

Matching Gift Program

Through the Matching Gift Program, the Company helps to serve as a catalyst for progress by giving eligible participants the opportunity to increase their personal contributions to qualified nonprofit organizations. In the United States, HSBC matches, dollar for dollar, personal donations made by eligible employees, up to \$3,500 per year, to the eligible nonprofit organizations of their choice. Gifts are typically matched in the order they are received. Although participant gifts may be restricted to a particular program, corporate matching gifts are made to organizations for their unrestricted use within the United States. Note that availability of the Matching Gift program is not guaranteed. If the budget is expended, the program will be suspended immediately and no further applications will be accepted. See administrative conditions for further details.

WHO CAN PARTICIPATE

U.S.-based regular employees who are scheduled to work 20 or more hours per week at the time the request is received

WHICH ORGANIZATIONS ARE ELIGIBLE

U.S.-based nonprofit entities with tax exempt status under Section 501(c)(3) of the Internal Revenue Code at the time the gift is made, which meet all other criteria of this program, and offer services in one of the outlined categories

WHAT SERVICE AREAS ARE SUPPORTED

Education:

- Accredited educational organizations such as public and private colleges and universities (except theological or religious institutions limited to a specific group)
- Education foundations and scholarship programs
- Economic/consumer education; adult financial education
- Programs supporting literacy, financial education, diversity and cultural awareness

Environment:

- Environmental, ecological and animal-related activities from pollution control programs to zoos
- Conservation and preservation of the environment

Community:

- Disease/disability related education, prevention, rehabilitation or treatment
- Basic human services available to the general public (such as emergency shelter, clothing or food disaster relief)
- Senior citizen; family counseling; youth community services
- Community revitalization; housing and economic development
- Public radio and television
- Museums; libraries; botanic gardens; historical or preservation societies; music; dance; theatre

WHAT IS NOT ELIGIBLE FOR MATCHING

- Gifts made between 11/1 and 12/31
- Match requests received from/certified by the recipient organization between 11/1 and 12/31
- United Ways or any non-profit organization that is part of United for Hope
- Collected funds, group gifts, entry fees or sponsorships for participants in fundraising activities
- Elementary or secondary schools
- Payments for which donors receive a direct benefit, including payment for services, tuition, books, insurance premiums, tickets or events, or bequests
- Gifts to fulfill pledges, tithes or other religion-related financial commitments, legal commitments, or legal obligations
- Gifts given to or through a third party; gifts to individuals
- Religious groups who do not serve the community at large
- Organizations that are membership-based (booster clubs, fraternities/sororities, alumni groups, social, fraternal, or political)
- Athletic programs and scholarships, tournaments, marching bands
- Gifts to organizations that may create an actual or perceived conflict of interest to the Company

WHAT CONTRIBUTIONS ARE ELIGIBLE

- Personal gifts of \$25 or more are eligible and must be made directly to the organization.
- Gifts must be paid, not merely pledged, and must be in cash, check, credit card or securities publicly traded on a national exchange with a quoted market value. The last sale or published bid price on or before the date the gift was made shall determine the value of any securities.
- For gifts of installments, each installment must be submitted on a separate form and meet the \$25 minimum gift requirement.
- The donor's annual limit is based on the date of the gift.

HOW THE PROGRAM WORKS

Matching gift requests can be submitted via the internet through an online web-based process or by paper.

By Internet:

Requests can be submitted electronically at <u>www.easymatch.com/hsbc</u>. Program related information such as Guidelines, FAQs, Personal Giving History and Charitable Organization information is available.

By Mail:

The employee should:

• Complete Part 1 of the *original* application form and mail it with their gift to the eligible nonprofit. Faxed copies will not be accepted.

The recipient organization should:

- Complete Part 2 of the *original* application form.
- An authorized official of the nonprofit must verify the donation, sign the application form and return the *original* application form to the HSBC Matching Gift Program, P.O. Box 2325, Princeton, NJ 08543-2325.

