

Do not use this form for IRA accounts.

Mail To: Guinness Atkinson Funds
 c/o U.S. Bancorp Fund Services, LLC
 P. O. Box 701
 Milwaukee, WI 53201-0701

Overnight Express Mail To: Guinness Atkinson Funds
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan St., 3rd Floor
 Milwaukee, WI 53202-5207

For additional information please call toll-free **1-800-915-6566**.

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In compliance with the USA PATRIOT Act, all Mutual Funds are required to obtain the following information for all registered owners and all authorized individuals: **Full Name, Date of Birth, Social Security Number and Permanent Street Address. Corporate, Trust and Other Entity accounts require additional documentation.** 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.

1. Investment Choices

By check: Make check payable to Guinness Atkinson Funds. \$ _____

By wire: Call 1-800-915-6566. Indicate amount of wire \$ _____

\$5,000.00

MINIMUM INVESTMENT

\$250.00

SUBSEQUENT

Fund Name		Investment Amount		Optional Automatic Investment Plan		
		AMOUNT		AMOUNT	AIP START MONTH	DAY OF MONTH
<input type="checkbox"/> Guinness Atkinson Alternative Energy Fund	1298	\$ _____		\$ _____	_____	_____
<input type="checkbox"/> Guinness Atkinson Asia Focus Fund	1096	\$ _____		\$ _____	_____	_____
<input type="checkbox"/> Guinness Atkinson Asia Pacific Dividend Fund	1299	\$ _____		\$ _____	_____	_____
<input type="checkbox"/> Guinness Atkinson China & Hong Kong Fund	1094	\$ _____		\$ _____	_____	_____
<input type="checkbox"/> Guinness Atkinson Global Energy Fund	1098	\$ _____		\$ _____	_____	_____
<input type="checkbox"/> Guinness Atkinson Global Innovators Fund	1095	\$ _____		\$ _____	_____	_____
<input type="checkbox"/> First American Prime Obligation Money Market Fund	1097	\$ _____		\$ _____	_____	_____

1A. Distribution Options

		Capital Gains & Dividends Reinvested	Capital Gains Reinvested & Dividends in Cash*	Capital Gains and Dividends in Cash*
<input type="checkbox"/> Guinness Atkinson Alternative Energy Fund	1298	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guinness Atkinson Asia Focus Fund	1096	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guinness Atkinson Asia Pacific Dividend Fund	1299	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guinness Atkinson China & Hong Kong Fund	1094	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guinness Atkinson Global Energy Fund	1098	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guinness Atkinson Global Innovators Fund	1095	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> First American Prime Obligation Money Market Fund	1097	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Unless otherwise indicated, cash distributions will be mailed to the address in Section 3.

2. Investor Information – Select one

Individual

 FIRST NAME M.I. LAST NAME SOCIAL SECURITY # BIRTHDATE (Mo/Dy/Yr)

Joint Owner

 FIRST NAME M.I. LAST NAME SOCIAL SECURITY # BIRTHDATE (Mo/Dy/Yr)
 Registration will be Joint Tenancy with Rights of Survivorship (JTROS), unless otherwise specified.

Gift to Minors

 CUSTODIAN'S FIRST NAME (ONLY ONE PERMITTED) M.I. LAST NAME SOCIAL SECURITY # BIRTHDATE (Mo/Dy/Yr)

 MINORS FIRST NAME (ONLY ONE PERMITTED) M.I. LAST NAME SOCIAL SECURITY # BIRTHDATE (Mo/Dy/Yr)

 STATE OF RESIDENCE

Corporation/Trust*

 NAME OF TRUST/CORPORATION/PARTNERSHIP AND STATE OF ORGANIZATION

Partnership*

 NAME OF TRUSTEE(S) (IF TO BE INCLUDED IN REGISTRATION)

Other Entity*

 SOCIAL SECURITY #/TAX ID#

 DATE OF AGREEMENT (Mo/Dy/Yr)

* You must supply documentation to substantiate existence of your organization. (i.e., Articles of Incorporation/Formation/Organization, Trust Agreements, Partnership Agreement or other official documents.)

Remember to include a separate sheet detailing the Full Name, Date of Birth, Social Security Number and Permanent Street Address for all authorized individuals.

3. Permanent Street Address (P.O. Box is not acceptable)
(Residential Address or Principal Place of Business)

STREET _____	APT/SUITE _____	
CITY _____	STATE _____	ZIP _____
DAYTIME PHONE # _____	EVENING PHONE # _____	
E-MAIL ADDRESS _____		

Duplicate Confirmation to:

FIRST NAME _____	M.I. _____	LAST NAME _____
STREET _____		APT/SUITE _____
CITY _____	STATE _____	ZIP _____

4. Telephone Options

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

- Redemption** (\$500.00 minimum) – permits the transfer of funds via:
 - Check to address in section 3
 - Federal wire to your bank account below (\$15.00 charge for each wire transfer)
 - EFT, at no charge, to your bank account below (funds are typically credited within two days after redemption)
- Purchase (EFT)** – permits the purchase of shares from your bank account below
- Exchange** (\$1,000.00 minimum) – permits the exchange of shares between identically registered accounts
- E-mail Address** – permits the Fund to send you information and Fund updates _____

Please include a voided bank check or savings deposit slip.

