

Direct Account Application

Return completed form to:
 HSBC Funds
 PO Box 8106, Boston MA 02266-8106
 For assistance, call: 1-877-244-2424 (Institutional)
 1-800-782-8183 (Retail)

1. Complete a new account application.
2. **For Institutional accounts:** 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: medallion signature guaranteed, corporate seal, or notary stamp.
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 investment by mail.

For additional information about the Funds, please call 1-877-244-2424 (Institutional) or 1-800-782-8183 (Retail).
 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)

- Public Corporation* (Symbol) _____
 Non-Public Corporation*
 Government Entity
 Individual
 HSBC Employee
 Joint Tenants with Rights of Survivorship
 Other (Specify)* _____

*Attach a copy of the appropriate articles of incorporation or business license, and corporate resolutions or 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 1-877-244-2424 for institutional account assistance or 1-800-782-8183 for retail account 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.

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
Authorized Signers / Title	Authorized Signers / Title
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	Evening Telephone Number
Email Address	

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 U.S. Citizen Resident Alien¹ 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 Evening 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.)

Emerging Markets Fixed Income Funds	<u>A</u>	<u>C</u>	<u>I</u>	<u>S</u>	<u>Amount</u>
HSBC Emerging Markets Debt Fund	<input type="checkbox"/>	-	<input type="checkbox"/> †	<input type="checkbox"/> **	\$ _____
HSBC Emerging Markets Local Debt Fund	<input type="checkbox"/>	-	<input type="checkbox"/> †	<input type="checkbox"/> **	\$ _____
HSBC Total Return Fund	<input type="checkbox"/>	-	<input type="checkbox"/> †	<input type="checkbox"/> **	\$ _____
Emerging Markets Equity Funds	<u>A</u>	<u>C</u>	<u>I</u>	<u>S</u>	<u>Amount</u>
HSBC Frontier Markets Fund	<input type="checkbox"/>	-	<input type="checkbox"/> †	-	\$ _____
HSBC Asia ex-Japan Smaller Companies Equity Fund	<input type="checkbox"/>	-	<input type="checkbox"/> †	-	\$ _____
Equity Funds	<u>A</u>	<u>C</u>	<u>I</u>	<u>S</u>	<u>Amount</u>
HSBC Opportunity Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ††	-	\$ _____
Global Bond Funds	<u>A</u>	<u>C</u>	<u>I</u>	<u>S</u>	<u>Amount</u>
HSBC Global High Income Bond Fund	<input type="checkbox"/>	-	<input type="checkbox"/> †	-	\$ _____
HSBC Global High Yield Bond Fund	<input type="checkbox"/>	-	<input type="checkbox"/> †	-	\$ _____
HSBC Euro High Yield Bond Fund (USD Hedged)	<input type="checkbox"/>	-	<input type="checkbox"/> †	-	\$ _____
Global Equity Funds	<u>A</u>	<u>C</u>	<u>I</u>	<u>S</u>	<u>Amount</u>
HSBC Global Equity Volatility Focused Fund	<input type="checkbox"/>	-	<input type="checkbox"/> †	-	\$ _____
World Selection Funds	<u>A</u>	<u>C</u>	<u>I</u>	<u>S</u>	<u>Amount</u>
Aggressive Strategy Fund	<input type="checkbox"/>	<input type="checkbox"/>	-	-	\$ _____
Balanced Strategy Fund	<input type="checkbox"/>	<input type="checkbox"/>	-	-	\$ _____
Moderate Strategy Fund	<input type="checkbox"/>	<input type="checkbox"/>	-	-	\$ _____
Conservative Strategy Fund	<input type="checkbox"/>	<input type="checkbox"/>	-	-	\$ _____
Income Strategy Fund	<input type="checkbox"/>	<input type="checkbox"/>	-	-	\$ _____

Total: \$ _____

†Requires \$1 million minimum initial investment.

††Requires \$5 million initial investment.

**Requires \$25 million minimum initial investment.

3. Investment Instructions

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

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. Rights of Accumulation (Class A Shares only. See the prospectus for qualifications.)

A family member or I own shares of more than one fund in the HSBC Funds, which may entitle me to a reduced sales charge.

The shareholder account numbers are:

Fund Name _____ Fund Name _____ Fund Name _____
Account # _____ Account # _____ Account # _____

C. Letter of Intent (Class A Shares only.)

I understand that through accumulated investments I may reduce my sales charges as outlined in the prospectus. I plan to invest over a 13-month period in shares of one or more of the funds in the HSBC Funds (excluding all the Money Market Funds) an aggregate amount of at least:

- \$50,000
- \$100,000
- \$250,000
- \$500,000
- \$1,000,000

D. Sales Charge Waivers (See current prospectus under "Waiver of Sales Charges" for qualified purchaser types.)

Qualified Purchaser Category and Explanation _____

E. 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

F. 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. _____

5. Tax Certification

(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 or single-member LLC C corporation S corporation

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.

- **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 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.
- **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: 100%; height: 20px;" type="text"/>		
Printed Name	<input style="width: 100%; height: 20px;" type="text"/>	Date	<input style="width: 100%; height: 20px;" type="text"/>
Title	<input style="width: 100%; height: 20px;" type="text"/>	Phone #	<input style="width: 100%; height: 20px;" type="text"/>
Authorized Signature	<input style="width: 100%; height: 20px;" type="text"/>		
Printed Name	<input style="width: 100%; height: 20px;" type="text"/>	Date	<input style="width: 100%; height: 20px;" type="text"/>
Title	<input style="width: 100%; height: 20px;" type="text"/>	Phone #	<input style="width: 100%; height: 20px;" type="text"/>
Authorized Signature	<input style="width: 100%; height: 20px;" type="text"/>		
Printed Name	<input style="width: 100%; height: 20px;" type="text"/>	Date	<input style="width: 100%; height: 20px;" type="text"/>
Title	<input style="width: 100%; height: 20px;" type="text"/>	Phone #	<input style="width: 100%; height: 20px;" type="text"/>

BANK, BROKER-DEALER USE ONLY

Bank or Broker/Dealer Name	<input style="width: 100%; height: 20px;" type="text"/>	Broker/Dealer #	<input style="width: 100%; height: 20px;" type="text"/>
Branch Address	<input style="width: 100%; height: 20px;" type="text"/>	Branch #	<input style="width: 100%; height: 20px;" type="text"/>
Rep. Name	<input style="width: 100%; height: 20px;" type="text"/>	Rep. #/User ID	<input style="width: 100%; height: 20px;" type="text"/>

Vision Remote User System Request

HSBC Funds

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:

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 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