

Supplement dated April 1, 2015 to
Prospectus dated April 28, 2014

This supplement contains information which amends, supplements or modifies certain information contained in the Prospectus of HMS Income Fund, Inc. (the "Company") dated April 28, 2014 (as supplemented and amended, the "Prospectus"). This supplement is part of, and should be read in conjunction with, the Prospectus. The Prospectus has been filed with the Securities and Exchange Commission and is available at www.sec.gov or by calling (888) 446-3773. Capitalized terms used in this supplement have the same meanings as in the Prospectus, unless otherwise stated herein.

You should carefully consider the "Risk Factors" beginning on page 26 of the Prospectus before you decide to invest.

This supplement updates certain subscription agreement requirements contained in the Prospectus and updates the Form of Subscription Agreement in Appendix A to the Prospectus.

SUBSCRIPTION PROCESS

This supplement replaces in its entirety the form of subscription agreement in Appendix A to the Prospectus.



SUBSCRIPTION AGREEMENT FOR SHARES OF HMS INCOME FUND, INC.

| 100000 | estment Amount \$ e minimum investment is \$2,500) | | | □ Initial Purchase□ Subsequent Purchase | |
|---|--|--|--|--|------------------|
| | nulation Please link the tax io | | | elow for rights of accumula | tion privileges, |
| x ID/SSN or Account | | | r Account Number | Tax ID/SSN or Ac | count Number |
| if you qualify. | Purchases Please check to | his box if you are eligib | le for a Net Commission Pu | rchase. See prospectus for | details to deter |
| VNERSHIP TYPE | CONTRACTOR AND ADDRESS | | | | |
| Non ROKERAGE ACCOUNT | -Custodial Account Ty | pe | | rty Custodial Account | Туре |
| 10000000000000000000000000000000000000 | 7000 AND | | CUSTODIAN ACCOUNT N | UMBER | |
| | DINT TENANT WITH RIGHTS | | ☐ IRA | | |
| | DEATH Optional designation Puerto Rico residents. See Sec. | | ☐ Roth IRA | | |
| TENANTS IN COM | MON | | SEP IRA | | |
| COMMUNITY PRO | | | SIMPLE IRA | | |
| | RANSFER TO MINORS | | OTHER | | |
| State of | NANSFER TO WIINONS | | Custodian Infor | MATION (To be completed | by Custodian |
| | nclude Certification of Investr | nent Powers Form | CUSTODIAN NAME_ | | |
| | ALTERNATION TO TO THE PROPERTY OF THE PROPERTY | nem 1 over 5 1 or m | Custodian Tax ID # | | |
| | atting the second secon | C | CUSTODIANI TAX ID | # | |
| = | PARTMERCHIP / OTHER | rs Form | | | |
| GORPORATION / Corporate Resolution | PARTNERSHIP / OTHER on or Partnership Agreement i | | | ## | |
| CORPORATION / Corporate Resolution VESTOR INFORM Investor Name (In | PARTNERSHIP / OTHER on or Partnership Agreement i | Required orized Signatory Inform | CUSTODIAN PHONE ation) ress is different than resident. | # | |
| CORPORATION / Corporate Resolution VESTOR INFORI Investor Name (In (Residential street add) | PARTNERSHIP / OTHER on or Partnership Agreement in MATION westor/Trustee/Executor/Authoress MUST be provided. See Section 1.5 | Required orized Signatory Inform section 4 if mailing addi | CUSTODIAN PHONE ation) ress is different than resident. | #ial street address.) | |
| CORPORATION / Corporate Resolution VESTOR INFORI Investor Name (In (Residential street addr First Name | PARTNERSHIP / OTHER on or Partnership Agreement in MATION westor/Trustee/Executor/Authoress MUST be provided. See Section 1.5 | Required orized Signatory Inform section 4 if mailing addi (MI) Last Na | CUSTODIAN PHONE ation) ress is different than resident. | #ial street address.) Gender Daytime Phon | |
| CORPORATION / Corporate Resolution VESTOR INFORI Investor Name (In (Residential street addr First Name Social Security Num Residential Street Ad | PARTNERSHIP / OTHER on or Partnership Agreement in MATION westor/Trustee/Executor/Authoress MUST be provided. See Section 1.5 | required orized Signatory Inform Section 4 if mailing addi (MI) Last Na Date of Birth (MM/D) City | CUSTODIAN PHONE atton) ress is different than resident. | #ial street address.) Gender Daytime Phon | e Number |
| CORPORATION / Corporate Resolution VESTOR INFORI Investor Name (In (Residential street addr First Name Social Security Num Residential Street Ad | PARTNERSHIP / OTHER on or Partnership Agreement in MATION WATION westor/Trustee/Executor/Authoress MUST be provided. See See See See See See See See See Se | required orized Signatory Inform Section 4 if mailing addir (MI) Last Na Date of Birth (MM/D City ship and Select One be | CUSTODIAN PHONE atton) ress is different than resident. BDYYYYY) Blow (required) | # | e Number |
| CORPORATION / Corporate Resolution VESTOR INFORI Investor Name (Inc. (Residential street addr First Name Social Security Num Plesidential Street Act If Non-U.S. Citizen, Resident Alien | PARTNERSHIP / OTHER on or Partnership Agreement i MATION westor/Trustee/Executor/Auth ress MUST be provided. See S ber ddress | Required orized Signatory Inform Section 4 if mailing adds (MI) Last Na Date of Birth (MM/D) City ship and Select One betach a completed Form | CUSTODIAN PHONE ation) ess is different than resident. BD/YYYY) Blow (required) W8-BEN) | #ial street address.) Gender Daytime Phon | e Number |
| CORPORATION / Corporate Resolution VESTOR INFORI Investor Name (Inc. (Residential street addr First Name Social Security Num Plesidential Street Act If Non-U.S. Citizen, Resident Alien | PARTNERSHIP / OTHER on or Partnership Agreement is WATION WASTOR WESTOR WATION Westor/Trustee/Executor/Authoress MUST be provided. See Some in the provided of the provi | Required orized Signatory Inform Section 4 if mailing adds (MI) Last Na Date of Birth (MM/D) City ship and Select One betach a completed Form | CUSTODIAN PHONE ation) ess is different than resident. BD/YYYY) Blow (required) W8-BEN) Information, if applicable) | # | e Number |
| CORPORATION / Corporate Resolution VESTOR INFORM Investor Name (Inc. (Residential street addressidential Street Addressident Alien Co-Investor Name | PARTNERSHIP / OTHER on or Partnership Agreement i MATION westor/Trustee/Executor/Auth ress MUST be provided. See S ber ddress | Required orized Signatory Inform Section 4 if mailing adds (MI) Last Na Date of Birth (MM/D City ship and Select One betach a completed Form or-Authorized Signatory in | CUSTODIAN PHONE ation) ess is different than resident. BD/YYYY) Blow (required) W8-BEN) Information, if applicable) | # | e Number |
| CORPORATION / Corporate Resolution VESTOR INFORM Investor Name (Inc. (Residential street addressidential Street Addressident Alien Co-Investor Name | PARTNERSHIP / OTHER on or Partnership Agreement i MATION Nestor/Trustee/Executor/Authors Ber ddress Specify Country of Citizens Non-Resident Alien (At. 6 (Co-Investor/Co-Trustee/Co- | Required orized Signatory Inform Section 4 if mailing adds (MI) Last Na Date of Birth (MM/D City ship and Select One betach a completed Form or-Authorized Signatory in | CUSTODIAN PHONE ation) ress is different than resident. ame D/YYYY) Follow (required) W8-BEN) Information, if applicable) | # | e Number |
| CORPORATION / Corporate Resolution VESTOR INFORI Investor Name (Inc. (Residential street address First Name Social Security Num Residential Street Act If Non-U.S. Citizen, Resident Alien Co-Investor Name First Name | PARTNERSHIP / OTHER on or Partnership Agreement is MATION WASTON Westor/Trustee/Executor/Authors MUST be provided. See Significant and the see Significant and the see Significant and the see Significant Alien (At See Signifi | Required orized Signatory Inform Section 4 if mailing addr (MI) Last Na Date of Birth (MM/D) City ship and Select One betach a completed Form O-Authorized Signatory I (MI) Last Na | CUSTODIAN PHONE ation) ress is different than resident. ame D/YYYY) Follow (required) W8-BEN) Information, if applicable) | # | e Number |

