



Institutional Class New Account Application

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

Shares of the Funds have not been registered for sale outside the U.S. The Funds generally do not sell shares to investors residing outside the U.S., even if they are U.S. citizens or lawful permanent residents, except to investors with U.S. military APO (Army Post Office) or FPO (Fleet Post Office) addresses. To help the U.S. government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies persons opening accounts. To comply, we require your name, address, date of birth and government-issued identification number (generally, a Social Security Number) and other information that may help us identify you. We may also ask for copies of related documentation, and we may consult third-party databases to help verify your identity.

If you are opening an account for a "Legal Entity" such as a corporation, limited liability company, or other entity that is created by the filing of a public document with a Secretary of State or similar office, a general partnership, and any similar entity formed under the laws of foreign jurisdiction, information about the beneficial owners and the individual with significant responsibility for managing the Legal Entity is required BEFORE the account can be opened. You must also complete the Legal Entity Addendum found at the end of this application.

If you are opening an account on behalf of a trust, estate, limited partnership, or other organizations, additional identifying documentation is also required. If you do not provide us with this information, we will be unable to open your account, and any application that does not include the required information will be rejected and returned to you.

Required information is marked throughout this application with an asterisk (*).

STATE UNCLAIMED PROPERTY LAW DISCLOSURE

The assets in your account are subject to state unclaimed property laws which provide that if no activity occurs in your account within the time period specified by the particular state law, your assets must be transferred to the appropriate state. We are required by law to advise you that your assets may be transferred to an appropriate state in compliance with these state laws.

Please send your completed, signed application to:

By mail:

Matthews Asia Funds
P.O. Box 9791
Providence, RI 02940

By overnight delivery:

Matthews Asia Funds
4400 Computer Dr.
Westborough, MA
01581-1722
800.789.ASIA (2742)

If you have any questions, please call 800.789.ASIA (2742) between 9:00 a.m. and 7:00 p.m. Eastern Time.

Matthews Asia Funds
New Account Application
Page 1 of 4
MAT INST APP 0418

1 Type of Account

Please select only one, then provide the relevant Account Owner Information in Section 2 based on your selection:

- Individual** or **Joint Account**
(An account owned by one or more people. Joint accounts are registered as "joint tenants with rights of survivorship" unless otherwise indicated.) For an Individual Account, provide information for Owner in Section 2A; for a Joint Account, provide information for both Owner and Joint Owner.
- Gift or Transfer to a Minor**
(Uniform Gifts or Transfers to Minors Act [UGMA or UTMA]; an account established by irrevocable gift or transfer to a minor and having an adult custodian.) Provide information in Section 2A for Custodian and Minor.
Minor's state of residence: _____
- Trust**
(Account established to invest assets held in an existing personal trust.) Provide information for all Trustees in Section 2B. **Note:** You must attach copies of the pages of your trust that indicate the name of the trust, trust date, all trustees and their signatures.
- Corporation, Partnership or Other Entity**
(An account owned by an entity.) Provide information for all Organization/Entity Representatives in Section 2B. **Note:** You must attach a copy of the documentation required for your entity type, or there may be a delay in establishing the account or account options.

Name of Organization or Entity*
 Please check if you are a government entity

Taxpayer ID Number*

Please indicate your corporate tax status:

- C Corporation
- Limited Liability Company

Enter the tax classification:
 C Corporation S Corporation Partnership

2 Account Owner Information

If you have an existing Matthews Asia account registered exactly as you would like the new account(s) registered, please provide the following:

Existing Matthews Asia Account Number

Fund Name

Every person to be registered on the account must provide all of the information requested. If there are more than three owners, please attach a separate sheet containing the same information for additional registrants.

A. Individual and Joint Account

Name of Individual Owner or Custodian*

Social Security Number or TIN*

Date of Birth*

Street Address* (No P.O. Boxes) (U.S., U.S. territory or APO/FPO addresses only)

City, State, ZIP*

E-mail Address

Daytime Phone Evening Phone

Citizenship:

- U.S. Citizen _____
- Resident Alien Country of citizenship: _____

Government-issued ID No. and type (passport, etc.) **Include a photocopy of the ID.**

Account Owner Information (continued)

Name of **Joint Owner** or **Minor*** (if applicable) _____

Social Security Number or TIN* _____

Date of Birth* _____

Street Address* **(No P.O. Boxes)** (U.S., U.S. territory or APO/FPO addresses only) _____

City, State, ZIP* _____

E-mail Address _____

Daytime Phone _____ Evening Phone _____

Citizenship:

U.S. Citizen

Resident Alien Country of citizenship: _____

Government-issued ID No. and type (passport, etc.) **Include a photocopy of the ID.** _____

Name of **Additional Joint Owner*** (if applicable) _____

Social Security Number or TIN* _____

Date of Birth* _____

Street Address* **(No P.O. Boxes)** (U.S., U.S. territory or APO/FPO addresses only) _____

City, State, ZIP* _____

E-mail Address _____

Daytime Phone _____ Evening Phone _____

Citizenship:

U.S. Citizen

Resident Alien Country of citizenship: _____

Government-issued ID No. and type (passport, etc.) **Include a photocopy of the ID.** _____

For additional account owners, please attach a separate sheet providing the information requested above for each.

