

HSBC Money Market Funds

Return completed form to:
HSBC Funds
PO Box 8106, Boston MA 02266-8106
For assistance, call: 1-800-782-8183

Direct Account Application:

1. Complete a new account application.
2. Fax your completed application, corporate resolution and authorized traders list (if applicable) to: 888-335-1242 or mail the completed application and your check made payable to HSBC Funds ("Funds") in the enclosed postage-paid envelope to us at the above address. **If opening your account via fax, the original documentation is still required to be mailed to the above address in addition to the faxed copies.**
3. After your account is opened, you'll receive a confirmation of your investment by mail.

For additional information about the Funds, please contact HSBC Funds at 1-800-782-8183.

HSBC Bank USA, N.A. and HSBC Securities (USA) Inc. clients should contact their HSBC Registered Representative or Financial Advisor regarding the Funds. An HSBC Funds prospectus must accompany or precede this application. Please read it carefully before investing.

Important Information About Procedures For Opening a New Account

To help the U.S. government prevent 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 for you: When you open an account, you are required to provide your name, residential address, date of birth and identification number. We may require other information that will allow us to identify you.

1. Account Registration

Do not use this form for a retirement account. Contact 1-800-782-8183 to obtain the appropriate forms.

A. Type of Registration (check one)

- Individual HSBC Employee Joint Tenants with Rights of Survivorship
 Other (Specify)* _____

* If setting up an account for a business entity use the Institutional Application

Unless otherwise specified, joint owners are registered as "Joint Tenants with Rights of Survivorship," meaning two persons purchase shares with the desire that the survivor receive total holdings upon the death of the other. All registrants must sign the application.

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

_____		_____		
Account Registration/Name		Tax ID / Social Security Number		
_____		_____		
Street Address: Business, Number and Street, Residential Apt#/Suite		City	State	Zip
_____		_____		
Mailing Address (If different from above)(P.O. Box allowed)				
_____		_____		
Contact Name	Email Address			
_____		_____		
Daytime Telephone Number	Alternate 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. Joint Owner Account Information (If applicable. For the street address, your physical address is required. P.O. Box is not acceptable.)

Joint Owner - If any (Legal Name: First/Middle/Last)	Date of Birth (MM/DD/YYYY)	Social Security Number
Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien ¹ <input type="checkbox"/> Non-resident Alien (Attach IRS Form W-8. Dividends are subject to tax withholding) ^{1,2}	
Street Address: Business, Number and Street, Residential Apt#/Suite		City State Zip
Mailing Address (If different from above)(P.O. Box allowed)		
Daytime Telephone Number	Alternate Telephone Number	Email Address

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: _____

D. 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 or Program _____

E. Are you or an immediate family member affiliated with or working for a member firm of a stock exchange or the Financial Industry Regulatory Authority?

No Yes Name of Institution: _____

2. Your Initial Investment

If you wish to invest in more than one Fund, be sure to indicate the amount you wish to invest in each Fund. Please make check payable to the HSBC Funds. Refer to the prospectus for acceptable forms of payment and minimum initial investment amounts. If no share class is selected, you will automatically be invested in the Class A Shares. You may invest only in a Fund for which you have a current prospectus. (The minimum initial investment amount for each fund is \$1,000.00 except as noted below.)

Money Market Funds	<u>A</u>	<u>D</u>	<u>I</u>	<u>Y</u>	<u>Amount</u>
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"/> †	\$ _____

Total: \$ _____

† Requires \$5 million initial investment.
 * Requires \$25 million minimum initial investment.

3. Investment Instructions

Authorized signatories can place a phone order with HSBC Money Market Funds by calling 1-877-244-2424 (Institutional) or 1-800-782-8183 (Retail).

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 order (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: Your Account Number (Received once account is opened)

Name of Account: Your Account Name

4. Account Options

A. Telephone Redemption and Exchange *(If left blank, you will automatically receive telephone privileges.)*

I elect the telephone privileges as described in the prospectus. Yes No

B. Banking Services

For your convenience, you may authorize HSBC Funds to transfer funds between your bank account and your HSBC Funds account.

We will establish your banking instructions using the investment check you submitted. However, if you wish to establish banking instructions with another bank account, please provide a preprinted voided check or alternate banking instructions.