HMSISUB 2/15

| | | Tax ID Nu | mber | Date of Trust | Exemptions | | - X |
|--|---|---|---|---|-------------------------------|---------------------------|---------|
| Entity Type (Selec | t one. Required |) | | | | instructions at www.ir. | s.gov) |
| Retirement Pla | | S-Corp C-Corp | LLC | Partnership | Exempt payee | | |
| Other | | | | | Exemption from code (if any)_ | m FATCA reporting | |
| | | ficiary Information (Ind ficiary Date of Birth require | | | | available for Louisiana | |
| First Name | (MI) | Last Name | SSN: | Date of Birth (N | M/DD/YYYY) | □ Primary | |
| | | | | , | , | Secondary | % |
| First Name | (MI) | Last Name | SSN: | Date of Birth (N | 1M/DD/YYYY) | Primary | |
| | | | | | | Secondary | % |
| First Name | (MI) | Last Name | SSN: | Date of Birth (N | M/DD/YYYY) | Primary | |
| | | | | | | Secondary | |
| First Name | (MI) | Last Name | SSN: | Date of Birth (N | M/DD/YYYY) | □ Primary | |
| | Constr | | | Consider the Processive | | Secondary | 9/ |
| ELECT HOW | YOU WAN | IT TO RECEIVE YO | UR DISTRIBI | JTIONS (Select only one |) | | |
| Complete this sect | ion to enroll in | IT TO RECEIVE YOU the Distribution Reinvestm | ent Plan or to ele | ct to receive cash distribu | tions. | | |
| Complete this sect I hereby subscri | ion to enroll in be for Shares o | the Distribution Reinvestm of HMS Income Fund, Inc. | ent Plan or to elect and elect the dist | ct to receive cash distribu | tions. | | |
| Complete this sect I hereby subscri A. Distrib | ion to enroll in be for Shares o ution Reinves | the Distribution Reinvestm f HMS Income Fund, Inc. tment Plan (See Prospecti | ent Plan or to elect and elect the dist sus for details) | ct to receive cash distribu ribution option indicated t | tions. pelow: | | |
| Complete this sect I hereby subscri A. Distrib | ion to enroll in be for Shares o ution Reinves | the Distribution Reinvestm of HMS Income Fund, Inc. | ent Plan or to elect and elect the dist sus for details) | ct to receive cash distribu ribution option indicated t | tions. pelow: | | |
| Complete this sect I hereby subscri A. Distrib For Custoda | tion to enroll in the for Shares of the tion Reinves tial held account | the Distribution Reinvestm f HMS Income Fund, Inc. tment Plan (See Prospecti | ent Plan or to elect and elect the dist us for details) tions the funds mu | ct to receive cash distriburibution option indicated to the sent to the Custodian | tions. pelow: | | |
| I hereby subscri A. Distrib For Custoda B. Cash/0 | ion to enroll in the for Shares of the for Shares of the | the Distribution Reinvestm of HMS Income Fund, Inc. trnent Plan (See Prospecti s, if you elect cash distribut | ent Plan or to elect and elect the distus for details) tions the funds must above (Available) | ct to receive cash distriburibution option indicated to the sent to the Custodian | tions. pelow: | | |
| A. Distrib For Custoda B. Cash/C | tion to enroll in the for Shares of the total | the Distribution Reinvestm of HMS Income Fund, Inc. tment Plan (See Prospects s, if you elect cash distribut to the address set forth | ent Plan or to elect and elect the distus for details) tions the funds must above (Available) | ct to receive cash distriburibution option indicated to the sent to the Custodian | tions. pelow: rs only.) | | |
| Complete this sect I hereby subscri A. Distrib For Custods B. Cash/C | tion to enroll in the for Shares of the total | the Distribution Reinvestm if HMS Income Fund, Inc. trnent Plan (See Prospecti s, if you elect cash distribut to the address set forth to Third Party/Custodia | ent Plan or to elect and elect the distus for details) tions the funds must above (Available) | ct to receive cash distriburibution option indicated to the custodian indicated the custodian indicated the for Non-Custodial Investorial | tions. pelow: rs only.) | Account Number (Re | quire |
| A. Distrib For Custode B. Cash/C Name/ | tion to enroll in the for Shares of the total | the Distribution Reinvestm if HMS Income Fund, Inc. trnent Plan (See Prospecti s, if you elect cash distribut to the address set forth to Third Party/Custodia nancial Institution | ent Plan or to elect and elect the distus for details) tions the funds must above (Available) | ct to receive cash distriburibution option indicated to the custodian of the custodian of the for Non-Custodial Investor Mailing Addresses | tions. pelow: rs only.) | Account Number (Re | quire |
| A. Distrib For Custods B. Cash/C Name/ City | ion to enroll in be for Shares o ution Reinves ial held account Check Mailed Check Mailed Entity Name/Fir | the Distribution Reinvestm if HMS Income Fund, Inc. trnent Plan (See Prospecti s, if you elect cash distribut to the address set forth to Third Party/Custodia nancial Institution | ent Plan or to elect the dist us for details) tions the funds mu a above (Available n | ct to receive cash distriburibution option indicated to state the sent to the Custodian of for Non-Custodial Investor Mailing Address Zip Code | tions. pelow: rs only.) | Account Number (Re | quire |
| A. Distrib For Custode B. Cash/C C. Cash/C City D. Cash/I Cathorize HMS Inc. | ion to enroll in be for Shares of ution Reinves ial held account Check Mailed Check Mailed Entity Name/Fir | the Distribution Reinvestm of HMS Income Fund, Inc. trment Plan (See Prospect s, if you elect cash distribut to the address set forth to Third Party/Custodia nancial Institution | ent Plan or to elect and elect the dist us for details) tions the funds mu above (Available n ded check. (Non-istribution into my | ct to receive cash distriburibution option indicated to ribution option indicated to set be sent to the Custodian for Non-Custodial Investo Mailing Addres Zip Code Custodial Investors Only) checking or savings account | tions. . rs only.) ss | vill remain in force unti | ! I no |
| Complete this sect I hereby subscri A. Distrib For Custode B. Cash/C C. Cash/C City D. Cash/I authorize HMS Income Fund, IMS Income Fund, | ion to enroll in- be for Shares of ution Reinves ial held account Check Mailed Entity Name/Fir Direct Deposit come Fund, Inc. Inc. in writing t | the Distribution Reinvestm of HMS Income Fund, Inc. trnent Plan (See Prospects s, if you elect cash distribut to the address set forth to Third Party/Custodia nancial Institution State Attach a pre-printed voi or its agent to deposit my de | ent Plan or to elect and elect the dist us for details) tions the funds mu above (Available n ded check. (Non-istribution into my HMS Income Fun. | ct to receive cash distriburibution option indicated to ribution option indicated to set be sent to the Custodian for Non-Custodial Investo Mailing Addres Zip Code Custodial Investors Only) checking or savings account | tions. . rs only.) ss | vill remain in force unti | ! I noi |

