New Account Application

Please make check payable to: Hawaiian Tax-Free Trust and mail completed application to one of the following addresses: Regular Mail: Hawaiian Tax-Free Trust, P.O. Box 534428, Pittsburgh, PA 15253-4428

Overnight Mail: Hawaiian Tax-Free Trust, Attention: 534428, 1350 Penn Avenue Suite 102, Pittsburgh, PA 15222

Customer Identification Program ("CIP") regulations issued under the USA Patriot Act require financial institutions to obtain and verify certain identifying information from each person or entity that opens a mutual fund account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We may not be able to establish an account, or we may close your existing account and/or redeem your shares involuntarily, if you do not provide sufficient information within the relevant time periods. The Financial Crimes Enforcement Network ("FinCEN") rule addressing "Customer Due Diligence Requirements for Financial Institutions" also requires mutual funds to obtain and verify that information. It also requires we record the identity of beneficial owners of legal entity customers and government entities. Legal entity customers and government entities are required to complete a Certification of Beneficial Owners.

1. ACCOUNT REGISTRATION

☐ **Individual** ☐ **Joint Account** ☐ **Power of Attorney (POA)** *(if applicable)* ☐ **Transfer on Death (TOD)** *(Must also complete TOD registration request form)*

(Joint accounts will be joint tenants with rights of survivorship unless otherwise specified) ***PLEASE PRINT OR TYPE***

First Name | M.I. | Last Name | Date of Birth (mm / dd / yyyy)

First Name of Joint Owner or POA or TOD | M.I. | Last Name | Date of Birth (mm / dd / yyyy)

1st Owner's Social Security Number | Joint Owner's or POA's or TOD's Social Security Number

* ***Please remember to complete your address information in section 2.***

☐ **Custodial Account for a Minor (UGMA/UTMA)** ***PLEASE PRINT OR TYPE***

Custodian's First Name | M.I. | Last Name | Custodian's Date of Birth (mm / dd / yyyy)

Custodian's Social Security Number _____

As Custodian for _____ (Minor's Name) under the _____ (State) Uniform Gift/Transfers to Minors Act.

Minor's Social Security Number | Minor's Date of Birth (mm / dd / yyyy)

☐ **Trust Account**

A copy of the first and last page of the Trust Agreement must be attached and a list that includes the full name, signature, Social Security number, date of birth, and address for each trustee. ***PLEASE PRINT OR TYPE***

Trust Name | Trust Taxpayer Identification Number (TIN) | Date of Trust (mm / dd / yyyy)

Name of Trustee or Authorized Signer | Social Security Number | Date of Birth (mm / dd / yyyy)

Name of Joint Trustee or Authorized Signer | Social Security Number | Date of Birth (mm / dd / yyyy)

Attach separate sheets if more than two persons.

☐ **Government Entity and Government Plan Investors**
Please check the box above to indicate that the investment is in the name of, or for the benefit of, a government entity; or is part of a government entity's participant-directed plan or program such as a 529, 403(b) or 457 plan. ***PLEASE PRINT OR TYPE***

If yes, provide the name of the government entity, plan or program, and jurisdiction (i.e. City, County, and State)

☐ **Corporation** (Attach copy of the Certified Articles of Incorporation and business license, if applicable, of the corporation.)
☐ **Partnership** (Attach copy of the Partnership Agreement.)
☐ **LLC** (Attach copy of the LLC Agreement.)
☐ **Other Entity** (Attach copy of the Corporate Resolution.) ***PLEASE PRINT OR TYPE***

Name of Corporation, Partnership, LLC, Government Entity, Government Plan, or other Entity

Taxpayer Identification Number (TIN) | Authorized Individual | Title

Legal Entity Customers and Government Entities or Plans are required to provide information for their beneficial owner(s) and complete the Certification of Beneficial Owner(s) starting on page 8 in order to open an account.

2. ACCOUNT ADDRESS*

Physical Street Address of Residence (Not a P.O. Box address) | City | State | Zip Code

Mailing Address (if different from above) | City | State | Zip Code

Cell Phone Number (including area code) | Alternate Phone Number (including area code)

Email Address

**A physical address is needed for each individual or entity on the account for CIP purposes. If additional room is needed for addresses, please attach a separate sheet listing the information.*

3. INVESTMENT SELECTION

Fund Selection ($1,000 minimum initial investment for all funds)
Please note that classes I & Y are not listed as they may only be purchased through a financial intermediary.
(IF NO SHARE CLASS IS INDICATED, INVESTMENT WILL AUTOMATICALLY BE MADE IN CLASS A SHARES)

Fund Name	**Investment Amount**	**Class A Shares** Front-Payment Class (Fund Number)	**Class C Shares** Level-Payment Class (Fund Number)
Hawaiian Tax-Free Trust	$_____	☐ (507)	☐ (607)

Automatic Investment Plan (Minimum investment $50 per Fund)

☐ Monthly ☐ Bi-monthly ☐ Quarterly

Start date _____ (If blank, the 16th of the month will be selected as the investment date. If the selected date falls on a weekend or holiday, your automatic investment will take place on the next available business day.)

