

HSBC MySavings Youth Account

Welcome

Thank you for your interest in the HSBC MySavings youth account, it's never too early to start learning how to manage money.

Let's get started

The MySavings Youth Account is designed for young savers between the ages of 7 – 17. You can open this account with as little as \$25, allowing you to make deposits and withdrawals. The cosignatory must be present for withdrawals, however, only YOU, the account holder may withdraw money.

Additionally, Personal Internet Banking is available to all customers and can be utilised for certain transactions. Further guidance can be found within the Personal Banking Agreement which is located online at www.hsbc.bm/legal.

To help us keep your money safe, we will need to find out more information about you and the adult cosignatory. What is a cosignatory? - a parent or guardian that will take part in completing this application form with you and signing it.

What is needed to open a HSBC MySavings Youth Account?

Account holder

- Picture identification
- Proof of address
- CRS Form

Cosignatory

- Must be a HSBC customer
- Picture identification
- Proof of address
- CRS Form (see form in next section)

Next Steps

Fill out the application form on the next page, once completed please click the submit button.

You will be notified by a HSBC branch representative with an appointment to visit a branch to finalise the account opening process with the required documentation listed below.

For the appointment in the branch you will need:

The initial deposit of \$25 or foreign currency equivalent to open your account, this account is available in Bermuda dollars, US dollars and Canadian dollars.

Please bring to your appointment, any one of the following items listed under each column below:

Picture Identification:

- Valid passport
- Driver's License
- Bermuda ID card

Proof of address:

- Utility bill within the last three (3) months
- Valid Bermuda Driver's License
- Signed lease document
- Current home insurance
- Employer's pay stub within the last three (3) months
- A signed letter from the person of the same residence with proof of address
- Bermuda voter's card

MySavings Youth Account - Application Form

Account holder | applicant (for ages 7-17)

This section must be filled out by the youth applying for the MySavings Account, with the accompany of an adult if needed.

Name (First, Middle, Last)		Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth (day month year)	Country of Birth	Nationality/Citizenship		
Address		Parish	Postal Code	
How many years have you lived at the above address?		What is your mother's maiden name?		
Home telephone	Cell number	Email		
What school do you attend?		What grade are you in?		
Signature of account holder				
<ol style="list-style-type: none"> I confirm that I am the owner of the account. I confirm that I will notify HSBC Bermuda immediately and no later than 30 days of such change occurring, in the event of any change in the personal information provided in this application or in any circumstances relevant to this application. I further understand and agree that any failure to do so shall entitle HSBC Bermuda to terminate my account in which I have a beneficial interest, at their sole discretion. I will comply with all laws, regulations and reporting requirements relevant under Bermuda law and imposed by any other applicable jurisdiction relating to my account maintained by HSBC Bermuda. I confirm that (please select one): <input type="checkbox"/> I am currently a US Person and subsequently have provided to HSBC Bank Bermuda a completed IRS form W-9; or <input type="checkbox"/> I am not currently a US Person. I confirm that everything I have stated in this application is correct to the best of my knowledge 				
Applicant Signature		Date (day month year)		

Adult cosignatory (must be a HSBC customer)

This section must be filled out by the adult who will give consent and sign this application with the youth account holder.

Full Name (First, Middle, Last)	
Relationship to applicant	Do you have an account with HSBC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Declarations for adult cosignatory of account applicant	
<ol style="list-style-type: none"> I am the adult cosignatory of the account applicant and give my permission for HSBC Bank Bermuda Limited ("HSBC Bermuda") to open an account in the sole name of the applicant which shall be governed by HSBC Bank Bermuda Limited's Personal Banking Agreement as amended from time to time (the "Personal Banking Agreement"). Completion and signature of this account opening form and usage of the account applied for represents my acceptance of the terms and conditions governed by the Personal Banking Agreement. By signing below, I confirm receipt of the Personal Banking Agreement. I give consent for HSBC Bermuda to collect, process and share my personal information and the personal information of the account applicant in accordance with the terms set out in the Personal Banking Agreement. I, the adult cosignatory, of the account applicant hereby unconditionally guarantee the full and prompt payment, when due, of all amounts owed by the account applicant to HSBC Bermuda under the account terms and conditions and the Personal Banking Agreement. I further consent to all extensions, renewals, changes in interest rate or other indulgences which may be granted with respect to the obligations hereby guaranteed any of which may be granted without notice to and without affecting my liability. I also waive acceptance of this guarantee and all other notices and demands of any kind with respect to this guarantee or the obligations guaranteed and agree that the release of any person liable for obligations guaranteed shall not release any other party. In addition to the obligations guaranteed, I agree to pay to HSBC Bermuda the amount of all costs incurred by HSBC Bermuda in enforcing this guarantee, including reasonable attorney fees. This guarantee shall be binding upon my heirs, personal representatives, successors and assigns. I give the above named account applicant permission to obtain and operate the MySavings youth account. I confirm that everything I have stated in this application is correct to the best of my knowledge. 	
Adult cosignatory signature	Date (day month year)