PLEASE ATTACH A PRE-PRINTED VOIDED CHECK

HMSISUB 2/15

6 BROKER-DEALER/FINANCIAL ADVISOR INFORMATION (Required Information. All fields must be completed)

The Financial Advisor must sign below to complete the order. The Financial Advisor hereby warrants that he/she is duly licensed and may lawfully sell Shares in the state designated as the investor's legal residence.

| Broker-Dealer | | Financial Advisor Name | |
|--------------------------|---------------|------------------------|----------|
| Advisor Mailing Address | | | |
| City | | State | Zip Code |
| Financial Advisor Number | Branch Number | Telephone Number | |
| E-mail Address | | Fax Number | |

Please note that unless previously agreed to in writing by HMS Income Fund, Inc., all sales of securities must be made through a Broker-Dealer, including when an RIA has introduced the sale. In all cases, Section 6 must be completed.

The undersigned confirm(s) which confirmation is made on behalf of the Broker-Dealer with respect to sales of securities made through a Broker-Dealer, that they (i) have reasonable grounds to believe that the information and representations concerning the investor identified herein are true, correct and complete in all respects; (ii) have discussed such investor's prospective purchase of Shares with such investor; (iii) have advised such investor of all pertinent facts with regard to the lack of liquidity and marketability of the Shares; (iv) have delivered or made available a current Prospectus and related supplements, if any, to such investor; (v) have reasonable grounds to believe that the investor is purchasing these Shares for his or her own account; and (vi) have reasonable grounds to believe that the purchase of Shares is a suitable investment for such investor, that such investor rests the suitability standards applicable to such investor set forth in the Prospectus and related supplements, if any, and that such investor is in a financial position to enable such investor realize the benefits of such an investment and to suffer any loss that may occur with respect thereto.

The undersigned Financial Advisor further represents and certifies that, in connection with this subscription for Shares, he or she has complied with and has followed all applicable policies and procedures under his or her firm's existing Anti-Money Laundering Program and Customer Identification Program.

| X | | x | |
|-----------------------------|------|--|------|
| Financial Advisor Signature | Date | Branch Manager Signature (If required by Broker-Dealer) | Date |

SUBSCRIBER SIGNATURES

HMS Income Fund, Inc. is required by law to obtain, verify and record certain personal information from you or persons on your behalf in order to establish the account. Required information includes name, date of birth, permanent residential address and social security/taxpayer identification number. We may also ask to see other identifying documents. If you do not provide the information, HMS Income Fund, Inc. may not be able to open your account. By signing the Subscription Agreement, you agree to provide this information and confirm that this information is true and correct. If we are unable to verify your identity, or that of another person(s) authorized to act on your behalf, or if we believe we have identified potentially criminal activity, we reserve the right to take action as we deem appropriate which may include closing your account.

Please separately initial each of the representations below. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make the representations on your behalf. In order to induce HMS income Fund, Inc. to accept this subscription, I hereby represent and warrant to you as follows:

| PLEASE NOTE: | ALL ITEN | AS MIIST | RF RFAD | AND | INITIAL | FΩ |
|--------------|----------|----------|---------|-----|---------|----|

| (a) | A copy of the Prospectus of HMS Income Fund, Inc. has been delivered or made available to me. | | |
|-----|---|----------|----------|
| | | Initials | Initials |
| (b) | I/We have (i) a minimum net worth (not including home, home furnishings and personal automobiles) of at least \$250,000, or (ii) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income | | |
| | of at least \$70,000, or that I meet the higher suitability requirements imposed by my state of primary residence as set forth in the Prospectus under "SUITABILITY STANDARDS." | Initials | Initials |
| (c) | I acknowledge that there is no public market for the Shares and, thus, my investment in Shares is not liquid. | | |
| | | Initials | Initials |
| (d) | I am purchasing the Shares for my own account. | | |
| | | Initials | Initials |
| (e) | If I am a Kansas resident, I acknowledge that it is recommended by the Office of the Kansas Securities Commissioner that my aggregate investment in the Shares and similar investments should not exceed 10% of my "liquid net worth" | | 10 |
| | which is that portion of the net worth (assets minus liabilities) that is comprised of cash, cash equivalents and readily | Initials | Initials |

I declare that the information supplied above is true and correct and may be relied upon by the HMS Income Fund, Inc. I acknowledge that the Broker-Dealer/Financial Advisor (Broker-Dealer/Financial Advisor of record) indicated in Section 6 of this Subscription Agreement and its designated clearing agent, if any, will have full access to my account information, including the number of shares I own, tax information (including the Form 1099) and redemption information. Investors may change the Broker-Dealer/Financial Advisor of record at any time by contacting HMS Income Fund, Inc. Investor Relations at the number indicated below.

TAXPAYER IDENTIFICATION/SOCIAL SECURITY NUMBER CONFIRMATION (required): The investor signing below, under penalties of TAXPAYER IDENTIFICATION/SOCIAL SECURITY NUMBER CONFIRMATION (required): The investor signing below, under penalties of perjury, certifies: (i) that the number shown on this subscription agreement is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (ii) that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (iii) I am a U.S. person (including a resident alien); and (iv) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. NOTE: You must cross out (ii) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

| X | | x | |
|-----------------------|------|---------------------------------------|------|
| Signature of Investor | Date | Signature of Co-Investor or Custodian | Date |

(MUST BE SIGNED BY CUSTODIAN OR TRUSTEE IF PLAN IS ADMINISTERED BY A THIRD PARTY)

MISCELLANEOUS

HMS Income Fund, Inc. requests that each investor that elects to have his or her distributions reinvested in its Distribution Reinvestment Plan notify it and the broker-dealer or registered investment advisor of record in writing at any time there is a material change in his or her financial condition, including failure to meet the minimum income and net worth standards as imposed by the state in which he or she resides.