Please automatically purchase into the following Fund(s):

Hawaiian Tax-Free Trust Class A (Fund Number 507)	$	(minimum $50)
Hawaiian Tax-Free Trust Class C (Fund Number 607)	$	(minimum $50)

Please be sure to complete section 5 regarding banking instructions.

Reduced Sales Charge **(Applicable for Class A Shares only)**

You may lower your cost of investing through a variety of means. To qualify, you may need to provide additional information at the time of purchase. Please be sure to review the prospectus carefully or ask your financial advisor about letter of intent, rights of accumulation, and breakpoints (sales charges based on the value, at the time of investment, of your aggregate holdings in the Hawaiian Tax-Free Trust).

A. ☐ **Letter of Intent** (See terms of Letter of Intent and Escrow at the end of this application)

☐ $25,000 ☐ $100,000 ☐ $500,000 ☐ $2,500,000

☐ $50,000 ☐ $250,000 ☐ $1,000,000 ☐ $5,000,000

B. ☐ **Rights of Accumulation**

Check here to link tax identification numbers or account numbers listed below for Rights of Accumulation privileges.

_____ _____ _____

Tax ID or Account Number Tax ID or Account Number Tax ID or Account Number

C. ☐ **Purchases at NAV** I certify that I qualify for a sales charge waiver for the following reason: _____

(State reason – see prospectus for acceptable reasons)

4. ACCOUNT FEATURES

Dividend Income and Capital Gain Distributions **(Distributions are automatically reinvested unless otherwise specified)**

All **dividends** will be paid by:

☐ Check mailed to the address listed above

☐ ACH to the bank account in section 5 (a check may be sent until bank instructions are verified)

☐ Reinvestment

All **capital gains** will be paid by:

☐ Check mailed to the address listed above

☐ ACH to the bank account in section 5 (a check may be sent until bank instructions are verified)

☐ Reinvestment

Please be sure to complete section 5 regarding banking instructions if selecting ACH deposits.

Telephone and Internet Privileges

By completing and signing this application, you will automatically receive telephone privileges on your account. Where applicable and permitted you will also receive internet privileges (see www,hawaiiantaxfreetrust.com for more information on account access). Hawaiian Tax-Free Trust currently permits only exchange transactions online, but may offer additional functionality in the future. Hawaiian Tax-Free Trust and its Agent will accept and act upon instructions received from you by telephone or via your online account. Please ensure section 5 is completed with your banking instructions.

☐ Check here if you would like to opt out of telephone exchange and redemption privileges, as well as internet exchange privileges.

Cost Basis Method Election

IRS regulations require that we report cost basis on mutual fund shares purchased after January 1, 2012 and subsequently redeemed. Below is a list of the cost basis reporting methods available to you. **If you do not elect a cost basis reporting method, Hawaiian Tax-Free Trust will apply our Default Method, which is Average Cost, to covered shares when redeemed.** We strongly recommend that you consult with your Tax Advisor and/or Financial Professional before making important tax elections for your account(s).

Cost basis reporting does not apply to retirement accounts, C corporations, and exempt organizations.

- ☐ Average Cost (AC)
- ☐ Last-In, First-Out (LI)
- ☐ Highest Cost Long-Term, First-Out (H1)
- ☐ Lowest Cost Short-Term, First-Out (L2)
- ☐ Specific Share ID (SL)
- ☐ Lowest Cost, First-Out (L0)
- ☐ Highest Cost Short-Term, First-Out (H2)
- ☐ First-In, First-Out (FI)
- ☐ Highest Cost, First-Out (HI)
- ☐ Lowest Cost Long-Term, First-Out (L1)

5. BANK INFORMATION

Having banking instructions on your account allows you to transfer funds electronically between your bank account and your Hawaiian Tax-Free Trust account(s). Your bank must be a member of the Automated Clearing House (ACH) and Federal Reserve in order for you to use this feature.

Bank Name: _____

Bank Office (if applicable) _____

Bank Street Address (no P.O. Box) _____

City _____ State _____ Zip Code _____

Bank Account Registration Name(s) _____

Bank Transit / ABA Routing Number _____ Bank Account Number _____

☐ Checking account – I/we have attached a voided check or other document with valid ACH instructions (**required**)

☐ Savings account – I/we have attached a voided deposit slip or other document with valid ACH instructions (**required**)

Please Attach A Pre-Printed Voided Check Or Other Document With Valid ACH Instructions Here

6. SHAREHOLDER AUTHORIZATION/SIGNATURE(S) REQUIRED

The undersigned warrants that he/she has full authority and is of legal age to purchase shares of the Fund(s) and has received and read (1) a current Prospectus of the Fund and agrees to its terms, and (2) the Fund's Privacy Notice and understands the fund's information sharing practices.

