



HSBC Funds

Institutional Account Opening Form

U.S. Domiciled Funds

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

It's easy to open an account:

1. Complete a new account application.
2. **Include Corporate Resolution certified in one of three ways:** medallion signature guaranteed, corporate seal, or notary stamp. If your corporation does not have an existing resolution, please use the sample form included with this application.
For Online Trading Capabilities: Each user must complete a Remote User System Request Form (Vision), which is attached at the end of this application. Remote processing is only available to authorized traders. Inquiry only access is available to other employees.
3. 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.**
4. After your account is opened, you'll receive a confirmation of your account number by e-mail.

For additional information about the Funds, please call 1-800-782-8183 / 1-800-915-2165 / 212-525-8666.

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)

- | | |
|--|--|
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Charitable Organization |
| <input type="checkbox"/> "C" Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> "S" Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other (Specify) _____ | |

Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. If any such agreements or resolutions are not in existence, please contact HSBC Funds at 1-800-782-8183 for further assistance.

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. For a child under the age of majority in your state, the "Gifts/Transfers to a Minor" section must be used to open an account.

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

Individual (Legal Name: First/Middle/Last)	Date of Birth (MM/DD/YYYY)	Tax ID 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: Residential/Business, Number and Street, Apt#/Suite	City	State	Zip
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Mailing Address (If different from above)(P.O. Box allowed)

Telephone Number	Facsimile Number	Email Address
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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. 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 _____

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 I Shares. You may invest only in a Fund for which you have a current prospectus. (The minimum initial investment amount for each fund is noted below.)

Money Market Funds:	↓	Intermediary				S	Amount
		Intermediary	Service	Y	Y		
HSBC Prime Money Market Fund	<input type="checkbox"/> ^{††}	<input type="checkbox"/> [*]	<input type="checkbox"/> [^]	<input type="checkbox"/> ^{††}	-	\$	_____
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"/> ^{††}	-	\$	_____

Emerging Markets Fixed Income Funds:	↓	Intermediary				S	Amount
		Intermediary	Service	Y	Y		
HSBC Emerging Markets Debt Fund	<input type="checkbox"/> [†]	-	-	-	<input type="checkbox"/> ^{††}	\$	_____
HSBC Emerging Markets Local Debt Fund	<input type="checkbox"/> [†]	-	-	-	<input type="checkbox"/> ^{††}	\$	_____
HSBC Total Return Fund	<input type="checkbox"/> [†]	-	-	-	<input type="checkbox"/> ^{††}	\$	_____

Emerging Markets Equity Funds:	↓	Intermediary				S	Amount
		Intermediary	Service	Y	Y		
HSBC Frontier Markets Fund	<input type="checkbox"/> [†]	-	-	-	-	\$	_____
HSBC Asia ex-Japan Smaller Companies Equity Fund	<input type="checkbox"/> [†]	-	-	-	-	\$	_____

Equity Funds:	↓	Intermediary				S	Amount
		Intermediary	Service	Y	Y		
HSBC Opportunity Fund	<input type="checkbox"/> ^{††}	-	-	-	-	\$	_____

Global Bond Funds:	↓	Intermediary				S	Amount
		Intermediary	Service	Y	Y		
HSBC Global High Income Bond Fund	<input type="checkbox"/> [†]	-	-	-	-	\$	_____
HSBC Global High Yield Bond Fund	<input type="checkbox"/> [†]	-	-	-	-	\$	_____
HSBC Euro High Yield Bond Fund	<input type="checkbox"/> [†]	-	-	-	-	\$	_____

Global Equity Funds:	↓	Intermediary				S	Amount
		Intermediary	Service	Y	Y		
HSBC Global Equity Volatility Focused Fund	<input type="checkbox"/> [†]	-	-	-	-	\$	_____

Total: \$ _____

[†]Requires \$1 million minimum initial investment.
[^]Requires \$10 million minimum initial investment.

^{††}Requires \$5 million initial investment.
^{*}Requires \$20 million minimum initial investment.

^{**}Requires \$25 million minimum initial investment.

3. Investment Instructions

Authorized signatories can place a trade with HSBC Money Market Funds by calling 1-877-244-2424 or 1-614-470-8198 if calling from outside the U.S. 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 4:00PM Eastern Time
- HSBC Prime Money Market Fund 5:00PM Eastern Time

The cut-off time for an online order 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. Cost Basis Methodology Options

Federal law requires mutual fund companies to report cost basis information to shareholders and to the Internal Revenue Service (IRS) on mutual fund shares acquired and subsequently redeemed after January 1, 2012 (covered shares). In order to provide you and the IRS with accurate cost basis accounting, you are being asked to select a cost basis method for your new account.

You may want to consult your tax adviser to determine which method best suits your individual tax situation.