NO SALE OF SHARES MAY BE COMPLETED UNTIL AT LEAST FIVE BUSINESS DAYS AFTER YOU RECEIVE THE FINAL PROSPECTUS.

You will receive a written confirmation of your purchase.

All items on the Subscription Agreement must be completed in order for your subscription to be processed. Subscribers are encouraged to read the Prospectus in its entirety for a complete explanation of an investment in the Shares of HMS Income Fund, Inc.

Return to: HMS Income Fund, Inc. P.O. Box 219010 Kansas City, MO 64121-9010

Overnight Delivery: HMS Income Fund, Inc. 430 W. 7th St. Kansas City, MO 64106

Hines Investor Relations: 888-220-6121

CERTAIN STATES HAVE IMPOSED SPECIAL FINANCIAL SUITABILITY STANDARDS FOR SUBSCRIBERS WHO PURCHASE SHARES

Several states have established suitability requirements that are more stringent than the general standards for all investors described below. Shares will be sold to investors in these states only if they meet the special suitability standards set forth below. In each case, these special suitability standards exclude from the calculation of net worth the value of the investor's home, home furnishings and automobiles.

GENERAL STANDARDS FOR ALL INVESTORS

Investors must have either (a) a net worth of at least \$250,000 or (b) an annual gross income of \$70,000 and a minimum net worth of \$70,000.

Arizona - The term of this offering shall be effective for a period of one year with the ability to renew for additional periods of one year.

California, Michigan and New Mexico — In addition to the suitability standards above, an investor will limit his or her investment in HMS Income Fund, Inc. common stock to a maximum of 10% of his or her net worth.

Idaho — Investors who reside in the state of Idaho must have either (i) a liquid net worth of \$85,000 and annual gross income of \$85,000 or (ii) a liquid net worth of \$300,000. Additionally, an Idaho investor's total investment shall not exceed 10% of his or her liquid net worth. The calculation of liquid net worth shall include only cash plus cash equivalents. Cash equivalents include assets which may be convertible to cash within one year.

lowa — Investors who reside in the state of Iowa must have either (i) a liquid net worth of \$100,000 and annual gross income of \$100,000 or (ii) a liquid net worth of \$350,000. Additionally, an Iowa investor's total investment in HMS Income Fund, Inc. shall not exceed 10% of his or her liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

Kansas — The Office of the Kansas Securities Commissioner recommends that you should limit your aggregate investment in HMS Income Fund, Inc. shares and other similar investments to not more than 10% of your liquid net worth. Liquid net worth is that portion of your total net worth (assets minus liabilities) that is comprised of cash, cash equivalents and readily marketable securities.

Kentucky — Investors who reside in the state of Kentucky must have either (i) a liquid net worth of \$85,000 and annual gross income of \$85,000 or (ii) a liquid net worth of \$300,000. Additionally, a Kentucky investor's total investment in HMS Income Fund, Inc. shall not exceed 10% of his or her liquid net worth

Maine — The Maine Office of Securities recommends that an investor's aggregate investment in this offering and other similar offerings not exceed 10% of the investor's liquid net worth. For this purpose, "liquid net worth" is defined as that portion of net worth that consists of cash, cash equivalents and readily marketable securities.

Massachusetts — Investors who reside in the state of Massachusetts must have either (i) a minimum of \$100,000 annual gross income and a liquid net worth of \$100,000; or (ii) a liquid net worth of \$250,000 irrespective of gross annual income. Additionally, a Massachusetts investor's total investment in HMS Income Fund, Inc. and other similar investments shall not exceed 10% of his or her liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

Nebraska — Nebraska investors must meet the following suitability standards: (i) either (a) an annual gross income of at least \$100,000 and a net worth of at least \$350,000, or (b) a net worth of at least \$500,000 and (ii) investor will not invest more than 10% of his or her net worth in this offering. For such investors, net worth should not include the value of one's home, home furnishings, or automobiles.

New Jersey — Investors who reside in the state of New Jersey must have either (i) a minimum annual gross income of \$100,000 and a minimum liquid net worth of \$100,000 or (ii) a minimum liquid net worth of \$300,000. Additionally, a New Jersey investor's total investment in this offering and other similar offerings shall not exceed 10% of such investor's liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

North Carolina — Investors who reside in the state of North Carolina must have either (i) a minimum liquid net worth of \$85,000 and minimum annual gross income of \$85,000 or (ii) a minimum liquid net worth of \$300,000.

North Dakota — HMS Income Fund, Inc. shares will only be sold to residents of North Dakota representing that their investment will not exceed 10% of his or her net worth and that they meet one of the established suitability standards.

Ohio — It shall be unsuitable for an Ohio investor's aggregate investment in shares of the issuer, affiliates of the issuer, and in other non-traded business development companies to exceed 10% of his or her liquid net worth. Liquid net worth is that portion of an investor's net worth (total assets exclusive of home, home furnishings and automobiles minus total liabilities) that is comprised of cash, cash equivalents and readily marketable securities.

Oklahoma — Purchases by Oklahoma investors should not exceed 10% of their net worth (not including home, home furnishings and automobiles)

Oregon — In addition to the suitability standards above, the state of Oregon requires that each Oregon investor will limit his or her investment in HMS Income Fund, Inc. common stock to a maximum of 10% of his or her net worth (not including home, home furnishings or automobiles).

Tennessee — We must sell a minimum of \$15,000,000 worth of shares before accepting subscriptions from residents of Tennessee. In addition, investors who reside in the state of Tennessee must have either (i) a minimum annual gross income of \$100,000 and a minimum net worth of \$100,000 or (ii) a minimum net worth of \$500,000 exclusive of home, home furnishings and automobile. Additionally, Tennessee residents' investment must not exceed 10% of their liquid net worth.

Texas — Investors who reside in the state of Texas must have either (i) a minimum of \$100,000 annual gross income and a liquid net worth of \$100,000 or (ii) a liquid net worth of \$250,000 irrespective of gross annual income. Additionally, a Texas investor's total investment in HMS Income Fund, Inc. shall not exceed 10% of his or her liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

Vermont — Investors who reside in the state of Vermont must have either (i) a minimum of \$100,000 annual gross income and a liquid net worth of \$100,000 or (ii) a liquid net worth of \$250,000 irrespective of gross annual income. Additionally, a Vermont investor's total investment in HMS Income Fund, Inc. shall not exceed 10% of his or her liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

WE INTEND TO ASSERT THE FOREGOING REPRESENTATIONS AS A DEFENSE IN ANY SUBSEQUENT LITIGATION WHERE SUCH ASSERTION WOULD BE FELEVANT. WE HAVE THE RIGHT TO ACCEPT OR REJECT THIS SUBSCRIPTION IN WHOLE OR IN PART, SO LONG AS SUCH PARTIAL ACCEPTANCE OR REJECTION DOES NOT RESULT IN AN INVESTMENT OF LESS THAN THE MINIMUM AMOUNT SPECIFIED IN THE PROSPECTUS. AS USED ABOVE, THE SINGULAR INCLUDES THE PLURAL IN ALL FIESPECTS IF SHARES ARE BEING ACQUIRED BY MORE THAN ONE PERSON. THIS SUBSCRIPTION AGREEMENT AND ALL RIGHTS HEREUNDER SHALL BE GOVERNED BY, AND INTERPRETED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF NEW YORK WITHOUT GIVING EFFECT TO THE PRINCIPLES OF CONFLICT OF LAWS.

