

Personal Signature Card

Account Title: _____

Account Number: _____

Related Party

(For POD/ITF, Auth to Debit)

_____	_____
_____	_____
_____	_____
_____	_____

Account Type: ☐ Checking ☐ Savings ☐ Money Market ☐ CDAccount Ownership: ☐ Individual ☐ Joint ☐ Revocable Living Trust ☐ Irrevocable Living Trust ☐ HUTMA/UGMA
☐ Conservator ☐ Guardianship ☐ Estate ☐ Representative Payee ☐ POD (Auth. Below) ☐ Power of Attorney (on file)
☐ In Trust For (Guam/Saipan)☐ Superseding Card/Superseding Date: _____☐ Order debit/ATM card*Under penalties of perjury, I certify that:*

(1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 Internal Revenue Service (IRS) (or appropriate tax authority, as relevant) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS (or appropriate tax authority, as relevant) has notified me that I am no longer subject to backup withholding, and
(3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and
(4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (You must cross out item (2) above if you have been notified by the IRS (or appropriate tax authority, as relevant) that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)

Signature of U.S. Person: _____ Taxpayer ID: _____ Date: _____

AGREEMENT AND AUTHORIZED SIGNERS: 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") including but not limited to the Agreement to Arbitrate Claims, 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). I (we) understand that the Bank will rely on the information I (we) provided on this signature card. If there is more than one authorized signer, each one will keep all the promises. Bank may act on any instruction or order 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.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

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PAYABLE ON DEATH (POD) AUTHORIZATION

The undersigned request that First Hawaiian Bank ("Bank") make the account indicated above a P.O.D. Account as provided in the Hawaii Uniform Probate Code. The undersigned authorize the Bank, upon the death of all of the undersigned, to pay all sums then remaining in this account to:

Beneficiary: _____ Tax ID Number: _____ Relationship
to Accountholder: _____

*This Authorization supersedes and replaces any and all prior P.O.D. authorizations for this account.

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

REVOCATION OF PAYABLE ON DEATH (POD) AUTHORIZATION

I/we hereby revoke the POD Authorization requested above.

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Bank Use Only

Opened By _____

Reviewed By _____ IDV/OFAC (1) _____ IDV/OFAC (2) _____ Date Opened _____

Receiving Br _____ Reason _____