Eligible requests are processed and matched to organizations on the following schedule.

Received By:	2/1	4/1	6/1	8/1	10/1	11/1
Processed By:	3/5	5/5	7/5	9/5	11/5	12/5

Match requests for gifts made by eligible participants must be received from/certified by the nonprofit organization by 10/31 of the current calendar year or within three (3) months of the date the gift is made, whichever is sooner. Requests received from either the donor or the recipient organization between 11/1 and 12/31 will not be matched and will be declined.

ADMINISTRATIVE CONDITIONS

HSBC's Community and Philanthropic Services Department is responsible for the administration of this program, final determination of the eligibility of participants and nonprofits, the value of securities contributed, and all related issues. This program offering is not guaranteed and if the budget is expended, the program will be suspended immediately and no further applications will be accepted. The corporation reserves the right to amend, revoke, suspend or terminate this program at any time or request the return of a contribution. Previously eligible donations after the effective date of the amendment, revocation, suspension or termination of this program will not be matched.

For more information, please contact the Matching Gift Program via email at <u>HSBC@easymatch.com</u> or by phone at 1-866-298-7841.



Matching Gift Program Request Form

Donor Instructions:

- Complete Part 1 of this form.
- Send the form and a copy of the program guidelines with your contribution to the recipient organization.

Recipient Organization Instructions:

- Complete Part 2 of this form.
- Please enclose a copy of your Internal Revenue Service 501(c)(3) determination letter and a brief description of your organization's primary mission statement or purpose.
- Forward form to the address printed below.

Please print or type.

PART 1 - DONOR SECTION

PART 2 - RECIPIENT ORGANIZATION SECTION

Employee ID Number	EMPLOYER IDENTIFICATION NUMBER (EIN)			
NAME	ORGANIZATION NAME			
HOME ADDRESS	Address			
City/State/Zip	CITY/STATE/ZIP			
BUSINESS TELEPHONE, INCLUDING AREA CODE	TELEPHONE, INCLUDING AREA CODE	FAX, INCLUDING AREA CODE		
BUSINESS E-MAIL ADDRESS	E-MAIL	WEBSITE ADDRESSES (IF ANY)		
BUSINESS UNIT	DATE GIFT RECEIVED	\$		
LEGAL ENTITY \$	AMOUNT OF GIFT	TAX DEDUCTIBLE GIFT AMOUNT		
AMOUNT OF GIFT (MIN \$25) DATE OF GIFT Type of gift: Please check one: O Cash/Check O Cash/Check O Credit Card O Securities	I hereby certify that this nonprofit is rec Revenue Service as tax-exempt under sec Code. I further certify that this organizatic whole or in part) in consideration for the gif any unauthorized use of this gift will prohil certify that this organization shall comply w	tion $501(c)(3)$ of the Internal Revenue on will not provide goods or services (in it to be made by HSBC. I understand that bit our receipt of future matching gifts. I		
IF SECURITIES, NUMBER OF SHARES AND NAME OF SECURITY	AUTHORIZED OFFICER'S NAME (PLEASE PRIN	T)		
NAME OF RECIPIENT ORGANIZATION	TITLE (PLEASE PRINT)			
RECIPIENT ORGANIZATION CITY, STATE	SIGNATURE OF AUTHORIZED OFFICER	Date		
RESTRICTION OR PURPOSE (IF ANY) I affirm that this gift meets the requirements of the HSBC – North America Matching Gift Program and request the above named nonprofit complete and	MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:			
transmit this application. Any misrepresentation by me of the statements made herein will forfeit my rights to any matching contributions and, in addition, may result in violations of law. In addition, I certify that I have not been nor will be reimbursed by anyone for this contribution. I have read and understood the guidelines of the HSBC Matching Gift Program.	HSBC Matching Gift Program P.O. Box 2325 Princeton, NJ 08543-2325			
	E-mail: HSB	-866-298-7841 <u>C@easymatch.com</u> easymatch.com/hsbc		