By executing this Subscription Agreement, the subscriber is not waiving any rights under federal or state law

NOT FOR USE IN AL, AR, KY, MD, MA, NC, NE, NJ, OR, SC, TN





| | - Section | | | | |
|---|---|--|---|--|--|
| ("HMS Income Fund" and, collectively w | ith Hines Global REIT II, the "Hines nave received the current final pro cospectuses") for the offerings of | T II, Inc. ("Hines Global REIT II") and/or HMS Funds") as indicated below. Investors shoul spectuses, as amended and supplemente BOTH Hines Funds. For HMS Income Fund investors, make all | ld not sign this Multi-Offering d to date (each individually a | | |
| Hines Global REIT II, Inc. | all checks payable to: | HMS Income Fund, Inc. | checks payable to: | | |
| Hines Global REIT II Investment Amount (The minimum investment is \$2,500) | _ Initial Purchase _ Subsequent Purchase | HMS Income Fund Investment Amount (The minimum investment is \$2,500) | Initial PurchaseSubsequent Purchase | | |
| \$ | | \$ | | | |
| * Cash, cashier's checks/official bank chec | ks, temporary checks, foreign checks, | money orders, third party checks, or travelers co | hecks are not accepted. | | |
| ☐ A. Rights of Accumulation (Not ava | ilable across funds) ers or account numbers listed below | for rights of accumulation privileges, so that th | | | |
| Tax ID/SSN(s) or Account Number(s) | | | | | |
| if you qualify. OWNERSHIP TYPE Select only or | ne account type. When investing in | for a Net Commission Purchase. See Prospection both Hines Global REIT II and HMS Income Fun o separate subscription agreements will be require. | d, the account type selected will | | |
| Non-Custodial A | ccount Type | Third Party Custodial A | ccount Type | | |
| Brokerage Account Number | | Custodian Account Number | | | |
| Louisiana residents investing in the Puerto Rico residents investing in the Puerto Rico residents investing Section 3D. Tenants in Common Community Property Uniform Gift/Transfer to Minors Pension Plan Include Certificatio | onal designation. Not available for n either Hines Fund. Not available ing in HMS Income Fund. See State of | ☐ IRA ☐ Roth IRA ☐ SEP IRA ☐ Simple IRA ☐ Other Custodian Information (To be comple | | | |
| Trust Include Certification of Inves | | Custodian Tax ID # | | | |
| Corporation / Partnership / Ot Corporate Resolution or Partnership | | Custodian Phone # | | | |
| INVESTOR INFORMATION A. Investor Name (InvestorTrustee/Executor/Authorized Signatory Information) (Residential street address MUST be provided. See Section 4 if mailing address is different than residential street address.) First Name (MI) Last Name Gender | | | | | |
| | | | | | |
| Social Security Number | Date of Birth (MM/DD/ | YYY) Daytime | Phone Number | | |
| Residential Street Address | City | State | Zip Code | | |
| If Non-U.S. Citizen, Specify Country Resident Alien Non-Reside | of Citizenship and Select One below of Alien (Attach a completed Form Wo | 3-BEN) | f Citizenship | | |

HSSUB 3/15

3 INVESTOR INFORMATION (continued) B. Co-Investor Name (Co-Investor/Co-Trustee/Co-Authorized Signatory Information, if applicable) First Name Last Name Gender Social Security Number Date of Birth (MM/DD/YYYY) Daytime Phone Number State City Residential Street Address Zip Code If Non-U.S. Citizen, Specify Country of Citizenship and Select One below (required) Non-Resident Alien (Attach a completed Form W8-BEN) Resident Alien Country of Citizenship C. Entity Name - Retirement Plan/Trust/Corporation/Partnership/Other (Trustee(s) and/or authorized signatory(s) information MUST be provided in Sections 3A and 3B)Entity Name Tax ID Number Date of Trust Exemptions (See Form W-9 instructions at www.irs.gov) Exempt payee code (if any) Entity Type (Select one. Required) Exemption from FATCA reporting Retirement Plan Trust S-Corp C-Corp LLC Partnership code (if any) D. Transfer on Death Beneficiary Information (Individual or Joint Account with Rights of Survivorship only) Not available for Louisiana residents in either Hines Fund. Not available to Puerto Rico residents investing in HMS Income Fund. Beneficiary Date of Birth required. Whole percentages only; must equal 100%. If an investment is made in Hines Global REIT II and HMS Income Fund, the Transfer on Death Beneficiary designation will be applied to both Hines Funds, subject to the state restrictions noted above. Date of Birth (MM/DD/YYYY) First Name (MI) Last Name SSN: Primary Secondary_ First Name Date of Birth (MM/DD/YYYY) (MI) Last Name SSN: Primary Secondary_ First Name (MI) Last Name SSN: Date of Birth (MM/DD/YYYY) Primary Secondary__ First Name Last Name SSN: Date of Birth (MM/DD/YYYY) Primary Secondary_ 4 MAILING ADDRESS (If different than residential street address provided in Section 3A) Zip Code BROKER-DEALER/FINANCIAL ADVISOR INFORMATION (Required Information. All fields must be completed) The financial advisor must sign below to complete the order. The financial advisor hereby warrants that he/she is duly licensed and may lawfully offer and sell securities, including shares offered by this Multi-Offering Subscription Agreement, in the state designated as the investor's legal residence. Broker-Dealer Financial Advisor Name Advisor Mailing Address City Zip Code State Financial Advisor Number Branch Number Telephone Number

