

HSBC Money Market Funds (Institutional)  
Direct Account Application Form

April 2026

This PDF is interactive. You can fill it in and save it on your computer. Alternatively, you can print it out and fill in this form on paper, please complete in black ink using BLOCK CAPITALS. Editable fields can be highlighted by clicking on the Highlight Fields button in the upper right bar of this PDF window. Type directly into the fields by clicking into them and navigate to the next field by clicking into it or by pressing tab.

Please return the completed form to HSBC Funds, PO Box 219691, Kansas City, MO 64121-9691.  
HSBC Funds (For Overnight Delivery), 430 W 7th Street STE 219691, Kansas City, MO 64105-1407.  
For assistance, call: 1-877-244-2424.

**FOR HSBC USE ONLY**

Dealer Code	<input type="text"/>
Rep Name	<input type="text"/>
Master Relationship	<input type="text"/>

**Direct Account Application:**

1. Complete a new account application.
2. Include formation documents such as Articles of Incorporation or a Business License and Corporate Resolution for US entities to show Authorized Signers for your organization. For Publicly Listed Corporations on either NYSE or NASDAQ, we only require confirmation of authorized signers such as an Authorized Signature List or Corporate Resolution. These documents should be certified in one of three ways: 1) medallion signature guaranteed, 2) corporate seal, or 3) notary stamp.
3. Please include the appropriate Tax Form available on [www.IRS.gov](http://www.IRS.gov). (W-9 for US entities, W-8 for Non-US entities)
4. Email your completed documents to [LiquidityAmericas@us.hsbc.com](mailto:LiquidityAmericas@us.hsbc.com). Using the following checklist, please check that you've included all the relevant associated documents.  
  
 completed application form     certified corporate resolution     formation documents     tax form
5. **Online Trading Capabilities Instructions will be provided as a separate document.** Online Trading is only available to authorized traders. Inquiry only access is available to other employees.

**Important Information About Procedures For Opening a New Account**

To help the government fight 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. When you open an account, you are required to provide your name, street address (principle place of business) and taxpayer identification number. We may require other information that will allow us to identify you.

Registration details – if filling in a printout, please use block capitals and write firmly with a ballpoint pen.

## 1. Account Registration

### A. Type of Registration (check one)

- Publicly Listed Corporation on NYSE (Symbol)
- Publicly Listed Corporation on NASDAQ (Symbol)
- Non-Public Corporation    Government Entity    Limited Liability Company
- Registered Investment Advisor (CRD/SEC#)
- Other (Specify)

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/Program

### B. Account Information (Address must be the principal place of business; a P.O. Box is not acceptable.)

Account Registration/Name

Street Address

City  State

Zip  P.O. Box allowed

Mailing Address  
(If different from above)

Contact Name

Email Address

Daytime Telephone Number  Alt. Telephone No.

**Tax Status**    US Entity (W-9)    Non-US Entity (W-8)

Tax Identification Number

Issuing Body

Country of Origin

## 2. Fund Selection

You may invest only in a Fund for which you have a current prospectus.

### A. Share Class

	I Shares	Intermediary Shares	Intermediary Service Shares	P Shares	Y Shares
<b>Minimum Initial Investment</b>	<b>USD50 million</b>	<b>USD10 million</b>	<b>USD10 million</b>	<b>USD10 million</b>	<b>USD1 million</b>
HSBC U.S. Government Money Market Fund	<input type="checkbox"/> CUSIP 40428X107	<input type="checkbox"/> CUSIP 44330V480	<input type="checkbox"/> CUSIP 44330V472	<input type="checkbox"/> CUSIP 44330V357	<input type="checkbox"/> CUSIP 404281222
HSBC U.S. Treasury Money Market Fund	<input type="checkbox"/> CUSIP 40428X206	<input type="checkbox"/> CUSIP 44330V464	<input type="checkbox"/> CUSIP 44330V456	<input type="checkbox"/> CUSIP 44330V340	<input type="checkbox"/> CUSIP 404281289

**For other investments, please specify the fund name and share class:**

### B. Banking Instructions

Please provide wire instructions so that HSBC Funds can wire redemptions to your bank account, (NB, Account Name must match Account Registration Name).

