Information About You

The Funds do not sell or share your nonpublic personal information with third parties or with affiliates for their marketing purposes, or with other financial institutions or affiliates for joint marketing purposes, unless you have authorized the Funds to do so. The Funds do not disclose any nonpublic personal information about you except as may be required to perform transactions or services you have authorized or as permitted or required by law.

The Funds may disclose information about you to:

- Employees, agents, and affiliates on a "need to know" basis to enable the Funds to conduct ordinary business, or to comply with obligations to government regulators;
- Service providers, including the Funds' affiliates, who assist the Funds as part of the ordinary course of business (such as printing, mailing services, or processing or servicing your account with us) or otherwise perform services on the Funds' behalf, including companies that may perform statistical analysis, market research and marketing services solely for the Funds;
- Permit access to transfer, whether in the United States or countries outside of the United States to such Funds' employees, agents and affiliates and service providers as required to enable the Funds to conduct ordinary business, or to comply with obligations to government regulators;
- The Funds' representatives such as legal counsel, accountants and auditors to enable the Funds to conduct ordinary business, or to comply with obligations to government regulators;
- Fiduciaries or representatives acting on your behalf, such as an IRA custodian or trustee of a grantor trust.

Western Asset Premium U.S. Money Market Funds

Except as otherwise permitted by applicable law, companies acting on the Funds' behalf, including those outside the United States, are contractually obligated to keep nonpublic personal information the Funds provide to them confidential and to use the information the Funds share only to provide the services the Funds ask them to perform. The Funds may disclose nonpublic personal information about you when necessary to enforce their rights or protect against fraud, or as permitted or required by applicable law, such as in connection with a law enforcement or regulatory request, subpoena, or similar legal process. In the event of a corporate action or in the event a Fund service provider changes, the Funds may be required to disclose your nonpublic personal information to third parties. While it is the Funds' practice to obtain protections for disclosed information in these types of transactions, the Funds cannot guarantee their privacy policy will remain unchanged.

Keeping You Informed of the Funds' Privacy and Security Practices

The Funds will notify you annually of their privacy policy as required by federal law. While the Funds reserve the right to modify this policy at any time they will notify you promptly if this privacy policy changes.

The Funds' Security Practices

The Funds maintain appropriate physical, electronic and procedural safeguards designed to guard your nonpublic personal information. The Funds' internal data security policies restrict access to your nonpublic personal information to authorized employees, who may use your nonpublic personal information for Fund business purposes only.

Although the Funds strive to protect your nonpublic personal information, they cannot ensure or warrant the security of any information you provide or transmit to them, and you do so at your own risk. In the event of a breach of the confidentiality or security of your nonpublic personal information, the Funds will attempt to notify you as necessary, so you can take appropriate protective steps. If you have consented to the Funds using electronic communications or electronic delivery of statements, they may notify you under such circumstances using the most current email address you have on record with them.

In order for the Funds to provide effective service to you, keeping your account information accurate is very important. If you believe that your account information is incomplete, not accurate or not current, if you have questions about the Funds' privacy practices, or our use of your nonpublic personal information, write the Funds using the contact information on your account statements, email the Funds by clicking on the Contact Us section of the Funds' website at www.leggmason.com, or contact the Fund at 1-800-822-5544.

Revised April 2018

Legg Mason California Consumer Privacy Act Policy

Although much of the personal information we collect is "nonpublic personal information" subject to federal law, residents of California may, in certain circumstances, have additional rights under the California Consumer Privacy Act ("CCPA"). For example, if you are a broker, dealer, agent, fiduciary, or representative acting by or on behalf of, or for, the account of any other person(s) or household, or a financial advisor, or if you have otherwise provided personal information to us separate from the relationship we have with personal investors, the provisions of this Privacy Policy apply to your personal information (as defined by the CCPA).

- In addition to the provisions of the Legg Mason Funds Security and Privacy Notice, you may have the right to know the categories and specific pieces of personal information we have collected about you.
- You also have the right to request the deletion of the personal information collected or maintained by the Funds.

Western Asset Premium U.S. Money Market Funds

If you wish to exercise any of the rights you have in respect of your personal information, you should advise the Funds by contacting them as set forth below. The rights noted above are subject to our other legal and regulatory obligations and any exemptions under the CCPA. You may designate an authorized agent to make a rights request on your behalf, subject to the identification process described below. We do not discriminate based on requests for information related to our use of your personal information, and you have the right not to receive discriminatory treatment related to the exercise of your privacy rights.

We may request information from you in order to verify your identity or authority in making such a request. If you have appointed an authorized agent to make a request on your behalf, or you are an authorized agent making such a request (such as a power of attorney or other written permission), this process may include providing a password/passcode, a copy of government issued identification, affidavit or other applicable documentation, i.e. written permission. We may require you to verify your identity directly even when using an authorized agent, unless a power of attorney has been provided. We reserve the right to deny a request submitted by an agent if suitable and appropriate proof is not provided.

For the 12-month period prior to the date of this Privacy Policy, the Legg Mason Funds have not sold any of your personal information; nor do we have any plans to do so in the future.

Contact Information:

Address: Data Privacy Officer, 100 International Dr., Baltimore, MD 21202
Email: privacy@leggmason.com
Phone: 1-800-396-4748
Revised January 2020

FOR INTERNAL USE ONLY

_____ _____ _____
Rep Name Signature/Title Date

Rep #_____ Channel Name _____ Telephone# ( ) _____

☐ AML/KYC

GFCID# _____ Branch/Expense Code _____

This material must be preceded or accompanied by a prospectus.

An investment in a money market fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the Funds seek to maintain the value of your investment at $1.00 per share, it is possible to lose money by investing in the Funds.

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