Fax Number

E-mail Address

| Please through | note that unless previously agreed to in wri | ting by Hines Global REIT II ar is introduced the sale. In all ca | nd/or HMS Income Fund, as applicates, this Section 5 must be comp | cable, all sales of sec leted. | curities by the Hines Funds must be made |
|--|---|---|--|--|--|
| investm to belie prosper in the H ground suitable | dersigned confirm(s), which confirmation is tent in shares of one or both of the Hines F we that the information and representations citive purchase of such shares with such in Hines Funds; (iv) have delivered or made av- is to believe that the investor is purchasing is investment for such investor, that such in ancial position to enable such investor for ancial position to enable such investor for E | unds being made by the investor identification investor identification. (iii) have advised such in ailable to the investor by lawfusuch shares for his or her ownestor meets the suitability star | Itor pursuant to this Multi-Offering fied herein are true, correct and c rivestor of all pertinent facts with r I means the Prospectuses of Hine account; and (vi) have reasonable adds applicable to such investor | Subscription Agreem omplete in all respecting and to the lack of list of the lack of list of the second of the sec | nent, they (i) have reasonable grounds ts; (ii) have discussed such investor's iquidity and marketability of such shares HMS Income Fund; (v) have reasonable that the purchase of such shares is a icable Prospectus and that such investor is |
| | dersigned financial advisor further represent | | | | mplied with and has followed all applicable |
| × | s and procedures under his or her firm's exi | | X | | |
| Fina | uncial Advisor Signature (Required) | Date | Branch Manager Signatus (If required by Broker-De | re aler) | Date |
| | IES GLOBAL REIT II, INC. Distribution Reinvestment Plan (S Cash/Check Mailed to the addres Cash/Check Mailed to Third Party Cash/Direct Deposit (Non-Custodia | s set forth above (Non-C y/Custodian (Complete Th | Custodial Investors only) aird Party/Custodian information | | |
| | Financial Institution Name | l Investors onty) REQUIRE | ABA Routing Number | | k Account Number |
| | orize Hines Global REIT II or its agent to | | | | |
| | l REIT II in writing to cancel it. In the evo to ount not to exceed the amount of the erro | | II deposits funds erroneously i | to my account, they | y are authorized to debit my account for |
| в.нм | IS INCOME FUND, INC. | | | | |
| | Distribution Reinvestment Plan (S | | | | |
| | Cash/Check Mailed to the addres Cash/Check Mailed to Third Party | | | n in Section 6C hale | med. |
| | Cash/Direct Deposit (Non-Custodia | | | | |
| | Financial Institution Name | | ABA Routing Number | Bank | K Account Number |
| Income amoun | orize HMS Income Fund, or its agent to c e Fund, in writing to cancel it. In the eve tt not to exceed the amount of the errone | nt that HMS Income Fund d ous deposit. | eposits funds erroneously into n | ny account, they are | e authorized to debit my account for an |
| C. Info | ormation to Mail Cash/Check to Th | nird Party/Custodian | Hines Global REIT II | HMS Inco | me Fund |
| Finar | ncial Institution Name | Mailing Address | | City | State |
| Your | Bank's ABA Routing Number | | Your Bank Acco | unt Number | |
| | | | | | |

3

5 BROKER-DEALER/FINANCIAL ADVISOR INFORMATION (continued)

HSSUB 3/15

| - 8 | CHIDCA | | CICKIA | THIDEC |
|-----|--------|--------|--------|--------|
| - | SUDSI | CRIBER | SICINA | HUNES |

Hines Global REIT II and HMS Income Fund, as applicable, are required by law to obtain, verify and record certain personal information from you or persons on your behalf in order to establish your stockholder record with their transfer agent. Beguired information includes name, date of birth, permanent residential address and social security/taxpeayer identification number. The Hines Funds may also ask to see other identifying documents. If you do not provide the information, Hines Global REIT II and/or HMS Income Fund may not be able to accept your subscription. By signing this Multi-Offering Subscription Agreement, you agree to provide this information and confirm that this information is true and correct. If the Hines Funds are unable to verify your identity, or that of another person(s) authorized to act on your behalf, or if the Hines Funds believe they acidentified potentially criminal activity, the Hines Funds reserve the right to take action as they deem appropriate which may include closing your account. Please separately initial each of the representations below. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make the representations on your behalf. In order to induce Hines Global REIT II and/or HMS Income Fund, as applicable, to accept this subscription, I hereby represent and warrant as follows:

PLEASE NOTE: ALL ITEMS MUST BE READ AND APPLICABLE ITEMS INITIALED

| A. | FOR INVESTORS IN ALL FUNDS (Must be completed by both Hines Global REIT II and HMS Income Fund Investors) | | |
|-------|--|-----------|--|
| (a) | A copy of the Prospectus of Hines Global REIT II and a copy of the Prospectus of HMS Income Fund were delivered to me at least five business days before the date of this agreement. (required) | 1.501 | 7.54.1 |
| (h) | I acknowledge that there is no public market for the Shares and, thus, my investment in Shares is not liquid. (required) | Initials | Initials |
| (10) | Takin Wasgo state and to the pastic market for the states and, and, my investment in states to not liquid. (regardly | 7.51.7 | 7.50.1 |
| (c) | Lam purchasing the Shares for my own account, (required) | Initials | Initials |
| 147 | The state of the s | | |
| B. | FOR INVESTORS IN HINES GLOBAL REIT II | Initials | Initials |
| (a) | I/We have (i) a minimum net worth (not including home, home furnishings and personal automobiles) of at least \$250,000, or (ii) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least \$70,000. (required) | Initials | Initials |
| (b) | In addition to the general suitability requirements described above in 7(B(a), I/we meet the higher suitability requirements, if any, imposed by my state of primary residence as set forth in the Prospectus under "SUITABILITY STANDARDS." (required) | Initials | Initials |
| (c) | If I am a Kansas resident, I understand that it is recommended by the Office of the Kansas Securities Commissioner that | Interests | Distriction of the state of the |
| | Kansas investors limit their total investment in this offering and in the securities of similar programs to not more than 10% of | Initials | Initials |
| | such investor's liquid net worth. For this purpose, "liquid net worth" is that portion of net worth (total assets minus total liabilities) which consists of cash, cash equivalents and readily marketable securities as determined in conformity with Generally Accepted Accounting Principles. | mund | maas |
| (d) | If I am an Ohio resident, I understand that it shall be unsuitable of my aggregate investment in shares of Hines Global REIT | | |
| | II, affiliates of Hines Global REIT II, and in other non-traded real estate investment programs to exceed ten percent (10%) of my liquid net worth. "Liquid net worth" shall be defined as that portion of net worth (total assets exclusive of home, home | Initials | Initials |
| | furnishings, and automobiles minus total liabilities) that is comprised of cash, cash equivalents, and readily marketable securities. | | |
| | | | |
| C. | FOR INVESTORS IN HMS INCOME FUND | | |
| (a) | I/We have (i) a minimum net worth (not including home, home furnishings and personal automobiles) of at least \$250,000, or (ii) a minimum net worth (as previously described) of at least \$70,000 and a minimum annual gross income of at least | | |
| | or (ii) a minimum har worth last previously described of at least \$70,000 and a minimum arrival gross income of at least \$70,000 or that I meet the higher suitability requirements imposed by my state of primary residence as set forth in the Prospectus under "SUITABILITY STANDARDS." (required) | Initials | Initials |
| (b) | If I am a Kansas resident, I acknowledge that it is recommended by the Office of the Kansas Securities Commissioner | | |
| | that my aggregate investment in HMS Income Fund, Inc. Shares and similar investments should not exceed 10% of my "liquid net worth" which is that portion of the net worth (assets minus liabilities) that is comprised of cash, cash equivalents and readily marketable securities. | Initials | Initials |
| 100.0 | | | |

I declare that the information supplied above is true and correct and may be relied upon by the Hines Funds. I acknowledge that the broker-dealer/financial advisor ("Broker-Dealer/Financial Advisor of record") indicated in Section 5 of this Multi-Offering Subscription Agreement and its designated clearing agent, if any, will have full access to my account information, including the number of shares I own, tax information (including the Form 1099) and redemption information. Investors may change the Broker-Dealer/Financial Advisor of record at any time by contacting Hines Investor Relations at the number indicated below.

