



Mutual Fund Application

For assistance call 1.888.335.3417. All applicants must complete sections 1,2,3,4,5,6,13 and 14.
For optional services complete 6-9. If you are a Broker/Dealer, please also complete section 15.

1 Shareholder Registration

Please print or type clearly. Please choose one type of account below:

Individual/Sole Proprietor
 Joint (We will assume "joint tenants with rights of survivorship" unless otherwise noted)

Your Name: _____
(First Middle Last)

Social Security No. _____ Date of Birth _____

Joint Owner's Name: _____
(First Middle Last)

Social Security No. _____ Date of Birth _____

Trust* Trust/Estate

Trustee's Name: _____
(First Middle Last)

Social Security No. _____ Date of Birth _____

Name of Trust Agreement _____

Tax I.D. No. _____ Date of Trust Agreement _____

*Attach a separate list for additional Trustees and authorized traders including full name, Social Security number, date of birth and home address. The first and signature pages of the Trust Agreement must be attached.

Corporation or Other Legal Entity
 C-Corporation
 S-Corporation
 Limited Liability Company

Name of Corporation or Other Legal Entity _____

Name of Trust Agreement _____

Tax I.D. No. _____ Date of Trust Agreement _____

For all corporations: Please enclose a corporate resolution (or government-issued business license) which identifies the individuals authorized to conduct transactions on this account.

For Non-Public corporations: Your list of authorized traders must include their full name, Social Security number, date of birth, and physical address.

Partnership† Partnership

Partner Name: _____
(First Middle Last)

Name of Partnership _____

Tax I.D. No. _____

†Attach a separate list for authorized traders, and each individual partner of a partnership, including full name, Social Security number, date of birth and a physical address (P.O. Box is not acceptable). A copy of the Partnership Agreement must be attached.

Custodial/Gift to Minors Other

Your Name: _____
(First Middle Last)

Social Security No. _____ Date of Birth _____

Minor's Name: _____
(First Middle Last)

Social Security No. _____ Date of Birth _____

Minor's State of Residence _____

Government Officials

Please check this box if you are a state or municipal political official or government entity.

2 Shareholder Address

U.S. Citizen
 Resident Alien (Must have U.S. Tax Identification number and domestic address)
 Non-resident Alien (Must have IRS Form W-8. Dividends are subject to tax withholdings.)

Country of Citizenship

Mailing Address

Street or P.O. Box
If mailing address is a post office box (other than an army post office box or a fleet post office box), then a physical address is also required by the USA Patriot Act.

City State Zip Code

Daytime Telephone Evening Telephone Email Address

Physical Mailing Address

(if different from above): Must provide a physical mailing home address for individual trustee and authorized trader; provide for joint registrant or minor only if different than above.

Street Address

City State Zip Code

3 Fund Selection/Investment Option

- Indicate dollar amounts to be invested
- **Make your check payable to:** Mirae Asset Discovery Funds (please identify name of specific fund, if possible).
- The Fund does not accept cash, travelers checks, cashier's checks, money orders, starter bank drafts or third party checks.
- Fund minimums for Class A and Class C shares is \$2,000; for Class I shares, \$250,000.

FUND	CLASS A	CLASS C	CLASS I
Emerging Markets Fund	\$	\$	\$
Asia Fund	\$	\$	\$
Emerging Markets Great Consumer Fund	\$	\$	\$

Please call 1.888.335.3417 prior to sending a wire.

4 Dividend & Capital Gains Instructions

Unless an option below is checked, all distributions will be reinvested in shares.

	DIVIDEND	CAPITAL GAINS
Reinvest in additional shares of the same fund	<input type="checkbox"/>	<input type="checkbox"/>
Mail by check to my mailing address	<input type="checkbox"/>	<input type="checkbox"/>
Deposit by electronic transfer to my bank account (Attach a voided check from your bank account on the last page of this application.)	<input type="checkbox"/>	<input type="checkbox"/>

The cross reinvestment program allows investors to reinvest dividends and/or capital gains to purchase additional shares of any other existing Mirae Asset Discovery Funds account. If you choose this option, indicate below from which Fund you wish to reinvest dividends and/or capital gains.

Please reinvest dividends and/or capital gains from my Mirae Asset Discovery Funds Fund to my Mirae Asset Discovery Funds Fund.

5 Cost Basis Method Options

Effective for all Fund shares purchased or acquired after January 1, 2012, when those shares are subsequently sold or exchanged, Mirae Asset Discovery Funds will be required to report to the IRS and shareholder at tax year end (1) the adjusted cost basis and (2) whether the related gain or loss is long-term or short-term. Please select from the options below the calculation method that Mirae Asset Discovery Funds will use for this account when determining the average cost basis of fund shares.

Mirae Asset Discovery Funds has elected **Average Cost** as the default cost basis method. If you do not make a selection (or make multiple selections), your account will default to the **Average Cost** method.