I authorize you to establish banking instructions. Yes No

or

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

I authorize you to establish banking instructions. Yes No

Wiring Instructions: Bank Name _____ ABA No. _____
Account Name _____ Account No. _____

C. Distribution Selection *(Your dividends and capital gains will automatically be reinvested into your account unless you indicate otherwise.) If you choose to have distributions paid in cash, a wire will be sent to the above Banking Services Instructions.*

Distribution Options: Reinvest Cash Directed Cash Payment Method
Dividends: Account # _____ ACH (Bank of record)
Capital Gains: Account # _____ Check (Sent to address of record)
 Wire (fill out Wiring Instructions below)

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

Wiring Instructions: Bank Name _____ ABA No. _____
Account Name _____ Account No. _____

D. Automatic Investment Plan I would like the plan to begin in the month of _____ 20 _____. Please have the amount(s) indicated below withdrawn from my bank account and invested in the fund(s) listed below. (Minimum \$25 per transaction.)

Fund _____ Each month on the 1st Fund _____ Each month on the 1st
Amount \$ _____ Each month on the 15th Amount \$ _____ Each month on the 15th
 Each month on the 1st and 15th Each month on the 1st and 15th

E. Automatic Withdrawal Plan This is available to shareholders with an account value of \$10,000 or more (minimum withdrawal \$50).

I would like the plan to begin in the month of _____ 20 _____. Please have the amount(s) indicated below:

Deposited to my bank account. Mailed to me by check at the address indicated in Section 1.

(Automatic withdrawal will be on the 1st day of the selected period.)

Fund _____ Monthly Fund _____ Monthly
Amount \$ _____ Quarterly Amount \$ _____ Quarterly
 Annually Annually

F. Automatic Exchange Program You may make regular, automatic withdrawals from an HSBC Money Market Fund to another HSBC Fund. A minimum beginning balance of \$10,000 is required in the HSBC Money Market Fund.

I would like the plan to begin the month of _____ 20 _____.

Please select how often you would like to have the amount(s) shown below withdrawn from your HSBC Fund and invested into the selected Fund(s).

Each month on the 1st Each month on the 15th Each month on the 1st and 15th

From: Fund Name _____ Acct. Number (or New) _____ Amount \$ _____
To: Fund Name _____ Acct. Number (or New) _____ Amount \$ _____

G. 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

Company

Address

City

State

Zip

5. Tax Certification – US Persons

(See IRS Form W-9 instructions at www.irs.gov)

- **Important: If you are not a U.S. person DO NOT complete this Tax Certification. Complete IRS Form W-8 instead.**

If the account holder is a single-member LLC that is a disregarded entity and the sole owner is a U.S. person, provide the sole owner's name and tax identification number (TIN) below and complete this Tax Certification for the sole owner. If the sole owner is not a U.S. person, the sole owner should provide a completed IRS Form W-8.

Sole Owner's Name _____ Sole Owner's TIN _____

- **Federal tax classification** (select appropriate choice):

- Individual/sole proprietor C corporation S corporation
 Single-member LLC Partnership Trust/estate
 Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____
Other (see IRS Form W-9 instructions): _____

If you are an exempt payee (see IRS Form W-9 instructions), enter your exempt payee code (if any): _____

If you are exempt from Foreign Account Tax Compliance Act (FATCA) reporting (see IRS Form W-9 instructions), enter your exemption from FATCA reporting code (if any): _____ (Not applicable to individuals or required for accounts held in the U.S.)

- **I certify under penalties of perjury that:**

- 1) **The taxpayer identification number shown on this application is correct (or I am waiting for a number to be issued to me); and**
- 2) **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and**
- 3) **I am a U.S. citizen or other U.S. person (defined in the IRS Form W-9 instructions at www.irs.gov); and**
- 4) **The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

- **Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Tax Certification – Foreign Persons

- **Certificate of Foreign Status**

If you are a foreign person and you are the beneficial owner of an amount subject to withholding, whether or not you are claiming a reduced rate of, or exemption from, withholding you must complete a Form W-8BEN or W-8BEN-E to, among other things:

- Establish that you are a foreign person;
- Claim that you are the beneficial owner of the income;
- Provide your chapter 3 and chapter 4 (FATCA) status as applicable; and
- If applicable, claim a reduced rate of, or exemption from, withholding as a resident of a foreign country with which the United States has an income tax treaty.

