

HSBC Money Market Funds (*Institutional*)

Return completed form to:

HSBC Funds
PO Box 219691
Kansas City, MO 64121-9691

HSBC Funds (*For Overnight Delivery*)
430 W 7th Street STE 219691
Kansas City, MO 64105-1407

For assistance, call: 1-877-244-2424

Direct Account Application:

1. Complete a new account application.
2. Include Articles of Incorporation or a Business License, and Corporate Resolution to show Authorized Signers for your organization. These documents should be certified in one of three ways: 1) medallion signature guaranteed, 2) corporate seal, or 3) notary stamp.
3. Please include the appropriate Tax Form available on www.IRS.org.
4. Email your completed application, corporate resolution, authorized traders list (if applicable), and tax form to AMUS.Client.Services@us.hsbc.com
5. **Online Trading Capabilities Instructions will be provided as a separate document.** Remote processing is only available to authorized traders. Inquiry only access is available to other employees.

Important Information About Procedures For Opening a New Account

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

When you open an account, you are required to provide your name, address of (i) main office and (ii) office within the state in which you are organized (if applicable), date of incorporation and identification number. We may require other information that will allow us to identify you.

1. Account Registration

A. Type of Registration (*check one*)

- Public Corporation (Symbol) _____ Non-Public Corporation Government Entity
 Limited Liability Corporation Other (Specify) _____

Are you a government entity plan or program established by a State or political subdivision or any agency, authority or instrumentality thereof? No Yes

If yes, please identify the government entity and the name of such program or plan: which may include, but are not limited to:

- A qualified tuition plan authorized by section 529 of the Internal Revenue Code (26 U.S.C. 529),
- A retirement plan authorized by section 403(b) or 457 of the Internal Revenue Code (26 U.S.C. 403(b) or 457), or
- Any similar program or plan

Name of Government Entity: _____

Name of Plan/Program: _____

B. Account Information (*For the street address, your physical address is required. P.O. Box is not acceptable.*)

Account Registration/Name _____ Tax ID _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address (If different from above)
(P.O. Box allowed) _____
Contact Name _____ Email Address _____
Daytime Telephone Number _____ Alt. Telephone Number _____

Citizenship U.S. Citizen Resident Alien¹ Non-resident Alien (*Attach IRS Form W-8. Dividends are subject to tax withholding*)^{1,2}

Note 1: Additional documentation to establish an account for a non-U.S. citizen may be required.

Note 2: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: a taxpayer identification number, passport number and country of issuance, 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 and a copy of the document. Please indicate form of identification:

- Alien ID Card Passport Other

Alternate Identification Number: _____ Issuing Body: _____ Country of Origin: _____

C. If you are an individual investor, please call DST Systems, Inc. at 1-877-244-2424.

2. Fund Selection

If no share class is selected, you will automatically be invested in the Class I Shares. You may invest only in a Fund for which you have a current prospectus.

Share Class	I Shares \$25 million	Intermediary Shares \$20 million	Intermediary Service Shares \$10 million	Y Shares \$5 million
Minimum Initial Investment				
HSBC U.S. Government Money Market Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSBC U.S. Treasury Money Market Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Investment Instructions

Authorized traders can place a phone order with HSBC Funds by calling 1-877-244-2424.

The HSBC Money Market Funds trading cut-off times are:

- HSBC U.S. Treasury Money Market Fund 2:00PM Eastern Time
- HSBC U.S. Government Money Market Fund 5:00PM Eastern Time

The cut-off time for an online orders entered through the DST Vision system (www.dstvision.com) is 15 minutes earlier than the above listed time.

For any initial or subsequent investments into the HSBC Funds, please use the following wiring instructions:

NORTHERN TRUST

ABA Number: 071000152
 Account Number: 2739801
 Attn: HSBC Funds
 Ref. Account Number: Account Number (Received once account is opened)
 Name of Account: Account Name / Registration

4. Account Options

A. Telephone Purchase, Redemption and Exchange Entitlements Yes No

If left blank, you will automatically receive telephone privileges.

B. Banking Instructions

You may authorize HSBC Funds to wire redemptions to your bank account.

