

IRA Application

For assistance call 1.888.335.3417.

All applicants must complete sections 1, 2, 3, 6 and 7-9.

Sections 4 and 5 are optional.



IMPORTANT INFORMATION FOR OPENING YOUR 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. This information is subject to verification. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

Any requested supplemental documents or information must also be provided with this application. Failure to complete sections 1 and 2 may result in the

rejection of your application. This information is subject to verification as required by the USA PATRIOT Act.

Notice for Non-U.S. persons: The Funds generally will not accept investments from foreign investors (e.g., non-U.S. persons). The Funds have instructed their transfer agent accordingly. If the Funds do accept such investments, the Funds reserve the right to conduct due diligence on such foreign investors as may be required under Section 312 of the USA PATRIOT Act and applicable Treasury or SEC rules, regulations and guidance (if any).

1 Shareholder Registration

| | | | | | |
|-----------------------------------|---|----------------------|----------------------|----------------------|----------------------|
| Your Name: (First Middle Last) | <input type="text"/> | | | | |
| Address | <input type="text"/> | | | | |
| | Street or P.O. Box If mailing address is a post office box (other than an army post office or a fleet post office box), then a physical address is also required by the USA Patriot Act. | | | | |
| | <input type="text"/> | | | | |
| Physical Mailing Address | City | State | Zip Code | | |
| | <input type="text"/> | | | | |
| | Street | | | | |
| | <input type="text"/> | | | | |
| Country of Citizenship | City | State | Zip Code | | |
| | <input type="text"/> | | | | |
| Daytime Telephone | <input type="text"/> | Evening Telephone | <input type="text"/> | Email Address | <input type="text"/> |
| Social Security No. | <input type="text"/> | | Date of Birth | <input type="text"/> | |

Documents provided in connection with your Application will be used solely to establish and verify your identity. The Funds will have no obligation with respect to the terms of any such documents.

2 Type of IRA and Investment Account

Please check only one box indicating the type of IRA you are opening. If more than one option is required please use multiple applications.

- Traditional IRA
- Roth IRA
- Roth IRA Conversion
- SEP IRA
- Rollover IRA
- Inherited IRA (Beneficiary IRA)

Please check this box if the IRA you are establishing will hold inherited assets (assets that you are receiving as a beneficiary of a deceased IRA owner or plan participant). If you do not check the box, you are certifying that you are the owner of this IRA in your own right and are not subject to the special rules for an inheriting beneficiary of a deceased IRA owner or plan participant.

Government Officials

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

GENERAL INFORMATION

Please read the fund's prospectus for important information about the Fund and the IRA Custodial Agreement and Disclosure Statement for important information regarding IRA Investments and retain them for your files.

Please Note: IRA Direct Rollovers and Transfers are dependent upon the release of your assets by your existing IRA custodian. Transfer to IRA assets may take up to two months to complete and your Transfer may be further delayed due to various processes undertaken by the financial institutions involved.

3 Investment Instructions

- Enclose your check (minimum initial investment for an IRA is \$500). **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 | CLASS A | CLASS C | CLASS I |
|---|---------|---------|---------|
| Global Emerging Markets Sector Leader Fund | \$ | \$ | \$ |
| Asia Sector Leader Fund | \$ | \$ | \$ |
| China Sector Leader Fund | \$ | \$ | \$ |
| Brazil Sector Leader Fund | \$ | \$ | \$ |
| Global Great Consumer Fund | \$ | \$ | \$ |
| Global Emerging Markets Great Consumer Fund | \$ | \$ | \$ |
| Asia Great Consumer Fund | \$ | \$ | \$ |
| Global Dynamic Bond Fund | \$ | \$ | \$ |

4 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 6, 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)

Debit my (our) bank account and invest as follows (\$50 Minimum per Fund):

| FUND | CLASS A | CLASS C | CLASS I |
|---|---------|---------|---------|
| Global Emerging Markets Sector Leader Fund | \$ | \$ | \$ |
| Asia Sector Leader Fund | \$ | \$ | \$ |
| China Sector Leader Fund | \$ | \$ | \$ |
| Brazil Sector Leader Fund | \$ | \$ | \$ |
| Global Great Consumer Fund | \$ | \$ | \$ |
| Global Emerging Markets Great Consumer Fund | \$ | \$ | \$ |
| Asia Great Consumer Fund | \$ | \$ | \$ |
| Global Dynamic Bond Fund | \$ | \$ | \$ |