6. Your Signature (All registered shareholders must sign.)

- By checking this box and signing below, I authorize DST Systems, Inc. (DST) to provide my HSBC Bank USA, N.A. Relationship Manager (RM), and staff that supports my account, inquiry access only to my HSBC Funds direct account. Inquiry access will enable my HSBC RM to view the daily balances and transaction history of my account.
- 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.**
- With the application, I authorize my bank or credit union to accept withdrawals initiated by DST from my account for the amount I have designated, without responsibility for the correctness of the agreement or for the existence of any further authorization relating to this contract. I agree to indemnify and hold harmless my bank or credit union, HSBC Funds and Foreside Distribution Services, LP for any loss, liability or expense incurred from acting on these instructions. This authorization may be terminated by me at any time by written notification to DST with reasonable time given to implement my request.
- I have received and read the current prospectus(es) and privacy notice for the fund(s) selected, and this Account Registration Form, and agree to be bound by their terms.
- 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 backup withholding.**

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.

Provide separate signers lists for any additional authorized signers on the account.

Authorized Signature	<input style="width: 95%;" type="text"/>		
Printed Name	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Title	<input style="width: 95%;" type="text"/>	Phone #	<input style="width: 95%;" type="text"/>
Authorized Signature	<input style="width: 95%;" type="text"/>		
Printed Name	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Title	<input style="width: 95%;" type="text"/>	Phone #	<input style="width: 95%;" type="text"/>
Authorized Signature	<input style="width: 95%;" type="text"/>		
Printed Name	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Title	<input style="width: 95%;" type="text"/>	Phone #	<input style="width: 95%;" type="text"/>

BANK, BROKER-DEALER USE ONLY			
Bank or Broker/Dealer Name	<input style="width: 95%;" type="text"/>	Broker/Dealer #	<input style="width: 95%;" type="text"/>
Branch Address	<input style="width: 95%;" type="text"/>	Branch #	<input style="width: 95%;" type="text"/>
Rep. Name	<input style="width: 95%;" type="text"/>	Rep. #/User ID	<input style="width: 95%;" type="text"/>

7. Legal Entity Beneficial Ownership Certification

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:

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons:	For Non-U.S. Persons:
			Social Security Number	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)

Vision Remote User System Request

HSBC Funds

Fund Name: HSBC Funds – Money Market Funds

Company: _____

Name of user: _____

Title: _____

Phone: _____

Email: _____

System Request Type (check one):

- New User Change Delete (These instructions apply to User Name listed above)

System Access Level Required (check one):

- Trading Inquiry only

Please specify the fund number(s) and account name(s) to associate with this user's access:

Fund Number

Account Name

By signing this form, the above user agrees to comply with terms of the Funds' prospectus language. The company also agrees to monitor and control the activities of the designated user regarding all DST Systems, Inc. (DST) systems and will act accordingly against any misuse of DST systems. Furthermore, the company represents that the listed user is permitted to receive customer information on the above referenced account registrations, whether existing or established in the future, pursuant to one of the permitted exceptions to notice and opt out requirements for processing and servicing transactions as outlined in Section 248.14 of Regulation S-P and will only be utilized for such purposes. The use of the system access will comply with Regulation S-P and all other applicable laws and will not be shared with any third party. In consideration for DST's actions based on the above instructions, the undersigned company hereby agrees to indemnify and hold harmless DST and its transfer agent, custodian, distributor, other agents and the trustees, officers, employees, and agents thereof with respect to any and all losses, damages, liabilities, claims, reasonable attorney fees, costs or expenses that may be assessed against or suffered or incurred by any of them, howsoever they arise.

New Remote User Signature: _____

Authorized Signer for Company: _____ Date: _____

(Please print and sign)

Fund Officer (Print Name): _____

Fund Officer Signature: _____ Date: _____

DST USE ONLY

TA Risk Management Approval: _____ Date: _____

Group ID: _____ Name: _____ New
Existing