

# Coverdell Education Savings Account Application

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**.

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**. 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. Designated Beneficiary

(Account Holder)

FIRST NAME _____	M.I. _____	LAST NAME _____
PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE) _____		CITY/STATE/ZIP _____
DAYTIME PHONE # _____	EVENING PHONE # _____	
E-MAIL ADDRESS _____		
SOCIAL SECURITY # _____	BIRTHDATE (Mo/Dy/Yr) _____	

## 2. Responsible Party

FIRST NAME _____	M.I. _____	LAST NAME _____
PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE) _____		CITY/STATE/ZIP _____
DAYTIME PHONE # _____	RELATIONSHIP _____	
SOCIAL SECURITY # _____	BIRTHDATE (Mo/Dy/Yr) _____	

**The following 2 options will be added to your account. If you do not want these options, check the boxes below.**

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article VI of the Coverdell Education Savings Account agreement.  
 The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VII of the Coverdell Education Savings Account Agreement.  
 The responsible party may not change the beneficiary.

## 3. Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

- Select one of the following account types:
- Coverdell Education Savings Account (CESA) (\$\_\_\_\_\_ minimum) For Tax Year 20 \_\_\_\_
  - Rollover Account – specify the type of rollover:
    - Account holder's CESA to Account holder's CESA
    - Qualifying Family Member's CESA to Account Holder's CESA
  - Transfer Account – a direct transfer from current CESA custodian. Complete a Transfer Form.

## 4. Your Investment Instructions

- By check: Make check payable to Guinness Atkinson Funds. \$ \_\_\_\_\_
- By wire: Call 1-800-915-6566. Indicate amount of wire \$ \_\_\_\_\_

\$250.00 Minimum Investment  
\$2,000.00 Maximum Investment

Fund Name		Investment Amount		Optional Automatic Investment Plan		
		(\$250.00 minimum investment)		(\$250.00 minimum investment not to exceed 2,000 in any tax year)	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	\$ _____		\$ _____	_____	_____

## 5. Telephone and Internet Options

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

Please include a voided bank check or savings deposit slip.

- Purchase (EFT)** (\$100.00 minimum) – permits the purchase of shares from your bank account below
- Exchange** (\$1,000.00 minimum) – permits the exchange of shares between identically registered accounts
- Internet** – permits access to the options selected above via the internet
- E-mail Address** – permits the Fund to send you information and Fund updates \_\_\_\_\_

\_\_\_\_\_  
NAME(S) ON BANK ACCOUNT

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
BANK ADDRESS

\_\_\_\_\_  
SIGNATURE OF BANK ACCOUNT OWNER

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
BANK ROUTING/ABA#

\_\_\_\_\_  
SIGNATURE OF JOINT OWNER

## 6. Automatic Investment Plan

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

Please include a voided bank check or savings deposit slip.

Based on the instructions in section 4, funds will be automatically transferred from the checking or savings account indicated below:

\_\_\_\_\_  
NAME(S) ON BANK ACCOUNT

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
BANK ADDRESS

\_\_\_\_\_  
SIGNATURE OF BANK ACCOUNT OWNER

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
BANK ROUTING/ABA#

\_\_\_\_\_  
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.**
- **Automatic Investments will be reported as current year contributions.**

## 7. Signature

I have read and understood the Disclosure Statement and Custodial Account Agreement. I adopt the Guinness Atkinson Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Guinness Atkinson Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to 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 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 its transfer agent shall not be liable if I fail to notify Guinness Atkinson Funds within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

I understand that the fees relating to my account may be collected by redeeming sufficient shares. The custodian may change the fee schedule at any time.

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 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 Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation.

\_\_\_\_\_  
DEPOSITOR/LEGALLY RESPONSIBLE INDIVIDUAL SIGNATURE

Appointment as custodian accepted:  
U.S. BANK, National Association



Before you mail, have you:

- Completed all PATRIOT Act required information?**
  - Social Security or Tax ID Number in section 1 and 2?
  - Birth Date in section 1 and 2?
  - Full Name in section 1 and 2?
  - Permanent Street Address in section 1 and 2?
- Enclosed your check made payable to Guinness Atkinson Funds?**
- Included a voided check, if applicable?**
- Signed your application in section 7?**

---

## 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.

