



Personal Account Signature Card - Guam/CNMI

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number **and** (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the appropriate taxing authority that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the taxing authority has notified me that I am no longer subject to backup withholding, **and** (3) I am a U.S. person (including a U.S. resident alien). *(Cross out item (2) above if you have been notified that you are subject to backup withholding.)*

Signature of U.S. Person _____	Taxpayer Identification Number _____	Date _____
--------------------------------	--------------------------------------	------------

By signing this signature card, I (we) agree that my (our) account(s) is subject to First Hawaiian Bank's ("Bank") Deposit Account Rules and Regulations and Other Information (the "Rules") and applicable laws for the account(s), all of which may change from time to time. I (we) acknowledge that I (we) have received a copy of the Rules, as well as an initial account disclosure containing account charges and other information applicable to my (our) account(s), and I (we) agree to all of the terms and conditions contained in the Rules, **including the provision on our Agreement to Arbitrate Claims.** I (we) understand that the Bank will rely on the information I (we) provided on this card. If there is more than one signer, each one will keep all the promises. Bank may act on anything dealing with the account(s) if Bank receives an order from any one of the authorized signers. This signature card supersedes and replaces any and all signature cards for this account in their entirety.

(1)	Signature	Social Security Number	Date
(2)	Signature	Social Security Number	Date

Bank Use Only			
Opened By _____	CIP Code (1) _____	CIP Code (2) _____	Date Opened _____
Reviewed By _____	Reason _____		
Superseding Date _____	Receiving Br _____	_____	