B. Trust and Other Entity Account

Name of **Trust, Corporation, Partnership or Other Entity*** _____

TIN* _____

Date of Formation* _____

Street Address* **(No P.O. Boxes)** (U.S., U.S. territory or APO/FPO addresses only) _____

City, State, ZIP* _____

Name and Title of Trustee or Entity Representative _____

SSN/TIN of Trustee or Entity Representative _____

Date of Birth* _____

Street Address* **(No P.O. Boxes)** (U.S., U.S. territory or APO/FPO addresses only) (if different from above) _____

City, State, ZIP* _____

E-mail Address _____

Daytime Phone _____ Evening Phone _____

Name and Title of Co-Trustee or Entity Representative* (if applicable) _____

SSN/TIN of Trustee or Entity Representative* _____

Date of Birth* _____

Street Address* **(No P.O. Boxes)** (U.S., U.S. territory or APO/FPO addresses only) _____

City, State, ZIP* _____

E-mail Address _____

Daytime Phone _____ Evening Phone _____

Name and Title of Additional Co-Trustee or Entity Representative* (if applicable) _____

SSN/TIN of Trustee or Entity Representative* _____

Date of Birth* _____

Street Address* **(No P.O. Boxes)** (U.S., U.S. territory or APO/FPO addresses only) _____

City, State, ZIP* _____

E-mail Address _____

Daytime Phone _____ Evening Phone _____

For additional Trustees or Entity Representatives, please attach a separate sheet providing the information requested above for each.

Remember that information is required in all fields marked with an asterisk (*). If information in any of these fields is not provided, your application will be rejected and returned to you for completion.

3 Mailing Address

If you would like your statements, shareholder reports and other Fund communications mailed to a different address than the one provided in Section 2, provide it below:

Mailing Address or P.O. Box _____

City, State, ZIP _____

I would like my shareholder reports and prospectuses delivered electronically. I understand that by choosing this option I may be waiving my right to receive paper copies.

E-mail address _____
You will receive an e-mail that directs you to electronically confirm this election for electronic delivery of shareholder reports and prospectuses.

4 Investment Selection

(Minimum initial investment: \$100,000 per fund)

ASIA FIXED INCOME STRATEGIES

- Matthews Asia Strategic Income Fund (113) \$ _____
- Matthews Asia Credit Opportunities Fund (118) \$ _____

ASIA GROWTH AND INCOME STRATEGIES

- Matthews Asian Growth and Income Fund (101) \$ _____
- Matthews Asia Dividend Fund (109) \$ _____
- Matthews China Dividend Fund (111) \$ _____

ASIA VALUE STRATEGY

- Matthews Asia Value Fund (117) \$ _____

ASIA GROWTH STRATEGIES

- Matthews Asia Focus Fund (114) \$ _____
- Matthews Asia Growth Fund (107) \$ _____
- Matthews Pacific Tiger Fund (102) \$ _____
- Matthews Asia ESG Fund (116) \$ _____
- Matthews Emerging Asia Fund (115) \$ _____
- Matthews Asia Innovators Fund (106) \$ _____
- Matthews China Fund (104) \$ _____
- Matthews India Fund (108) \$ _____
- Matthews Japan Fund (105) \$ _____
- Closed to most new investors.
- Matthews Korea Fund (103) \$ _____

ASIA SMALL COMPANY STRATEGIES

- Matthews Asia Small Companies Fund (110) \$ _____
- Matthews China Small Companies Fund (112) \$ _____

5 Cost Basis Election

For my Fund selections listed above, I elect (please select one):

- Average Cost (AC):** Calculates your gains or losses on shares sold based on the average purchase price of all the shares you own.
- FIFO—First In, First Out (FI):** The shares purchased first are sold first.
- LIFO—Last In, First Out (LI):** The shares purchased last are sold first.
- HIFO—Highest Cost, First Out (HI):** The highest-cost shares are sold first.
- Specific Lot Identification (SL):** You specify the share lots in your account to be redeemed or exchanged, each time shares are sold. Note: For systematic redemptions, shares will be sold using FIFO.