TAXPAYER IDENTIFICATION/SOCIAL SECURITY NUMBER CONFIRMATION (required): The investor signing below, under penalties of perjury, certifies: (i) that the number shown on this Multi-Offering Subscription Agreement is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (ii) that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (iii) I am a U.S. person (including a resident alien); and (iv) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

NOTE: You must cross out (ii) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

| X | | X | |
|-----------------------|------|---------------------------------------|------|
| Signature of Investor | Date | Signature of Co-Investor or Custodian | Date |

(MUST BE SIGNED BY CUSTODIAN OR TRUSTEE IF PLAN IS ADMINISTERED BY A THIRD PARTY)

HSSUB 3/15

8 MISCELLANEOUS

Each of Hines Global REIT II and HMS Income Fund requests that each investor that elects to have his or her distributions reinvested in its Distribution Reinvestment Plan notify it and the Broker-Dealer Financial Advisor of record in writing at any time there is a material change in his or her financial condition, including failure to meet the minimum income and net worth standards as imposed by the state in which he or she resides.

NO SALE OF SHARES MAY BE COMPLETED UNTIL AT LEAST FIVE BUSINESS DAYS AFTER YOU RECEIVE THE FINAL PROSPECTUSES OF BOTH HINES GLOBAL REIT II AND HMS INCOME FUND. You will receive a written confirmation of your purchase.

All items on the Subscription Agreement must be completed in order for your subscription to be processed. Subscribers are encouraged to read the Prospectuses in their entirety for a complete explanation of an investment in the shares of Hines Global REIT II and HMS Income Fund.

Before You Mail

Have You Completed all required information?

The Social Security Number, Date of Birth and Residential Street Address must be provided for ALL signers. A Dividend Option <u>must</u> be selected.

Are you using a Third Party Custodian?
Paperwork must be submitted through the Custodian. Contact your Custodian for mailing instructions and any additional paperwork that might be required.

Are you opening a Trust or Entity type account?Enclose additional required documentation as indicated in Section 2.

Are you requesting ACH Direct Deposit? A pre-printed voided check is required.

For assistance completing this form, contact Hines Investor Relations at 888.220.6121

Mail to: Hines Investor Relations ■ P.O. Box 219010 ■ Kansas City, MO 64121-9010

Overnight Mail: Hines Investor Relations ■ 430 W. 7th St. ■ Kansas City, MO 64105

CERTAIN STATES HAVE IMPOSED SPECIAL FINANCIAL SUITABILITY STANDARDS FOR SUBSCRIBERS WHO PURCHASE SHARES OF HINES GLOBAL REIT II OR HMS INCOME FUND.

Several states have established suitability requirements that are more stringent than the general standards for all investors described below. Shares will be sold to investors in these states only if they meet the special suitability standards set forth below. In each case, these special suitability standards exclude from the calculation of net worth the value of the investor's home, home furnishings and automobiles.

GENERAL STANDARDS FOR ALL INVESTORS

Investors must have either (a) a net worth of at least \$250,000 or (b) an annual gross income of \$70,000 and a minimum net worth of \$70,000.

STATE-SPECIFIC STANDARDS FOR INVESTORS IN HINES GLOBAL REIT II

Kentucky, Missouri and Oregon — In addition to the general suitability standards, an investor must have a liquid net worth of at least 10 times such investor's investment in Hines Global REIT II's shares.

California, Michigan, North Dakota and Pennsylvania — In addition to the general suitability standards, an investor must have a net worth of at least 10 times such investor's investment in Hines Global REIT II's shares.

Alabama — In addition to the general suitability standards, an Alabama investor must have a liquid net worth of at least 10 times such Alabama resident's investment in Hines Global REIT II and its affiliated programs.

lowa — An lowa investor must have either (i) a minimum net worth of \$100,000 (excluding the value of an investor's home, furnishings and automobiles) and an annual income of \$85,000, or (ii) a minimum net worth of \$360,000 (excluding the value of an investor's home, furnishings and automobiles). In addition, an lowa investor's total investment in Hines Global REIT III, its affiliates and any other public, non-listed REIT may not exceed 10% of such investor's liquid net worth. For this purpose, "liquid net worth" is defined as that portion of an investor's net worth (total assets exclusive of home, furnishings and automobiles) that is comprised of cash, cash equivalents and readily marketable securities.

Kansas — In addition to the general suitability standards, it is recommended that each investor limit such investor's total investment in Hines Global REIT II and in the securities of similar programs to not more than 10% of such investor's liquid net worth. For this purpose, "liquid net worth" is that portion of net worth (total assets minus total liabilities) which consists of cash, cash equivalents and readily marketable securities, as determined in conformity with Generally Accepted Accounting Principles.

Massachusetts — In addition to the general suitability standards, an investor's investment in Hines Global REIT II and in other illiquid direct participation programs may not exceed 10% of such investor's liquid net worth.

Maine — In addition to the general suitability standards, the Maine Office of Securities recommends that an investor's aggregate investment in the Hines Global REIT II offering and other direct participation investments not exceed 10% of the investor's liquid net worth. For this purpose, "liquid net worth" is defined as that portion of net worth that consists of cash, cash equivalents and readily marketable securities.

Nebraska — In addition to the general suitability standards, a Nebraska investor must limit his or her investment in Hines Global REIT II and in securities of other similar programs to 10% of such investor's net worth.

New Jersey — A New Jersey Investor must have either (a) a minimum liquid net worth of at least \$10,000 and a minimum annual gross income of not less than \$85,000, or (b) a minimum liquid net worth of \$350,000. For these purposes, "liquid net worth" is defined as that portion of net worth (total assets exclusive of home, home furnishings, and automobiles, minus total liabilities) that consists of cash, cash equivalents and readily marketable securities. In addition, an investor's investment in Hines Global FEIT II, its affiliates, and other non-publicly traded direct investment programs (including real estate investment trusts, business development companies, oil and gas programs, equipment leasing programs and commodity pools, but excluding unregistered, federally and state exempt private offerings) may not exceed ten percent (10%) of his or her liquid net worth.

New Mexico — In addition to the general suitability standards, an investor's investment in Hines Global REIT II, its affiliates and in any other public, non-listed real estate programs may not exceed ten percent (10%) of his, her or its liquid net worth. "Liquid net worth" is defined as that portion of net worth (total assets exclusive of home, furnishings, and automobiles minus total liabilities) that is comprised of cash, cash equivalents, and readily marketable securities.

Ohio — In addition, it shall be unsuitable for an Ohio investor's aggregate investment in Hines Global REIT II's shares, in shares of its affiliates, and in shares of other non-traded real estate investment programs to exceed ten percent (10%) of his, her, or its liquid net worth. "Liquid net worth" shall be defined as that portion of net worth (total assets exclusive of home, home furnishings, and automobiles minus total liabilities) that is comprised of cash, cash equivalents, and readily marketable securities.

