



# HSBC Funds

*(Formerly HSBC Investor Funds)*

Account Opening Form

U.S. Domiciled Funds

## It's easy to open an account:

1. Complete a new account application.
2. Return the completed application and your check made payable to HSBC Funds ("Funds") in the enclosed postage-paid envelope or mail it to us at the following address: HSBC Funds, P.O. Box 182845, Columbus, Ohio 43218-2845.
3. After your account is opened, you'll receive a confirmation of your investment by mail.

For additional information about the Funds, please call 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.

## How Would You Like Your Account Registered?

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.

**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"/> Individual                                   | <input type="checkbox"/> Community Property  | <input type="checkbox"/> Nonprofit*       | <input type="checkbox"/> Charitable Organization* |
| <input type="checkbox"/> Joint Tenants with<br>Rights of Survivorship | <input type="checkbox"/> Tenants in Common   | <input type="checkbox"/> "C" Corporation* | <input type="checkbox"/> Partnership*             |
| <input type="checkbox"/> HSBC Employee                                | <input type="checkbox"/> Custodian for Minor | <input type="checkbox"/> "S" Corporation* | <input type="checkbox"/> Other (Specify)*         |
|   | <input type="checkbox"/> Trust*              |   |   |

\*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.

### 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.

### B. Account Name

\_\_\_\_\_  
Individual (Legal Name: First/Middle/Last)

M M D D Y Y Y Y

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Date of Birth

--	--	--	--	--	--	--	--	--	--

Social Security Number

\_\_\_\_\_  
Joint Owner--if any (Legal Name: First/Middle/Last)

--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--	--	--

Social Security Number

\_\_\_\_\_  
Name of Custodian (only one) as custodian for

--	--	--	--	--	--	--	--

Custodian's Date of Birth

--	--	--	--	--	--	--	--	--	--

Custodian's Social Security Number

\_\_\_\_\_  
Name of Minor (only one)                      Minor's State of residence

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Minor's Date of Birth

--	--	--	--	--	--	--	--	--	--

Minor's Social Security Number

\_\_\_\_\_  
Name of Trust/Corporation/Partnership/Other Entity

--	--	--	--	--	--	--	--

Date of Trust

--	--	--	--	--	--	--	--	--	--

Tax ID Number

\_\_\_\_\_  
Name of Trustee(s) / Authorized Signers

\_\_\_\_\_  
Name of Trustee(s) / Authorized Signers

### 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


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

Street Address: Residential/Business, Number and Street Apt#/Suite City State Zip

Mailing Address (If different from above)(P.O. Box allowed)

Daytime Telephone Number Evening Telephone Number Email Address

**For joint accounts, please provide the street address for additional owners if different from the primary address.**

Street Address: Residential/Business, Number and Street 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  Non-resident Alien (Attach IRS Form W-8. Dividends are subject to tax withholding.)  Resident Alien

Note: 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: \_\_\_\_\_

**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.)

	<u>A</u>	<u>B</u>	<u>C</u>	<u>I</u>	<u>Y</u>	<u>S</u>	<u>Amount</u>
<b>Money Market Funds:</b>							
HSBC Prime Money Market Fund	<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"/>	\$ _____	
HSBC U.S. Treasury Money Market Fund	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
<b>Emerging Markets Fixed Income Funds:</b>							
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"/>	\$ _____	
HSBC RMB Fixed Income Fund	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	
<b>Emerging Markets Equity Funds:</b>							
HSBC Frontier Markets Fund	<input type="checkbox"/>			<input type="checkbox"/>		\$ _____	
<b>Equity Funds:</b>							
HSBC Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____	
HSBC Opportunity Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____	
<b>Total:</b>							\$ _____

<sup>\*</sup>Requires \$1 million minimum initial investment. <sup>++</sup>Requires \$5 million initial investment.  
<sup>\*</sup>Requires \$25 million minimum initial investment. <sup>^</sup>Requires \$50 million minimum initial investment.

### 3 Account Options

#### A. Cost Basis Methodology Options

Effective January 1, 2012, cost basis information is required on all covered mutual fund positions. Covered mutual fund positions are shares bought beginning January 1, 2012. Please select from the options below the calculation method that is to be used for this account when determining the cost basis of fund shares. You may wish to review these options with your tax advisor before making a selection.

The HSBC Funds has elected **Average Cost** as the default cost basis method. If you do not make a selection (or make multiple selections), your account will default to the **Average Cost** method.

- Average Cost** – Depleting non-covered shares first, then covered shares.
- FIFO** – First In, First Out. Depleting non-covered shares first, then covered shares.
- HIFA** – Highest Cost In, First Out. Uses all lots Short-Term(ST) and Long-Term(LT). Depleting non-covered shares first, then covered shares.
- HIFL** – Highest Cost In, First Out. Uses LT lots first, then ST lots. Depleting non-covered shares first, then covered shares.
- LOFL** – Lowest Cost In, First Out. Uses LT lots first, then ST lots. Depleting non-covered shares first, then covered shares.
- Specific ID** – Specific share lot provided by shareholder with every redemption.
- LIFO** – Last In, First Out. Depleting non-covered shares first, then covered shares.
- LOFA** – Lowest Cost In, First Out. Uses all lots ST and LT. Depleting non-covered shares first, then covered shares.
- HIFS** – Highest Cost In, First Out. Uses ST lots first, then LT lots. Depleting non-covered shares first, then covered shares.
- LOFS** – Lowest Cost In, First Out. Uses ST lots first, then LT lots. Depleting non-covered shares first, then covered shares.

#### 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. \_\_\_\_\_

**G. 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, unless otherwise specified in writing.

Distribution Options:    Reinvest    Cash    Directed    Cash Payment Method

Dividends:                                                             Account # \_\_\_\_\_                     ACH (Bank of record)

Capital Gains:                                                         Account # \_\_\_\_\_                     Check (Sent to address of record)

**H. Checkwriting** Checkwriting is only available for Money Market Funds. Call 1-800-782-8183 to obtain a signature card. Please be sure to fill out a signature card. Your check orders may be delayed while verifying your identity.

Yes. I want to be able to write checks from my HSBC Money Market Funds account (minimum check redemption amount of \$500).

**I. 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 _____	<input type="checkbox"/> Each month on the 1st	Fund _____	<input type="checkbox"/> Each month on the 1st
Amount \$ _____	<input type="checkbox"/> Each month on the 15th	Amount \$ _____	<input type="checkbox"/> Each month on the 15th
	<input type="checkbox"/> Each month on the 1st and 15th		<input type="checkbox"/> Each month on the 1st and 15th

**J. 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 _____	<input type="checkbox"/> Monthly	Fund _____	<input type="checkbox"/> Monthly
Amount \$ _____	<input type="checkbox"/> Quarterly	Amount \$ _____	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Annually		<input type="checkbox"/> Annually

**K. Automatic Exchange Program** You may make regular, automatic withdrawals from an HSBC Money Market Fund to another 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 \$ _____

**L. 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:

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Name \_\_\_\_\_ Company \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**4 Your Signature** (All registered shareholders must sign.)

- 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 Money Market 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 Citi Fund Services 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 Citi Fund Services 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.**

X \_\_\_\_\_

Signature Date

X \_\_\_\_\_

Signature Date

X \_\_\_\_\_

Signature Date

X \_\_\_\_\_

Signature Date

**BANK, BROKER-DEALER USE ONLY**

\_\_\_\_\_  
Broker/Dealer Name: Broker/Dealer #:

\_\_\_\_\_  
Branch Name: Branch #:

\_\_\_\_\_  
Rep. Name: Rep. #: