GUINNESS | ATKINSON
FUNDS

Entity Account Application

Do not use this form for IRA accounts.

Mail to: Guinness Atkinson Funds
c/o U.S. Bank Global Fund Services
P.O. Box 219252
Kansas City, MO 64121-9252

Overnight Express Mail to: Guinness Atkinson Funds
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219252
Kansas City, MO 64105-1307

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 INVESTOR INFORMATION | Select one.

- ❑ **C CORPORATION**
- ❑ **PARTNERSHIP**
- ❑ **LIMITED LIABILITY COMPANY**
- ❑ **S CORPORATION**
- ❑ **OTHER ENTITY**
- ❑ **EXEMPT ORGANIZATION**

_____
NAME OF CORPORATION / PARTNERSHIP AND STATE OF ORGANIZATION

_____
NAME(S) OF AUTHORIZED SIGNER(S)

❑ ***Check this box if you are a government entity.***

_____
TAX ID NUMBER

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.

2 BENEFICIAL OWNER INFORMATION

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 1**. If no individuals meet this criteria, please leave the table blank to certify this requirement does not apply for the Legan 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% Benficial 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	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Persons)	Passport Number and Country of Issuance (For Foreign Persons)
1					
2					
3					
4					
5					

3 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 1, 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 2 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	Date of Birth	Address (Residential or Business Street Address)	Social Security Number (For U.S. Person)	Passport Number and Country of Issuance (For Foreign Person)

4 PERMANENT STREET ADDRESS

Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.

_____ _____
STREET *APT / SUITE*

_____ _____ _____
CITY *STATE* *ZIP CODE*

_____ _____
DAYTIME PHONE NUMBER *EVENING PHONE NUMBER*

_____
EMAIL ADDRESS

❑ MAILING ADDRESS* (if different from Permanent Address)

If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.

_____ _____
STREET *APT / SUITE*

_____ _____ _____
CITY *STATE* *ZIP CODE*

_____ _____

** A P.O. Box may be used as the mailing address.*

❑ DUPLICATE STATEMENT #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

_____ _____
STREET *APT / SUITE*

_____ _____ _____
CITY *STATE* *ZIP CODE*

_____ _____
DAYTIME PHONE NUMBER *EVENING PHONE NUMBER*

_____
EMAIL ADDRESS

❑ DUPLICATE STATEMENT #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

_____ _____
STREET *APT / SUITE*

_____ _____ _____
CITY *STATE* *ZIP CODE*

_____ _____
DAYTIME PHONE NUMBER *EVENING PHONE NUMBER*

_____
EMAIL ADDRESS

5 COST BASIS METHOD

The Cost Basis Method you elect applies to all covered shares acquired from January 1, 2012 forward and to all identically registered existing and future accounts you may establish, unless otherwise noted. 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 to 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 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.

6 INVESTMENT AND DISTRIBUTION OPTIONS

❑ **BY CHECK:** Make check payable to the Guinness Atkinson Funds.
Note: all checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

❑ **BY WIRE:** Call 1-800-915-6566
Note: A completed application is required in advance of a wire.

		INVESTMENT AMOUNT *$100 AIP Reduced Minimum*	Capital Gains		Dividends	
			Reinvest	Cash*	Reinvest	Cash*
			If nothing is selected, capital gains and dividends will be reinvested.			
❑ Alternative Energy Fund	1298	$_____	❑	❑	❑	❑
❑ Asia Focus Fund	1096	$_____	❑	❑	❑	❑
❑ China & Hong Kong Fund	1094	$_____	❑	❑	❑	❑
❑ Global Energy Fund	1098	$_____	❑	❑	❑	❑
❑ Global Innovators, Investor Class	1095	$_____	❑	❑	❑	❑
❑ Global Innovators, Institutional Class *($100,000 Minimum)*	5323	$_____	❑	❑	❑	❑

***If cash distribution should be paid, please select one:** ❑ Check to Address of Record ❑ ACH to Bank of Record

Valid Voided Check or Savings Deposit Slip Needed in Section 10

7 AUTOMATIC INVESTMENT PLAN (AIP)

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

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 10 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

DRAW MONEY FOR MY AIP (check one): ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually

$100 minimum *If no option is selected, the frequency will default to monthly.*

	AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
❑ Alternative Energy Fund			
❑ Asia Focus Fund			
❑ China & Hong Kong Fund			
❑ Global Energy Fund			
❑ Global Innovators, Investor Class			

Please keep in mind that:

- There is a fee if the automatic process cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.