If you do not designate the cost basis method to be used prior to or at the time of your redemption, the trade will be processed using our default method of **Average Cost**.

For additional information regarding cost basis, please visit matthewsasias.com/costbasis

6 Investment Method

By check:

I have enclosed a check(s), payable to **Matthews Asia Funds**.
Note: The Funds do not accept third-party checks, temporary (or starter) checks, cash, credit card checks, traveler's checks, cashier's checks, official checks or money orders.

By wire: Federal Funds wired on _____ (month/day/year)

To make an initial investment by wire, a completed application is required before your wire can be accepted. After this application is received, you will receive an account number. Please be sure to inform your bank of this account number as part of the instructions. Your bank should transmit the funds by wire to:

Bank of New York Mellon
ABA #011001234
Credit: [name of specific Matthews Asia Fund]
Account: #0000734381
FBO: [your name and account number]

Note that wire fees are charged by most banks.

7 Distribution Options

All distributions will be reinvested unless otherwise indicated. All distributions in cash will be sent via ACH to the bank account of record. If there are no banking instructions, a check will be mailed to the address of record.

- Reinvest all dividends and capital gains.
- Pay all dividends in cash and reinvest all capital gains.
- Pay all capital gains in cash and reinvest all dividends.
- Pay all dividends and capital gains in cash.

8 Online Account Access

This feature allows you to check your Matthews Asia account balance online, as well as execute financial transactions. Once you receive confirmation of your initial investment—which will include your account number—simply go to matthewsasias.com and click on *Account Login*. You will be prompted to establish a user ID and password.

9 Telephone and Online

Exchange and Redemption

You **will** have the ability to exchange and redeem shares by telephone and online **unless** you check below:

- Please **remove** the **telephone and online exchange** feature from my account.
- Please **remove** the **telephone and online redemption** feature from my account.

Proceeds of telephone redemption requests are paid by check and mailed to the address of record unless a wire to your bank account of record is requested. **If you want redemption proceeds wired to your bank, fill out the Banking Instructions form below. For individual/personal bank accounts, you must enclose a voided check from your bank account.** Exchanges must be between identically registered accounts. See the prospectus for details.

Please send your completed, signed application to:

By mail:

Matthews Asia Funds
P.O. Box 9791
Providence, RI 02940

By overnight delivery:

Matthews Asia Funds
4400 Computer Dr.
Westborough, MA
01581-1722
800.789.ASIA (2742)

Telephone and Online Exchange and Redemption (continued)

Banking Instructions

The Funds or its agents are to honor telephone or other instructions from any authorized person for the redemption of Matthews Asia Funds. Proceeds are to be wire transferred to the bank account referenced below

Name of Depositor

Account Registration

Name of Bank

Routing # (ABA #) Account #
(A savings and loan or credit union may not be able to receive wire redemptions. Please check with your financial institution.)

Bank Address

City State

- ☼ If I have agreed to telephone exchange or redemption privileges, I authorize BNY Mellon Investment Servicing Inc. to honor telephone instructions for my account. Neither Matthews Asia Funds nor BNY Mellon Investment Servicing Inc. will be liable for properly acting upon telephone instructions believed to be genuine.
- ☼ If I have requested online account access, BNY Mellon Investment Servicing Inc. reserves the right to discontinue this service and any share purchase made upon such deposit will be cancelled. I further agree that if the net asset value of shares purchased is less when said purchase is cancelled than when the purchase was made, BNY Mellon Investment Servicing Inc. shall be authorized to liquidate other assets or fractions thereof held in my account to make up the deficiency.

I certify, under penalty of perjury, that:

- ☼ I am a U.S. Person.**
- ☼ The Social Security Number or Taxpayer Identification Number provided on this application is correct (or that I have applied for a Number and am waiting for it to be issued to me), and that I have not been notified by the IRS that I am subject to backup withholding.
 - I have been notified by the IRS that I am subject to backup withholding.
- ☼ The FATCA code(s) entered on this form (if any—see below) indicating that I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting is correct. If you are exempt from FATCA reporting, please refer to www.irs.gov and enter the appropriate FATCA Exemption Code(s) found on IRS Form W9 and enter them here.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. **Please note: FATCA does not apply to accounts held within the United States. You may leave this field blank.**

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

X _____
Signature of Owner/Authorized Signer*

Date*

X _____
Signature of Joint Owner/Authorized Signer

Date

**A U.S. Person means: (a) any natural person residing in the United States (including resident aliens); (b) any partnership or corporation organized or incorporated under the laws of the United States; (c) any estate of which any executor or administrator is a U.S. person; (d) any trust of which any trustee is a U.S. person; (e) any agency or branch of a foreign entity located in the United States; (f) any non-discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary for the benefit or account of a U.S. person; (g) any discretionary account or similar account (other than an estate or trust) held by a dealer or other fiduciary organized, incorporated, or (if an individual) resident in the United States; and (h) any partnership or corporation if (i) organized or incorporated under the laws of any foreign jurisdiction and (ii) formed by a U.S. person principally for the purpose of investing in securities not registered under the Act, unless it is organized or incorporated, and owned, by accredited investors (as defined in Rule 501(a) under the Act) who are not natural persons, estates or trusts. "United States" means the United States of America, its territories and possessions, any State of the United States and the District of Columbia.