Wiring Instructions:

Bank Name  ABA Number

Account Name  Account Number

Intermediary Bank (if applicable where client bank is held outside the US and an Intermediary exists)

Intermediary Bank Name

Swift Code

### C. Distribution Selection

All dividends and capital gains will be automatically reinvested unless indicated below.

Distribution Options Dividends:  Reinvest  Cash

Distribution Options Capital Gains:  Reinvest  Cash

All distributions will automatically default to the wire instructions above. If wiring instructions are different, please complete below, (NB, Account Name must match Account Registration Name).

Wiring Instructions:

Bank Name

ABA Number

Account Name

Account Number

**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

Address

City

State  Zip

**E. Authorized Traders –** Where more entries are required, please submit and authorized traders list

Signature  Date: MM/DD/YYYY

Phone Number

Printed Name  Title

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Signature  Date: MM/DD/YYYY

Phone Number

Printed Name  Title

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Signature  Date: MM/DD/YYYY

Phone Number

Printed Name  Title

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Signature  Date: MM/DD/YYYY

Phone Number

Printed Name  Title

### 3. Additional Information

- ◆ As a representative of the customer, I have received and read the prospectus and Privacy Notice for each Fund selected on this application and confirm agreement to be bound by their respective terms. I have the authority, legal capacity and am of legal age to purchase mutual fund shares on behalf of the customer. I request that the Funds accept this application and open an account for the customer in accordance with this application. I authorize and direct the Funds as the customer's agent to purchase and redeem shares in the Funds indicated on this application on the customer's behalf in accordance with the agreement, and I acknowledge that such direction may be in the form of telephone instructions from authorized representatives of the customer. 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 acknowledge that the person(s) signing this form are authorized representatives and are empowered to effect securities transactions for the account on the terms described in the prospectus, and that the account and privileges selected have been duly authorized and that all signatures are genuine.
- ◆ **I understand 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.**
- ◆ I 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) or applicable law, 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.**
- ◆ Consistent with the obligations of the Fund and the investment adviser to comply with various laws designed to prevent, detect and report to relevant governmental authorities money laundering, terrorist financing, tax evasion and other illicit activities (collectively, "**Anti-Money Laundering Laws**"), and with their internal policies designed to comply with such laws, the Fund is required to obtain information about me and my beneficial owners or the purpose of any transaction, or engage in other related financial crime risk management activities as described in the paragraph below. I understand, acknowledge, represent and agree:
  - A) to my knowledge after reasonable inquiry, the acceptance of this account application together with the related payments shall not breach any Anti-Money Laundering Laws or any other applicable money laundering rules or regulations;
  - B) to provide promptly to the Fund, the custodian and the investment adviser, upon request, documentation requested to verify my identity, which may include information about my beneficial owners, including requests before and after acceptance of the subscription;
  - C) that to the best of my knowledge after reasonable inquiry, the subscription monies are not, in whole or in part, the proceeds of activity that may contravene federal, state or international laws and regulations, including Anti-Money Laundering Laws, nor do they represent, in whole or in part, directly or indirectly, such proceeds; and
  - D) to provide such additional information or take such other actions as may be required to comply with any Anti-Money Laundering Law including without limitation, withdrawing my Interests in the Fund, that is necessary to comply with any Anti-Money Laundering Law.
- ◆ I acknowledge and agree that the failure to abide by the representations and warranties in these paragraphs may result in the Fund redeeming my investment without notice, and/or freezing my investment if required to do so pursuant to applicable law, regulation or court order.
- ◆ I, as representative of the customer, acknowledge that HSBC, and members of the HSBC Group, are required, and may take any action they consider appropriate in their sole and absolute discretion, to meet compliance obligations in connection with the detection, investigation and prevention of financial crime, as money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or violations, or acts or attempts to circumvent or violate any laws and regulations relating to these matters ("Financial Crime Risk Management Activity"). Such action may include, but is