NAME(S) ON BANK ACCOUNT _____	_____
BANK NAME _____	ACCOUNT NUMBER _____
BANK ADDRESS _____	BANK ROUTING/ABA# _____
SIGNATURE OF BANK ACCOUNT OWNER _____	SIGNATURE OF JOINT OWNER _____

5. Automatic Investment Plan

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

Based on the instructions in Section 1, funds will be automatically transferred from the checking or savings account indicated below:

Please include a voided bank check or savings deposit slip.

NAME(S) ON BANK ACCOUNT _____	_____
BANK NAME _____	ACCOUNT NUMBER _____
BANK ADDRESS _____	BANK ROUTING/ABA# _____
SIGNATURE OF BANK ACCOUNT OWNER _____	SIGNATURE OF JOINT OWNER _____

- \$25.00 fee will be assessed if the automatic purchase cannot be made.
- Participation in the plan will be terminated automatically upon redemption of all shares.

6. Systematic Withdrawal Plan

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

Systematic Withdrawal Plan (\$100.00 minimum) and (\$1,000.00 account value minimum) – permits the automatic withdrawal of funds.

- Payments of \$ _____ made on or about the _____ day of each month, or
- Payments of \$ _____ made on or about the _____ day of the months that are circled below:
Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

Payments will be mailed to address in Section 3 or automatically deposited to bank account below:

Please include a voided bank check or savings deposit slip.

NAME(S) ON BANK ACCOUNT _____	_____
BANK NAME _____	ACCOUNT NUMBER _____
BANK ADDRESS _____	BANK ROUTING/ABA# _____
SIGNATURE OF BANK ACCOUNT OWNER _____	SIGNATURE OF JOINT OWNER _____

7. Signature and Certification Required by the Internal Revenue Service

I have received and understood the prospectus for the Guinness Atkinson Funds (the "Funds"). I understand the Funds' investment objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for the Funds. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, 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 represent that I am of legal age and have legal capacity to make this purchase.

The Funds, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "Guinness Atkinson Funds"), will not be responsible for banking system delays beyond their control. By completing section 4, 5, or 6, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, National Association, on behalf of the applicable Fund. Guinness Atkinson Funds will not be liable for acting upon instructions believed 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 to respect each entry shall be the same as if it were signed personally by me. 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 Funds' transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

Under the penalty of perjury, I certify that (1) the Social Security Number or Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding either as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a U.S. person (including a U.S. resident alien).

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

SIGNATURE OF OWNER*

DATE (Mo/Dy/Yr)

SIGNATURE OF JOINT OWNER, if any

DATE (Mo/Dy/Yr)

*If shares are to be registered in (1) joint names, both persons should 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 space provided below.

PRINT NAME AND TITLE OF OFFICER SIGNING FOR A CORPORATION OR OTHER ENTITY

Before you mail, have you:

Completed all PATRIOT Act required information?

Social Security or Tax ID Number in section 2?

Birth Date in section 2?

Full Name in section 2?

Permanent Street Address in section 3?

Enclosed additional documentation, if applicable?

Enclosed your check made payable to Guinness Atkinson Funds?

Included a voided check, if applicable?

Signed your application in section 7?

10. Check Redemption Signature Card

Establish check redemption privileges for the Money Market Fund(s). Checks will be mailed within ten business days after your account is opened. There is a \$100.00 minimum for any check written.

First American Prime Obligation Money Market Fund

Account Registration

I/We guarantee the authenticity of each signature and understand the request is subject to the terms on the reverse.

Authorized Signature(s) (For joint accounts, all owners must sign.) One signature required

Two signatures required

PRIVACY NOTICE

Guinness Atkinson Funds and Guinness Atkinson Asset Management, Inc. may collect non-public information about you from the following sources:

- Information we receive from you on applications or other forms including over the internet;
- Information you give us orally; and
- Information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as required by law or in response to inquiries from governmental authorities. We restrict access to your personal and account information to those employees who need to know that information to provide products and services to you. We may disclose that information to unaffiliated third parties (such as to brokers or custodians) only as permitted by law and only as needed for us to provide agreed services to you. We maintain physical, electronic and procedural safeguards to guard your nonpublic personal information.

If you hold shares of Guinness Atkinson Funds through a financial intermediary, including, but not limited to, a broker-dealer, bank, or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared by those entities with non-affiliated third parties.

I/We authorized U.S. Bank to honor these share drafts and redeem sufficient shares in my account to cover payment of such checks. I understand that: (1) this privilege may be terminated at any time by the fund or the bank and that neither shall incur any liability for loss or expense or cost to me for honoring checks, or for effecting redemptions to pay checks, or for returning checks which have not been accepted; (2) checks drawn on a joint account will require the signature of one registered owner; (3) by signing the reverse side I/we certify that each of the statements set forth on the purchase application are true and accurate.