I authorize you to establish wiring instructions. Yes No

Wiring Instructions:

Bank Name _____ ABA No. _____

Account Name _____ Account No. _____

C. Distribution Selection *(If you choose to have distributions paid in cash, a wire will be sent to the above Banking Services Instructions.)*

Distribution Options: Reinvest Cash Distribution Options: Reinvest Cash

Dividends: Capital Gains:

If wiring instructions are different for distributions, please complete below.

I authorize you to establish banking instructions for distributions only. Yes No

Wiring Instructions:

Bank Name _____ ABA No. _____

Account Name _____ Account No. _____

Your dividends and capital gains will automatically be reinvested unless you indicate otherwise.

D. Duplicate Statements & Confirmations Account statements and transaction confirmations will be sent to the address of record, unless a different address is provided below.

Please send duplicate

Statements and/or Confirmations to:

Name _____ Tax ID _____

Address _____ City _____ State _____ Zip _____

5. Additional Information

- I have received and read the prospectus and Privacy Notice for each Fund selected on this application and I agree to be bound by their respective terms. I have the authority, legal capacity and am of legal age to purchase mutual fund shares. I request that the Funds accept this application and open an account for me in accordance with this application. I authorize and direct the Funds as my agent to purchase and redeem shares in the Funds indicated on this application on my behalf in accordance with the agreement, and I acknowledge that such direction may be in the form of telephone instructions from me. I understand that the investment adviser of the funds is HSBC Global Asset Management (USA) Inc. I understand that shares of the funds are distributed by Foreside Distribution Services, LP, member FINRA, which is not affiliated with HSBC Global Asset Management (USA) Inc.
- **I understand those shares are not guaranteed or insured by the U.S. Government, the Federal Deposit Insurance Corporation or any other agency. I understand that the shares of mutual funds involve certain risks including the possible loss of principal amount invested; yield fluctuates and is not guaranteed; and there is no assurance that the Funds will maintain a steady net asset value per share price in the future.**
- I /We hereby agree to provide the Funds (or their designees) with any documentation or information requested relating to individual or entity tax status. To the extent required by a Fund (or its designee), I/we hereby consent to the disclosure and reporting of any tax related information obtained or held by such Fund to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by a Fund (or its designee), I/we hereby agree to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to such Fund (or its designee) to permit it to disclose and report tax and account specific financial information to any local or foreign Tax Authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or intergovernmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) a Fund's right to take whatever actions are necessary to comply with its local or foreign tax reporting obligations; (b) a Fund withholding taxes that may be due from certain payments made to my/our account; (c) the Fund having a right to pay relevant taxes to the appropriate tax authority; (d) a Fund having a right to refuse to provide certain services; and (e) closure of my/our account. I/We agree to inform, or respond to any request from, a Fund (or its designee), if there are any changes to tax information previously provided.
- **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.**
- **The IRS does not require your consent to any provision of this document other than the certification required to avoid withholding, as applicable.**

(All registered shareholders must sign.)

Multiple signers are recommended in the event of primary signer's unavailability or account amendment.

Authorized traders list is required at account opening if different from authorized signers listed below.

If you need more room, please provide a separate signers list.

Signature	_____	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Authorized Trader
Printed Name	_____	Date	_____
Title	_____	Phone #	_____

Signature	_____	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Authorized Trader
Printed Name	_____	Date	_____
Title	_____	Phone #	_____

Signature	_____	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Authorized Trader
Printed Name	_____	Date	_____
Title	_____	Phone #	_____

Signature	_____	<input type="checkbox"/> Authorized Signer	<input type="checkbox"/> Authorized Trader
Printed Name	_____	Date	_____
Title	_____	Phone #	_____

6. Legal Entity Beneficial Ownership Certification

For further information on the Customer Due Diligence Requirements for Financial Institutions, please visit the Financial Crimes Enforcement Network website at www.fincen.gov

I. GENERAL INFORMATION

• What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

• Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

• What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

A. Name and Title of Natural Person Opening Account _____

B. Name, Type and Address of Legal Entity for Which the Account is Being Opened

C. The following information for each individual, if any, 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 listed above. If more room is needed, please provide a separate list.

Name	Date of Birth	Address (Residential or Business 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 ¹

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

1. In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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.

D. The following information for one individual with significant responsibility for managing the legal entity listed 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 (C) above may also be listed in this section (D)).

Name	Date of Birth	Address (Residential or Business 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 ¹

III. CERTIFICATION

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

Signature

Date

Legal Entity Identifier (Optional)