not limited to: (a) screening, intercepting and investigating any instruction, communication, drawdown request, application for services, or any payment sent to or by me, or on my behalf; (b) investigating the source of or intended recipient of funds; (c) combining my information with other related information in the possession of the HSBC Group; and/or (d) making further enquiries as to the status of a person or entity, whether they are subject to sanctions, or confirming the customer's identity and status. I acknowledge that the Financial Crime Risk Management Activity may lead to HSBC delaying, blocking or refusing the making or clearing of any payment, the processing of my instructions or application for services or the provision of all or part of the services. To the extent permissible by law, neither HSBC nor any other member of the HSBC Group shall be liable to me or any third party in respect of any loss whether incurred by me or a third party caused in whole or in part in connection with the undertaking of Financial Crime Risk Management Activity.

- ◆ I agree to notify the Fund promptly should I become aware of any change in the information set forth in these representations. I am advised that, by law, the Fund may be obligated to "freeze the account" of such customer, either by prohibiting additional investments from the customer, suspending distributions and/or segregating the assets in the account in compliance with governmental regulations. I further acknowledge that the investment adviser may, by written notice, suspend the payment of distribution proceeds payable to me if the investment adviser reasonably deems it necessary to do so to comply with anti-money laundering regulations applicable to the Fund, the investment adviser and its affiliates, subsidiaries, or associates or any of the Fund's other service providers.
- ◆ I acknowledge and agree that each of the Fund, the investment adviser and/or the custodian may disclose to each other, to any affiliate, to any other service provider to the Fund or to any regulatory body in any applicable jurisdiction to which any of the Fund, the investment adviser and/or the custodian is or may be subject, copies of my subscription application/documents and any information concerning me in their respective possession, whether provided by me to the Fund, the investment adviser and/or the custodian or otherwise, including details of my holdings in the Fund, historical and pending transactions in the Fund's Interests and the values thereof, and any such disclosure shall not be treated as a breach of any restriction upon the disclosure of information imposed on any such person by law or otherwise. Notwithstanding the above, I acknowledge that all information supplied to the Fund, the investment adviser and/or the custodian will be subject to the provisions of applicable data protection legislation. I further acknowledge that, should it be necessary, either to fulfil a legal requirement or to facilitate the efficient execution of the administrative functions, the data I supplied may be transferred, to the extent necessary and in compliance with data protection legislation.
- ◆ I acknowledge and agree that shares in the Fund may not be issued nor will funds be accepted until such time as the Fund and/or the custodian has received and is satisfied with all the information and documentation requested to verify my identity. (All registered shareholders must sign.)

**Multiple signers are recommended in the event of primary signer's unavailability or account amendment. An authorized signers list or Corporate Resolution is required as evidence. If you need more room, please provide a separate signers list on company letterhead, signed by an authorized signer.**

**Authorized Signers**

Signature	Date: MM/DD/YYYY										
	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
	Phone Number										
Printed Name	Title										

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Signature	Date: MM/DD/YYYY										
	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
	Phone Number										
Printed Name	Title										

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Signature <input style="width: 100%; height: 50px;" type="text"/>	Date: MM/DD/YYYY <input style="width: 100%; height: 20px;" type="text"/>
Printed Name <input style="width: 100%; height: 20px;" type="text"/>	Phone Number <input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	Title <input style="width: 100%; height: 20px;" type="text"/>

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Signature <input style="width: 100%; height: 50px;" type="text"/>	Date: MM/DD/YYYY <input style="width: 100%; height: 20px;" type="text"/>
Printed Name <input style="width: 100%; height: 20px;" type="text"/>	Phone Number <input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	Title <input style="width: 100%; height: 20px;" type="text"/>

#### 4. Legal Entity Beneficial Ownership Certification

◆ **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 any person opening a new account on behalf of a legal entity. 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.