You may wish to review these options with your tax advisor before making a selection.

- | | |
|---|---|
| <input type="checkbox"/> Average Cost
Depleting non-covered shares first, then covered | <input type="checkbox"/> LOFA: Lowest Cost In, First Out — Lowest cost shares are sold first, regardless if lots are short-term or long-term |
| <input type="checkbox"/> Specific ID: This methodology allows shareholders to choose exactly which lots they want to sell | <input type="checkbox"/> HIFL: Highest Cost In, First Out
Highest cost shares with a long-term holding period are sold first |
| <input type="checkbox"/> FIFO: First In, First Out
Shares of your mutual fund are sold in the order they were acquired | <input type="checkbox"/> HIFS: Highest Cost In, First Out
Highest cost shares with a short-term holding period are sold first |
| <input type="checkbox"/> LIFO: Last in, First Out
Shares acquired last are the ones that are sold first | <input type="checkbox"/> LOFL: Lowest Cost In, First Out
Lowest cost shares with a long-term holding period are sold first |
| <input type="checkbox"/> HIFA: Highest Cost In, First out — Highest cost shares are sold first, regardless if lots are short-term or long-term | <input type="checkbox"/> LOFS: Lowest Cost In, First Out
Lowest cost shares with a short-term holding period are sold first |

6 Telephone Authorization

I can redeem or exchange shares by telephone. This authorization will remain in effect until Mirae Asset Discovery Funds receives written instructions to change it.

- I (We) do not want to have telephone transaction privileges for myself or my dealer representative.
- I (We) do not want my dealer representative to have telephone transaction privileges.

Please note that if you do not make an election:

- You acknowledge that your account will automatically be coded to allow the telephone redemption and exchange privileges mentioned above.
- You agree that Mirae Asset Discovery Funds, its distributor and transfer agent will not be liable for any loss in acting on transaction instructions via telephone that they reasonably believe to be authentic.

7 Letter of Intent (LOI) (Class A shares only)

I agree to the terms of the Letter of Intent (LOI) as set forth in the prospectus. I understand that the minimum initial investment under the LOI is 5% of the total amount indicated below. I wish to obtain a reduced Class A sales charge by aggregating my purchases in Class A, C and I shares of the Mirae Asset Discovery Funds over a 13-month period. I intend to invest an amount at least equal to:

\$50,000 \$100,000 \$250,000 \$500,000 \$750,000 \$1,000,000

I understand that if the full amount indicated above is not purchased over a 13-month period, I will be required to pay an additional sales charge.

8 Rights of Accumulation (ROA)

Please aggregate the dollar amount of any new purchases and the current value (at offering price) of Class A and C shares, held in the following accounts so that I may qualify for a reduced Class A sales charge as indicated in the prospectus.

Account
Number

Account
Number

9 Systematic Investment Plan (SIP)

I (We) hereby authorize and direct the agent to draw on my (our) bank account on a periodic basis, as indicated in section 10, for investment in my (our) account. Attached is a voided check of the bank account I wish to use. (Initial investments may not be made through the Systematic Investment Plan.) Please note this service will be effective 15 days after Mirae Asset Discovery Funds receives this application. If you fail to select a date for your SIP option, the date will default to the 15th calendar day of the month.

Preferred investment schedule: Monthly Quarterly Semiannually Annually (Day of the month)

For subsequent investments, debit my (our) bank account and invest as follows (\$100 Minimum per Fund):

FUND	CLASS A	CLASS C	CLASS I
Emerging Markets Fund	\$	\$	\$
Asia Fund	\$	\$	\$
Emerging Markets Great Consumer Fund	\$	\$	\$

10 Systematic Withdrawal Plan (SWP) Unless an option below is checked, all distributions will be reinvested in shares. If you fail to select a date for your SWP option, the date will default to the 15th calendar day of the month.

Preferred investment schedule: Monthly Quarterly Semiannually Annually (Day of the month)

Preferred payment method: By Check Direct deposit to your bank (ACH) (Complete Section 10)

I (We) elect to receive a periodic payment of (\$100 minimum per account):

FUND	CLASS A	CLASS C	CLASS I
Emerging Markets Fund	\$	\$	\$
Asia Fund	\$	\$	\$
Emerging Markets Great Consumer Fund	\$	\$	\$

11 Bank Information

For SIP/SWP Distributions and Wire Redemptions:

Your bank account information must be on file in order to exercise telephone investment privileges. The account holder's name(s) corresponding to the account number below must match exactly at least one name in Section 1. A blank voided check must be enclosed. **Please note:** Your bank must be a member of the Federal Reserve System and may have very specific wire instructions. Confirm with your bank before completing this section of the application.

Name of Bank Registration on Account

ABA Routing Number Checking Savings

Account No.

12 Systematic Exchanges

Exchanges must be made into another Mirae Asset Discovery Fund (consult the prospectus for a list of Mirae Asset Discovery Funds) of the same registration and share class.

From (Fund Name) Account Number

To (Fund Name) Account Number Begin Exchanges on (MM/DD/YYYY)

Exchange amount (check one): \$ (\$100 Minimum) Number of shares: Percent of total account value: %

From (Fund Name) Account Number

To (Fund Name) Account Number Begin Exchanges on (MM/DD/YYYY)

Exchange amount (check one): \$ (\$100 Minimum) Number of shares: Percent of total account value: %

13 Applicant's Signature

- (a) I have read the current prospectus, the privacy policy and this application and agree to all terms. In addition, I authorize the instructions in this application. I also agree that any shares purchased now or later are and will be subject to the terms of the prospectus in effect at the time.
- (b) By execution of this application, I, on my own behalf or on behalf of the investor, am authorized to represent and warrant that (i) I have the full right, power and authority to make the investment applied for and (ii) if applicable, I am a natural person of legal age in my state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.
- (c) If I am a U.S. citizen, resident alien, or a representative of a U.S. entity, I certify, under penalty of perjury, that:
 - i. The Social Security number or employer identification number shown on this form is my correct Taxpayer Identification number,
 - ii. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding OR
 - b. I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend OR
 - c. The Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out this item (b) if you have been notified that you are subject to backup withholding.)
 - iii. I am a U.S. person, resident alien, or a representative of a U.S. Entity.
- (d) By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:
 - i. the investor is not involved in any money laundering or terrorist financing schemes and the source of this investment is not derived from any unlawful activity or terrorist

financing; and

ii. the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.

Signature		Date	
	Individual, Custodian, Trustee, Partner, or Authorized Officer, exactly as it appears in Section 1		
Signature		Date	
	Joint Owner, exactly as it appears in Section 1		

14 Final Checklist

Return to the address below with the following:

This completed application
 Voided bank check or deposit slip if applicable
 One check made payable to Mirae Asset Discovery Funds (please identify name of specific fund, if possible)

Send to: Mirae Asset Discovery Funds
 P.O. Box 183165, Columbus, OH 43218-3165

For overnight packages: Mirae Asset Discovery Funds
 4249 Easton Way, Suite 400, Columbus, OH 43219

15 Dealer/Service Organization Use Only

Firm Name		Firm No.	
Rep. Name		Rep No.	
Branch Address			Branch No.
Branch Phone No.		Authorized Signature of Dealer	

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means to you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

NOTICE OF PRIVACY POLICY AND PRACTICE

Mirae Asset Global Investments (USA) LLC is committed to protecting your privacy and maintaining the confidentiality and security of your personal information. We do not disclose nonpublic personal information about our clients/investors or former clients/former investors to third parties other than as described below:

We collect information about you (such as your name, address, social security number, assets and income) from our discussions with you, from documents that you may deliver to us and in the course of providing services for you. We may use this information to provide services to you, to open an account for you, to process a transaction for your account or otherwise in furtherance of our business. In order to service your account and effect your transactions, we may provide your personal information to our affiliates and to firms that assist us in servicing your account and have a need for such information, such as a broker or fund administrator or financial adviser. We do not otherwise provide information about you to outside firms, organizations or individuals except to our attorneys, accountants and auditors and as permitted by law.

We restrict access to nonpublic personal information about you to personnel and affiliates that need to know that information to perform their job responsibilities and provide product and services to you. We maintain physical, electronic and procedural safeguards that comply with federal safeguards to guard your personal information.

This Privacy Notice also relates to the all related entities and branch offices of Mirae Asset Global Investments (USA) LLC. Please contact us at 212-205-8300, if you have any questions concerning the privacy of your account information.

USA PATRIOT Act

Our Commitment to Money Laundering Prevention

Mirae Asset Global Investments (USA) LLC is fully committed to complying with all statutory and regulatory requirements designed to combat money laundering and any activity which facilitates the funding of terrorist or criminal activities.

Money Laundering Prevention Policies and Procedures

The Firm is committed to educating and training employees in money laundering prevention and has adopted specific policies and procedures to prevent and detect money laundering. Some of the initiatives and procedures currently being undertaken by Mirae Asset Global Investments (USA) LLC include:

- the development and establishment of a comprehensive money laundering prevention compliance program;
 - the development and utilization of technology to assist in the monitoring of transactions for the purpose of identifying and reporting suspicious activity and/or transactions;
 - the designation of a money laundering prevention compliance officer to oversee the money laundering prevention efforts of the Firm;
 - the establishment of screening procedures;
 - the establishment of an independent audit function to evaluate the Firm's money laundering prevention program; and
 - training employees to:
 - be aware of, and comply with, the Firm's policies and procedures to prevent money laundering and other financial crimes, and to assist in the prevention of terrorist financing;
 - ability to recognize and report any suspicious activity and/or transactions.
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IMPORTANT INFORMATION FOR U.S. INVESTORS

A shareholder's property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.