

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 \$10,000 per year, to the eligible nonprofit organizations of their choice. In the case of higher education, the first \$500 of eligible yearly contributions is matched on a two-for-one basis. Beyond \$500 and up to the \$10,000 limit, gifts are matched on a one-for-one basis. Unless otherwise indicated, gifts are 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.

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

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 11/16 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 www.easymatch.com/hsbc. 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	12/1
Processed By:	3/5	5/5	7/5	9/5	11/5	1/5

Match requests must be registered within three (3) months of the date the gift is made by an eligible participant. Requests received after that time will not be honored.

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. 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 HSBC@easymatch.com 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

EMPLOYEE ID NUMBER _____

NAME _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

BUSINESS TELEPHONE, INCLUDING AREA CODE _____

BUSINESS E-MAIL ADDRESS _____

BUSINESS UNIT _____

LEGAL ENTITY (CHOOSE HBIO, HBUS, HTSU, OR HMUS)
\$ _____

AMOUNT OF GIFT (MIN \$25) _____ DATE OF GIFT _____

Type of gift: Please check one:

Cash/Check Credit Card Securities

IF SECURITIES, NUMBER OF SHARES AND NAME OF SECURITY _____

NAME OF RECIPIENT ORGANIZATION _____

RECIPIENT ORGANIZATION CITY, STATE _____

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 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.

SIGNATURE OF EMPLOYEE _____ DATE _____

PART 2 - RECIPIENT ORGANIZATION SECTION

EMPLOYER IDENTIFICATION NUMBER (EIN) _____

ORGANIZATION NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE, INCLUDING AREA CODE _____ FAX, INCLUDING AREA CODE _____

E-MAIL _____ WEBSITE ADDRESSES (IF ANY) _____

DATE GIFT RECEIVED _____

\$ _____ \$ _____

AMOUNT OF GIFT _____ TAX DEDUCTIBLE GIFT AMOUNT _____

I hereby certify that this nonprofit is recognized by the United States Internal Revenue Service as tax-exempt under section 501(c)(3) of the Internal Revenue Code. I further certify that this organization will not provide goods or services (in whole or in part) in consideration for the gift to be made by HSBC. I understand that any unauthorized use of this gift will prohibit our receipt of future matching gifts. I certify that this organization shall comply with all applicable federal and state laws.

AUTHORIZED OFFICER'S NAME (PLEASE PRINT) _____

TITLE (PLEASE PRINT) _____

SIGNATURE OF AUTHORIZED OFFICER _____ DATE _____

MAIL COMPLETED FORM AND ANY REQUIRED ENCLOSURES TO:

HSBC Matching Gift Program
P.O. Box 2325
Princeton, NJ 08543-2325

Phone: 1-866-298-7841
E-mail: HSBC@easymatch.com
Web Site: www.easymatch.com/hsbc