8 TELEPHONE OPTIONS (if applicable)

Option 1

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

** You must provide bank instructions and a voided check or a savings deposit slip in Section 10.*

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

❑ **I DECLINE TELEPHONE TRANSACTION PRIVILEGES.**

Option 2

You have the ability to make telephone purchases*, redemptions* or exchanges per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.

** You must provide bank instructions and a voided check or a savings deposit slip in Section 10.*

❑ **I ACCEPT TELEPHONE TRANSACTION PRIVILEGES.**

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

9 SYSTEMATIC WITHDRAWAL PLAN (SWP)

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

Systematic Withdrawal Plan (SWP) [$100 minimum and $1,000 account value minimum] — permits the automatic withdrawal of funds.

❑ Payments will be mailed to address in Section 4.

❑ Payments will be deposited directly into your bank account. Please attached a voided check or savings deposit slip to Section 10 of this application. We are unable to credit mutual fund or pass-through ("for further credit") accounts.

MAKE PAYMENTS: ❑ Monthly ❑ Quarterly ❑ Semi-Annually ❑ Annually **starting with the month given here:**

	AMOUNT PER DRAW	SWP START MONTH	SWP START DAY
❑ Alternative Energy Fund			
❑ Asia Focus Fund			
❑ China & Hong Kong Fund			
❑ Global Energy Fund			
❑ Global Innovators, Investor Class			
❑ Global Innovators, Institutional Class			

10 BANK INFORMATION

If you have selected an automatic investment plan, wire redemptions, ACH purchases, ACH redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).



11 SIGNATURE AND CERTIFICATION REQUIRED BY THE INTERNAL REVENUE SERVICE

✓ I have received and understand the prospectus for the Guinness Atkinson Funds (the "Funds"). I understand the Fund's 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 each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I am of legal age and have the legal capacity to make this purchase.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank NA, on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents will not be liable for acting upon instructions 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 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 by me personally. I agree that if such entries are not honored 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 U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ **Under penalty of perjury, I certify that (1) the Social Security or taxpayer identification number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of either being exempt from backup withholding, not being notified by the IRS 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), and (4) 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.)*

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

✓ **I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.**

_____

PRINTED NAME OF AUTHORIZED SIGNER

_____ _____

SIGNATURE OF AUTHORIZED SIGNER *DATE (MM/DD/YYYY)*

12 DEALER INFORMATION

_____ _____ _____ _____

DEALER NAME *REPRESENTATIVE'S LAST NAME* *FIRST NAME* *MI*

_____ _____ _____

DEALER'S ID *BRANCH ID* *REPRESENTATIVE'S ID*

DEALER HEAD OFFICE INFORMATION:

_____

ADDRESS

_____

CITY / STATE / ZIP

_____

TELEPHONE NUMBER

REPRESENTATIVE BRANCH OFFICE INFORMATION:

_____ _____

ADDRESS *CODE*

_____

CITY / STATE / ZIP

_____

TELEPHONE NUMBER

! BEFORE YOU MAIL, HAVE YOU:

❑ Completed all USA PATRIOT Act required information?

— Tax ID Number in Section 1?

— Permanent street address in Section 4?

❑ Enclosed your personal check made payable to the Guinness Atkinson Funds?

❑ Included a voided check or savings deposit slip, if applicable?

❑ Signed your application in Section 12?

❑ Enclosed additional documentation, if applicable?

For additional information please call toll-free 1-800-915-6566 or visit us on the web at www.gafunds.com.