10 Phone Order Authorization

(For Corporations, Trusts, and other business entities only)

Please list up to four individuals who are authorized to place orders by telephone. These individuals will remain as authorized traders until new instructions are received.

Name

Title

Name

Title

Name

Title

Name

Title

11 Signatures and Certification

By signing at right, I certify that:

- ☼ I have received and read the prospectus for the Fund(s) in which I am investing and I agree to its terms.
- ☼ The information provided on this application is true, correct and complete. You may verify this information with others, including third-party credit reporting agencies and databases and U.S. and/or foreign government agencies, and if you are unable to verify my information, you are authorized to close my account by redeeming shares at the then-applicable net asset value.
- ☼ I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the U.S. Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.

Please send your completed, signed application to:

By mail:

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P.O. Box 9791
Providence, RI 02940

By overnight delivery:

Matthews Asia Funds
4400 Computer Dr.
Westborough, MA
01581-1722
800.789.ASIA (2742)

Legal Entity¹ Addendum

Must be fully completed and signed or account will NOT be opened

Mutual Funds are required to identify beneficial owners and control persons of Legal Entity investors BEFORE opening an account.

¹ "Legal Entity" means a "corporation, a limited liability company, or other entity that is created by the filing of a public document with a Secretary of State or similar office, a general partnership and any other similar entity formed under the laws of a foreign jurisdiction that opens an account. "

Excluded from this definition are: financial institutions regulated by a federal functional regulator, or banks regulated by a state bank regulator; issuers of a class of securities registered under section 12 of the Securities Exchange Act of 1934 (the "1934 Act") or that are required to file reports under section 15(d) of that Act; any other entities registered with the SEC under the 1934 Act; investment companies registered under the Investment Company Act of 1940; investment advisers registered under the Investment Advisers Act of 1940; and pooled investment vehicles that are operated or advised by excluded legal entity investors.

"Beneficial owner" means:

1. Each individual (natural person), if any, who, directly or indirectly, owns 25% or more of the equity interests of a legal entity investor; and
2. A single individual with significant responsibility to control, manage, or direct a legal entity investors, including an executive officer or senior manager, or any other individual who regularly performs similar functions.

Persons opening an account on behalf of a Legal Entity must provide the following information:

1 Legal Name(s) and Title(s) of Natural Person(s) Opening the Account:

First Name	Middle Initial	Last Name	Title
First Name	Middle Initial	Last Name	Title
First Name	Middle Initial	Last Name	Title
First Name	Middle Initial	Last Name	Title

2 Name, Street Address, and Type of Legal Entity for Which the Account is Being Opened:

Name of Legal Entity	Type of Legal Entity: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation
Street Address of Legal Entity (No P.O. Boxes) (U.S., U.S. territory or APO/FPO addresses only)	<input type="checkbox"/> LLC <input type="checkbox"/> General Partnership
City, State, ZIP	<input type="checkbox"/> Other Legal Entity _____ Specify

3 The following information for each natural person, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the Legal Entity named above:

Name of natural person	Date of Birth	Street Address	For U.S. persons: Social Security Number	For non U.S. persons: Social Security Number, Passport Number and country of issuance, or other similar identification number*

* In lieu of a passport number, Non-U.S. Persons may also provide 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.

(If no individual meets this definition, please write "Not Applicable.")

4 The following information for one individual with significant responsibility for managing the Legal Entity named above, such as: an executive officer or senior manager (e.g., 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. (If appropriate, an individual listed under Section 3 above may also be listed in this Section 4.)

Name of **Natural Person**

Date of Birth

Street Address (**No P.O. Boxes**) (U.S., U.S. territory or APO/FPO addresses only)

City, State, ZIP

For U.S. Persons: Social Security Number or TIN

For Non-U.S. Person: Social Security Number, Passport Number and country of issuance, or other similar identification number*

* In lieu of a passport number, Non-U.S. Persons may also provide 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.

5 Signatures

I / (We), _____, _____ (name(s) of natural persons opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Legal Entity Identifier Number (if applicable), _____