Tennessee — In addition to the general suitability standards, an investor's investment in Hines Global REIT II and other public real estate programs sponsored by its affiliates may not exceed 10% of such investor's net worth (exclusive of home, home furnishings and automobiles).

STATE-SPECIFIC STANDARDS FOR INVESTORS IN HMS INCOME FUND

Arizona - The term of this offering shall be effective for a period of one year with the ability to renew for additional periods of one year.

California, Michigan and New Mexico — In addition to the suitability standards above, an investor will limit his or her investment in HMS Income Fund, Inc. common stock to a maximum of 10% of his or her net worth.

Idaho — Investors who reside in the state of Idaho must have either (i) a liquid net worth of \$85,000 and annual gross income of \$85,000 or (ii) a liquid net worth of \$300,000. Additionally, an Idaho investor's total investment shall not exceed 10% of his or her liquid net worth. The calculation of liquid net worth shall include only cash put scash equivalents. Cash equivalents include assets which may be convertible to cash within one year.

lowa — Investors who reside in the state of Iowa must have either (i) a liquid net worth of \$100,000 and annual gross income of \$100,000 or (ii) a liquid net worth of \$350,000. Additionally, an Iowa investor's total investment in HMS Income Fund, Inc. shall not exceed 10% of his or her liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

Kansas — The Office of the Kansas Securities Commissioner recommends that you should limit your aggregate investment in HMS Income Fund, Inc. shares and other similar investments to not more than 10% of your liquid net worth. Liquid net worth is that portion of your total net worth (assets minus liabilities) that is comprised of cash, cash equivalents and readily marketable securities.

Kentucky — Investors who reside in the state of Kentucky must have either (i) a liquid net worth of \$85,000 and annual gross income of \$85,000 or (ii) a liquid net worth of \$300,000. Additionally, a Kentucky investor's total investment in HMS Income Fund, Inc. shall not exceed 10% of his or her liquid net worth.

Maine — The Maine Office of Securities recommends that an investor's aggregate investment in this offering and other similar offerings not exceed 10% of the investor's liquid net worth. For this purpose, "liquid net worth" is defined as that portion of net worth that consists of cash, cash equivalents and readily marketable securities.

Massachusetts — Investors who reside in the state of Massachusetts must have either (i) a minimum of \$100,000 annual gross income and a liquid net worth of \$100,000; or (ii) a liquid net worth of \$250,000 irrespective of gross annual income. Additionally, a Massachusetts investor's total investment in HMS Income Fund, Inc. and other similar investments shall not exceed 10% of his or her liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

Nebraska — Nebraska investors must meet the following suitability standards: (i) either (a) an annual gross income of at least \$100,000 and a net worth of at least \$360,000, or (b) a net worth of at least \$600,000 and (ii) investor will not invest more than 10% of his or her net worth in this offering. For such investors, net worth should not include the value of one's home, home furnishings, or automobiles.

New Jersey — Investors who reside in the state of New Jersey must have either (i) a minimum annual gross income of \$100,000 and a minimum liquid net worth of \$100,000 or (ii) a minimum liquid net worth of \$300,000. Additionally, a New Jersey investor's total investment in this offering and other similar offerings shall not exceed 10% of such investor's liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and extremely liquid.

North Carolina — Investors who reside in the state of North Carolina must have either (i) a minimum liquid net worth of \$85,000 and minimum annual gross income of \$85,000 or (ii) a minimum liquid net worth of \$300,000.

North Dakota — HMS Income Fund, Inc. shares will only be sold to residents of North Dakota representing that their investment will not exceed 10% of his or her net worth and that they meet one of the established suitability standards.

Ohio — It shall be unsuitable for an Ohio investor's aggregate investment in shares of the issuer, affiliates of the issuer, and in other non-traded business development companies to exceed 10% of his or her liquid net worth. Liquid net worth is that portion of an investor's net worth (total assets exclusive of home, home furnishings and automobiles minus total liabilities) that is comprised of cash, cash equivalents and readily marketable securities.

Oklahoma — Purchases by Oklahoma investors should not exceed 10% of their net worth (not including home, home furnishings and automobiles)

Oregon — In addition to the suitability standards above, the state of Oregon requires that each Oregon investor will limit his or her investment in HMS Income Fund, Inc. common stock to a maximum of 10% of his or her net worth (not including home, home furnishings or automobiles).

Tennessee — We must sell a minimum of \$15,000,000 worth of shares before accepting subscriptions from residents of Tennessee. In addition, investors who reside in the state of Tennessee must have either (i) a minimum annual gross income of \$100,000 and a minimum net worth of \$100,000 or (ii) a minimum net worth of \$500,000 exclusive of home, home furnishings and automobile. Additionally, Tennessee residents' investment must not exceed 10% of their fluid net worth.

Texas — Investors who reside in the state of Texas must have either (i) a minimum of \$100,000 annual gross income and a liquid net worth of \$100,000 or (ii) a liquid net worth of \$250,000 irrespective of gross annual income. Additionally, a Texas investor's total investment in HMS Income Fund, Inc. shall not exceed 10% of his or her liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

Vermont — Investors who reside in the state of Vermont must have either (i) a minimum of \$100,000 annual gross income and a liquid net worth of \$100,000 or (ii) a liquid net worth of \$250,000 irrespective of gross annual income. Additionally, a Vermont investor's total investment in HMS Income Fund, Inc. shall not exceed 10% of his or her liquid net worth. For this purpose, liquid net worth is determined exclusive of home, home furnishings and automobiles.

EACH OF HMS INCOME FUND AND HINES GLOBAL REIT II INTENDS TO ASSERT THE FOREGOING REPRESENTATIONS AS A DEFENSE IN ANY SUBSEQUENT LITIGATION WHERE SUCH ASSERTION WOULD BE FELEVANT, EACH OF HMS INCOME FUND AND HINES GLOBAL REIT II HAS THE RIGHT TO ACCEPT OR REJECT THIS SUBSCRIPTION IN WHOLE OR IN PART, SO LONG AS SUCH PARTIAL ACCEPTANCE OR REJECTION DOES NOT PESULT IN AN INVESTMENT OF LESS THAN THE MINIMUM AMOUNT SPECIFIED IN THE APPLICABLE PROSPECTUS, AS USED ABOVE, THE SINGULAR INCLUDES THE PLUPAL IN ALL RESPECTS IF SHARES ARE BEING ACQUIRED BY MORE THAN ONE PERSON. THIS MULTI-OFFERING SUBSCRIPTION AGREEMENT AND ALL RIGHTS HEREUNDER SHALL BE GOVERNED BY, AND INTERPRETED IN ACCORDANCE WITH, THE LAWS OF THE STATE OF NEW YORK WITHOUT GIVING EFFECT TO THE PRINCIPLES OF CONFLICT OF LAWS.

By executing this Multi-Offering Subscription Agreement, the subscriber is not waiving any rights under federal or state law.