**If you believe you are either fully or partially exempt from completing this Certification, please skip to Appendix A for further guidance. For more information on requirements and exclusions, please visit the FinCEN website at [www.fincen.gov](http://www.fincen.gov)**

◆ **How to complete this form.**

**Section A, Certification of beneficial owner(s) section:**

We require personal information including 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) only for all individuals, if any, who own, 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). We may also ask to see a copy of the driver's license or other identifying document for each beneficial owner listed on this Certification.

Where more than 25 percent or more of the equity interests of the legal entity customer is owned by another legal entity, we require the aforementioned personal information for beneficial owners of the other legal entity.

Where there are no individuals / entities with holdings over 25 per cent, this section may be notated with N/A. Regardless of the number of individuals identified under this section, you must provide the identifying information of one individual under Section B. Note that it is possible that in some circumstances the same individual might be identified under both sections (e.g. the President of a company who also holds a 30% equity interest).

**Section B, the Control Person(s) section:**

We require personal information for individuals with significant responsibility for managing or directing 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).

**Section C, the Certification section:**

We require a signature from the name of the person opening the account to certify, to the best of their knowledge, that the information provided in this form is complete and correct.

**A. CERTIFICATION OF BENEFICIAL OWNER(S)**

Persons opening an account on behalf of a legal entity must provide the following information:

1. Name and Title of Natural Person Opening Account

2. Name, Type, and Address of Legal Entity for Which the Account is Being Opened

Please provide the following information for each individual(s), 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. If more room is needed, please provide a separate list. If no individual meets this definition, please write N/A.

**Name**

**Date of Birth:** MM/DD/YYYY

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**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 and Country of Issuance<sup>1</sup>

**Name**

**Date of Birth:** MM/DD/YYYY

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**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 and Country of Issuance<sup>1</sup>

**Name**

**Date of Birth:** MM/DD/YYYY

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**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 and Country of Issuance<sup>1</sup>

<sup>1</sup> In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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. A photocopy of the valid identity documentation is required for account opening. All copies must be in English.

**B. CONTROL PERSON(S)**

Please provide the following information for one individual with significant responsibility for managing or directing the legal entity, 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:** MM/DD/YYYY

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**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 and Country of Issuance<sup>1</sup>

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**C. CERTIFICATION**

I, _____
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**(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: MM/DD/YYYY

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Legal Entity Identifier (Optional)

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**For further information on the Customer Due Diligence Requirements for Financial Institutions, please visit the Financial Crimes Enforcement Network website at [www.fincen.gov](http://www.fincen.gov)**

1. In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, 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. A photocopy of the valid identity documentation is required for account opening. All copies must be in English.

# Appendix A

**Full Exclusion** – Please check the appropriate box.

Note that an entity listed below is fully excluded from the definition of legal entity customer and therefore not required to complete the Legal Entity Beneficial Ownership Certification section of this document.

- US financial institutions regulated by a Federal functional regulator or a bank regulated by a State bank regulator
- US and non-US governmental entities
- Entities listed on a US exchange (NYSE and NASDAQ) and their >51% US owned subsidiaries

Please provide ticker and exchange:

- Investment Companies as defined in Section 3 of the Investment Company Act of 1940, Investment Advisers as defined in Section 202(a)(11) of the Investment Advisors Act of 1940, and other Securities and Exchange Commission (SEC) registrants
- Commodity and Future Trade Commission (CFTC) registrants
- Pooled investment vehicles (advised by a financial institution that is excluded), e.g. a fund that is advised or managed by an SEC registered investment adviser or a relying investment adviser if listed on the SEC registered Investment Adviser's Schedule R
- Insurance companies subject to state regulation
- Financial market utilities designated by the Financial Stability Oversight Council, such as The Clearing House Payments Company or The Depository Trust Company

## 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:

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Legal Entity Identifier (Optional)

**Partial Exclusions** – Please check the appropriate box.

Note that the below entity types must complete the Control Person and Certification sections within the Legal Entity Beneficial Ownership Certification of this document.

- A pooled investment vehicle that is operated or advised by a financial institution not excluded (e.g., non-US managed mutual funds, hedge funds, and private equity funds)
- Nonprofit corporation (e.g. charitable, nonprofit, not-for profit, public benefit)