5 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 6)

I (We) elect to receive a periodic payment of (\$50 minimum per account):

| FUND | CLASS A | CLASS C | CLASS I |
|---|---------|---------|---------|
| Global Emerging Markets Sector Leader Fund | \$ | \$ | \$ |
| Asia Sector Leader Fund | \$ | \$ | \$ |
| China Sector Leader Fund | \$ | \$ | \$ |
| Brazil Sector Leader Fund | \$ | \$ | \$ |
| Global Great Consumer Fund | \$ | \$ | \$ |
| Global Emerging Markets Great Consumer Fund | \$ | \$ | \$ |
| Asia Great Consumer Fund | \$ | \$ | \$ |
| Global Dynamic Bond Fund | \$ | \$ | \$ |

6 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 | <input type="text"/> | Registration on Account | <input type="text"/> | |
| ABA Routing Number | <input type="text"/> | Checking | <input type="checkbox"/> | Savings <input type="checkbox"/> |
| Account No. | <input type="text"/> | | | |

7 Beneficiary Designation

Designate the beneficiary or beneficiaries who will receive your IRA account in the event of your death. If you name more than one beneficiary, indicate the percentage each is to receive, otherwise your named beneficiaries (if more than one) will share equally.

If you need more space to list additional beneficiaries, please use a separate sheet to list them using the same format as below.

Designation of Beneficiary

Note: Any amount remaining in the Account that is not disposed of by a proper Designation of Beneficiary will be distributed to your estate (unless otherwise required by the laws of your state of residence). You may change the beneficiary(ies) named below at any time by filing a new Designation of Beneficiary with the Custodian. Any subsequent Designation filed with the Custodian will revoke all prior Designations, even if the subsequent Designation does not dispose of your entire Account.

As Depositor, I hereby make the following Designation of Beneficiary in accordance with the Citi Fund Services, Inc. Traditional Individual Retirement Custodial Account:

In the event of my death, pay any interest I may have under my Account to the following Primary Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). Percentages or proportions for Beneficiaries must total 100%. If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary.

Primary Beneficiary or Beneficiaries

| | | | |
|--------------|----------------------|------------------------|----------------------|
| Name | <input type="text"/> | Percent | <input type="text"/> |
| Relationship | <input type="text"/> | Date of Birth | <input type="text"/> |
| | | Social Security Number | <input type="text"/> |
| Name | <input type="text"/> | Percent | <input type="text"/> |
| Relationship | <input type="text"/> | Date of Birth | <input type="text"/> |
| | | Social Security Number | <input type="text"/> |

If none of the Primary Beneficiaries survives me, pay any interest I may have under my Account to the following Alternate Beneficiary or Beneficiaries who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). **Percentages or proportions for Beneficiaries must total 100%.** If any Alternate Beneficiary predeceases me, his share is to be divided among the Alternate Beneficiaries who survive me in the relative proportions assigned to each such surviving Alternate Beneficiary.

Alternate Beneficiary or Beneficiaries

| | | | |
|--------------|----------------------|------------------------|----------------------|
| Name | <input type="text"/> | Percent | <input type="text"/> |
| Relationship | <input type="text"/> | Date of Birth | <input type="text"/> |
| | | Social Security Number | <input type="text"/> |
| Name | <input type="text"/> | Percent | <input type="text"/> |
| Relationship | <input type="text"/> | Date of Birth | <input type="text"/> |
| | | Social Security Number | <input type="text"/> |

Important: This Designation of Beneficiary may have important tax or estate planning effects. If you cannot accomplish your estate planning objectives by using this Part 4 to designate your beneficiary(ies) (for example, if you wish to provide that the surviving children of a beneficiary who predeceases you should take that beneficiary's share by right of representation), you may submit another form of written beneficiary designation to the Custodian. Also, if you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), you may need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your Account. See your lawyer or other tax professional for additional information and advice.

