



# HSBC INTERNATIONAL PERSONAL BANKING DEPOSIT CONTRACT FOR SAVINGS ACCOUNT

Depositor 1 \_\_\_\_\_  
 Depositor 2 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Completed by HBUS IBC:  
 Account Number \_\_\_\_\_  
 Office of Account \_\_\_\_\_

- A**
- By signing below in Section D, I open the account described above and I agree that you will handle my account according to the "Rules For Deposit Accounts" and the "Terms and Charges Disclosure". I agree that this form and the "Rules" and "Terms and Charges Disclosure" are a binding contract between you and me.
  - If more than one person signs this form, each agrees to honor this contract. Also, unless stated otherwise, each intends to create a joint deposit **payable to either (any) of them or the survivor.**

**B Please complete Section B OR Section C.**

**US Persons must complete and sign below:** US Taxpayer Identification No. \_\_\_\_\_  
 Depositor 1 Depositor 2

Your Taxpayer Identification Number ("TIN") may be your Social Security Number ("SSN") or your IRS Individual Taxpayer Identification Number ("ITIN"). If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date below. For deposit interest payments, generally you will have 60 days to get a TIN and give it to the bank before you are subject to backup withholding on payments. **Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**By signing below in Section D, I verify, under penalties of perjury, that (1) The number shown above is my correct taxpayer identification number (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. person (including a U.S. resident alien). If you are subject to backup withholding due to notified payee underreporting, please cross out item 2.**

**C Non-US Persons must complete the following (Substitute Form W-8BEN):**

Identification of Beneficial Owner (Please print):	Identification of Joint Beneficial Owner (Please print):
1. _____ Name of account holder that is the beneficial owner.	1. _____ Name of joint beneficial owner.
2. Country of incorporation/organization: _____ N/A	2. Country of incorporation/organization: _____ N/A
3. Type of beneficial owner: _____ Individual	3. Type of beneficial owner: _____ Individual
4. _____ Permanent tax residence address (Street, Apt. or Suite No., or Rural Route). (Do not use a P.O. Box, in-care-of or financial institution's address). <b>If US Permanent address provided, complete Attachment B.</b>	4. _____ Permanent tax residence address (Street, Apt. or Suite No., or Rural Route). (Do not use a P.O. Box, in-care-of or financial institution's address). <b>If US Permanent address provided, complete Attachment B.</b>
_____ City or Town, State or Province, Country ( <b>do not abbreviate</b> ). Include postal code where appropriate.	_____ City or Town, State or Province, Country ( <b>do not abbreviate</b> ). Include postal code where appropriate.
5. _____ Mailing address (if different from above). <b>If US Mailing address provided, complete Attachment A.</b>	5. _____ Mailing address (if different from above). <b>If US Mailing address provided, complete Attachment A.</b>
_____ City or Town, State or Province, Country ( <b>do not abbreviate</b> ). Include postal code where appropriate.	_____ City or Town, State or Province, Country ( <b>do not abbreviate</b> ). Include postal code where appropriate.
6. _____ US Taxpayer ID No., if required (see instructions to Form W-8BEN at www.irs.gov).	6. _____ US Taxpayer ID No., if required (see instructions to Form W-8BEN at www.irs.gov).

**By signing below in Section D, I declare, under penalties of perjury, that I have examined the information in this section of this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:**

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The beneficial owner is not a U.S. person,
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions (available at [www.irs.gov](http://www.irs.gov)).

**Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.**

**D** By signing below, you will be bound by Section A and by the applicable certification in Section B or C above. **The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding or to establish your status as a non-US person and if applicable, obtain a reduced rate of withholding.**

→ **SIGN HERE** \_\_\_\_\_ Date \_\_\_\_\_ Capacity in which acting \_\_\_\_\_  
 Signature of Depositor 1 or Beneficial Owner (or individual authorized to sign therefor) MM-DD-YYYY (e.g., self, parent, guardian, agent (attach POA))

→ **SIGN HERE** \_\_\_\_\_ Date \_\_\_\_\_ Capacity in which acting \_\_\_\_\_  
 Signature of Depositor 2 or Joint Beneficial Owner (or individual authorized to sign therefor) MM-DD-YYYY (e.g., self, parent, guardian, agent (attach POA))