If you do not elect a method, the Fund default method of **Average Cost** will apply until such a time that it is revoked or changed by you. Please choose one of the following available cost basis methods:

- Average cost (ACST)** – the purchase price of all covered shares in the account are averaged.
- First in, First out (FIFO)** – Depletes shares beginning with the earliest acquisition date.
- Last in, First out (LIFO)** – Depletes shares beginning with the most recent acquisition date.
- High cost (HIFO)** – Depletes shares beginning with the most expensive shares.
- Low cost (LOFO)** – Depletes shares beginning with the least expensive shares.
- Loss/Gain Utilization (LGUT)** – Depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares.
- Specific Lot Identification (SLID)** – Depletes shares as identified by you at the time of redemption (please refer to secondary method options below).

If you would rather select specific lot identification (meaning you will inform us at the time of redemption of which specific share lots you want redeemed), please choose a secondary method to be used in the event that specific lot depletion information is not provided

Please choose one of the following:

- First in, First out (FIFO)
- Low cost (LOFO)
- Last in, First out (LIFO)
- Loss/Gain Utilization (LGUT)
- High cost (HIFO)

Your elected cost basis method will be applied to all existing and future accounts opened that have the same account type and registration.

B. 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

C. 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 services. Yes No

or

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

I authorize you to establish banking services. Yes No

Wiring Instructions: Bank Name _____ ABA No. _____

Account Name _____ Account No. _____

D. 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)

If you wish to have distributions wired to a bank account other than the one mentioned above, please indicate below.

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

Wiring Instructions: Bank Name _____ ABA No. _____

Account Name _____ Account No. _____

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

- By checking this box and signing below, I authorize Boston Financial Data Services (BFDS) 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 Forside 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 BFDS 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 Forside 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 BFDS 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.
- 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 I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends. (CROSS OUT the word "NOT" above if you have received IRS notification.); and
 - 3) I am a U.S. Person (including a U.S. Resident alien).
- **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 Form W-8 to:

 - Establish that you are a foreign person;
 - Claim that you are the beneficial owner of the income for which this form is being provided; and
 - If applicable, claim a reduced rate of, or exemption from, withholding as a resident of a foreign country with which the United States as an income tax treaty.

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.

Authorized Signature	<input type="text"/>	Date	<input type="text"/>
Printed Name	<input type="text"/>	Phone #	<input type="text"/>
Title	<input type="text"/>		
Authorized Signature	<input type="text"/>	Date	<input type="text"/>
Printed Name	<input type="text"/>	Phone #	<input type="text"/>
Title	<input type="text"/>		

Additional Signatures *(if needed)*

Authorized Signature

Printed Name

Title

Date

Phone #

Authorized Signature

Printed Name

Title

Date

Phone #

Authorized Signature

Printed Name

Title

Date

Phone #

BANK, BROKER-DEALER USE ONLY

Bank or Broker/Dealer Name

Broker/Dealer #

Branch Address

Branch #

Rep. Name

Rep. #/User ID



Please use this document if your organization does not have an existing resolution.

I, the undersigned duly elected, qualified and acting Secretary of _____
a corporation organized and existing under the laws of the State of _____
hereby certify that a meeting of the _____, of said corporation duly held
_____ 20 _____, a quorum being present throughout, the following resolutions were duly adopted:

"BE IT RESOLVED, that

"The form of agreement with HSBC Funds, presented to this meeting for the servicing of investments of this Corporation hereby is approved;

"Any one of the following officers of this Corporation is authorized to execute and deliver said Agreement on behalf of this Corporation.

(The title or titles of the officers authorized)

"The Secretary of this Corporation is authorized to certify to said Funds under the seal of this Corporation (a) a copy of these resolutions together with the names and signatures of the officer or officers of this Corporation authorized to execute and deliver said Agreement, and (b) in case of each subsequent change in the individual holding any such office, such fact and the name and signature of the new officer (or officers), and said Funds shall be entitled fully to rely and act upon such certification as and when so made to, and received by, it."

I further certify that:

1. each of the following holds the office in this Corporation and has the signatures placed opposite his name:

Name	Office	Signature	Signing Authority
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. the following resolutions are in full force and effect and are not contrary to the Charter or By-Laws of this Corporation and the annexed Agreement is identical with the form of Agreement presented to said meeting and approved by the aforesaid resolution.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of this Corporation this _____ day of _____ 20 _____.

Secretary

Vision Remote User System Request

Fund Name: HSBC 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:

<u>Fund Number</u>	<u>Account Name</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 Boston Financial Data Services (BFDS) systems and will act accordingly against any misuse of BFDS 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 BFDS's actions based on the above instructions, the undersigned company hereby agrees to indemnify and hold harmless BFDS 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: _____

BFDS USE ONLY

TA Risk Management Approval: _____ Date: _____

Group ID: _____ Name: _____

New
 Existing