Spousal Consent

This section should be reviewed if the Depositor is married and designates a beneficiary other than the spouse. It is the Depositor's responsibility to determine if this section applies. The Depositor may need to consult with legal counsel. Neither the Custodian nor the Sponsor is liable for any consequences resulting from a failure of the Depositor to provide proper spousal consent.

I am the spouse of the above-named Depositor. I acknowledge that I have received a full and reasonable disclosure to my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I have been advised to see a tax professional or legal adviser.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

Signature of Spouse

Date

Signature of
Witness for Spouse

Date

8 Telephone Authorization

I hereby authorize and direct the agent to accept and act upon telephone instructions for transactions involving the account with corresponding registration unless the below box is checked. I also agree that neither the Funds nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

I do not authorize telephone transactions.

9 Shareholder Agreement

- (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) If the Investor has indicated a Rollover or Direct Rollover above, Investor certifies that, if the distribution is a rollover from another Traditional IRA, that Investor has not made another rollover within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that no portion of the amount rolled over is a required minimum distribution under the required distribution rules or a hardship distribution from an employer qualified plan or 403(b) arrangement or eligible governmental 457 plan.
- (c) If the Investor is opening an inherited IRA or is the non-spousal beneficiary of a deceased participant in an employer Qualified plan, 403(b) arrangement or eligible governmental 457 plan, Investor acknowledges that the required minimum distribution rules for a beneficiary apply to the Custodial Account and that the Investor is responsible for providing the Custodian with appropriate withdrawal instructions in order to satisfy such rules. Failure to withdraw amounts as needed to satisfy such rules may result in significant penalty taxes.
- (d) Investor has received and read the Citi Fund Services, Inc. Individual Retirement Account Disclosure Statement (including the Custodian's fee schedule), the Custodial Account document, and the "instructions" pertaining to this Adoption Agreement. Investor acknowledges receipt of the Individual Retirement Custodial Account document and IRA Disclosure Statement at least 7 days before the date inscribed below and acknowledges that Investor has no further right of revocation.
- (e) If I am a U.S. citizen, resident alien or a representative of a U.S. entity, I certify, under penalty of perjury, that:
- The Social Security number or employer identification number shown on this form is my correct Taxpayer Identification Number.
 - I am not subject to backup withholding because:
 - I am exempt from backup withholding OR
 - 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
 - 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).
- (f) If I am a nonresident alien, I understand that I am required to complete the appropriate Form W-B to certify my foreign status. I understand that, if I am a nonresident alien, I am not under penalty of perjury for certifying to the above information.
- (g) **By my signature below, I certify, on my own behalf or on behalf of the investor I am authorized to represent, that:**
- the investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and**
 - the information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

Signature

Date

If the Investor is a minor under the laws of the Investor's state of residence, a parent or guardian must also sign the Adoption Agreement here. Until the Investor reaches the age of majority, the parent or guardian will exercise the powers and duties of the Investor. Federal Law requires the following identifying information for the parent or guardian acting for the minor:

Signature of
Parent or Guardian

Date

Social Security No.

Date of Birth

Residential Address

Street

City

State

Zip Code

10 Dealer/Service Organization Use Only

| | | | |
|------------------|----------------------|-----------------------------------|---------------------------------|
| Firm Name | <input type="text"/> | Firm No. | <input type="text"/> |
| Rep. Name | <input type="text"/> | Rep No. | <input type="text"/> |
| Branch Address | <input type="text"/> | | Branch No. <input type="text"/> |
| Branch Phone No. | <input type="text"/> | Authorized Signature of Dealer | <input type="text"/> |

11 Custodian Acceptance

Citi Funds Services, Inc. will accept appointment as Custodian of the Investor's Account. However, this Agreement is not binding upon the Custodian until the Investor has received statement confirming the initial transaction for the Account. Receipt by the Investor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of Citi Fund Services, Inc.'s acceptance of appointment as Custodian of the Investor's Account.

CITI FUND SERVICES, INC., CUSTODIAN

Please complete the IRA Application and, if applicable, the IRA Asset Transfer/Direct Rollover Request form. Make your check payable to: Mirae Asset Discovery Funds.

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

For overnight: Mirae Asset Discovery Funds
3435 Stelzer Rd.
Columbus, Ohio 43219

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.