

Important Privacy Choices for Consumers

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

This notice applies to HSBC Bank USA, N.A., HSBC Securities (USA) Inc., and HSBC Insurance Agency (USA) Inc. For Private Banking customers, the Private Banking Privacy Notice governs all personal information sharing practices for all HSBC products and services.

Your Rights

You have the following rights to restrict the sharing of personal and financial information with our affiliates (companies we own or control) and outside companies that we do business with. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law, or to give you the best service on your accounts with us. This includes sending you information about some other products or services.

Your Choices

Restrict Information Sharing With Companies We Own or Control (Affiliates): Unless you say "No," we may share personal and financial information about you with our affiliated companies.

NO, please do not share personal and financial information with your affiliated companies.

Restrict Information Sharing With Other Companies We Do Business With To Provide Financial Products And Services: Unless you say "No," we may share personal and financial information about you with outside companies we contract with to provide financial products and services to you.

NO, please do not share personal and financial information with outside companies you contract with to provide financial products and services.

Time Sensitive Reply

You may make your privacy choice(s) at any time. Your choice(s) marked here will remain unless you state otherwise. However, if we do not hear from you, we may share some of your information with affiliated companies and other companies with whom we have contracts to provide products and services.

Name: _____

Account or Policy Number(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Signatures: _____

To exercise your choice(s), do one of the following:

- (1) Fill out, sign and send back this form to us using the envelope provided (you may want to make a copy for your records) to HSBC Bank USA, N.A., P.O. Box 9, Buffalo, NY 14240-0009;
- (2) Call this toll-free number **877.394.HSBC (4722)** and select **option 2**. If you are calling from outside the United States or Canada, you may call us at +1.716.841.7394 (24 hours a day, 7 days a week); or
- (3) Reply electronically by contacting us through the following Internet option:
us.hsbc.com/californiaprivacy