- I/We authorize the Fund(s) and its agents to act upon these instructions for the features indicated.

- I/We acknowledge that in connection with an Automatic Investment or other purchases, if my/our account at the Financial Institution has insufficient funds, the Fund(s) and its agents may cancel the purchase transaction and are authorized to liquidate other shares or fractions thereof held in my/our Fund account to make up any deficiency resulting from any decline in the net asset value of shares so purchased and any dividends paid on those shares. I/We authorize the Fund(s) and its agents to correct any transfer error by a debit or credit to my/our Financial Institution account and/or Fund account and to charge the account for any related charges. I/We acknowledge that shares purchased either through Automatic Investment or Telephone Purchase is/are subject to applicable sales charges.

- The Fund(s), the Agent, the Distributor and their trustees, directors, employees and agents will not be liable for acting upon instructions believed to be genuine, and will not be responsible for any losses resulting from unauthorized telephone transactions if the Agent follows reasonable procedures designed to verify the identity of the caller. The Agent may also record calls. Shareholders should verify the accuracy of confirmation statements immediately upon receipt.

Certification of Taxpayer Identification Number and Signature(s)

Under penalties of perjury, I/we 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 Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends; or (c) the IRS 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).
4. The FATCA codes(s) entered on the line (if any) indicating that I am exempt from FATCA reporting is correct _____

Certification Instructions: *You must cross out item 2 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 provisions of this document other than the certifications required to avoid backup withholding.

Individual (or Custodian) Signature*	Joint Registrant (if any) Signature*	Date
Corporate Officer Partner Trustee etc. Signature*	Title	Date

*All registered owners of the account must sign above. For a trust, all trustees must sign. For trusts, corporations, associations, government entities, or government plans this form must be accompanied by proof of authority to sign such as a certified copy of the corporate resolution or a certificate of

Note: If you wish to add a Trusted Contact to your account, a form is available on www.hawaiiantaxfreetrust.com and can be submitted with the application or submitted at a later time.

Do you have a stockbroker/advisor? ☐ ***No*** ☐ ***Yes*** ***If yes, please have them complete section 7.***

7. ADVISOR/DEALER USE ONLY (IMPORTANT – TO BE COMPLETED BY BROKER/DEALER OR ADVISOR)

Advisor or Broker/Dealer Name		Branch Number	
Representative's Name		Representative's Number	
Street Address	City	State	Zip Code
Cell Phone Number (including area code		Alternate Phone Number (including area code)	
Email Address			

SPECIAL INFORMATION

- You may cancel any feature at any time by contacting us at (800) 437-1000 or in writing. Please allow time for delivery by mail and processing.

- The Funds reserve the right to cancel any feature without prior notice, if in its judgment your use of any feature results in unusual effort or difficulty administering your account.

- The Funds reserve the right to alter, amend or terminate any or all features or to charge a service fee upon 30 days' written notice to shareholders, unless

additional notice is specifically required by the terms of the Prospectus.

- When adding banking information, one name on the Hawaiian Tax-Free Trust account registration must match one name on the bank account.

BANKING INFORMATION

- If your Financial Institution account changes or if you choose to add your information later, you must complete an Account Maintenance Form which may be obtained from our website www.hawaiiantaxfreetrust.com or by calling 800-437-1000 and send it to the Agent together with a pre-printed "voided" check from the new account. A medallion signature guarantee will be required on the form. The new Financial Institution change is effective after the Agent receives this form in good order. Please note that you can add new banking instructions online by logging into your Hawaiian Tax-Free Trust account via our website.

TERMS OF LETTER OF INTENT AND ESCROW (Applicable to Class A Shares only)

- By checking Box 1 (on page 3) and signing the application (on page 5), the investor is entitled to make each purchase at the public offering price applicable to a single transaction of the dollar amount checked above and agrees to be bound by the terms and conditions applicable to Letters of Intent (the "Letter") appearing below.

- The investor intends to purchase, with a sales charge, within a thirteen (13) month period, Class A Shares of the Fund through a single selected broker/dealer or the Distributor. Class A Shares of the Fund previously purchased by the investor, also with a sales charge, and which are still owned by the investor (valued at the higher of the public offering price on the date of this Letter or the initial purchase price, whichever is higher) may also be included in determining the applicable reduction.

- An aggregate amount of at least $25,000 together with shares owned by the investor as of the date of this Letter (valued at the higher of the public offering price on the date of this Letter or the initial purchase price, whichever is higher), will equal or exceed the minimum amount checked above.

- If shares purchased by the investor, added to the value of shares owned by the investor as of the date of the Letter, do not aggregate to the minimum amount specified above, the investor will pay the increased amount of sales charge prescribed in the terms of escrow below.

- The commission to the broker/dealer, if any, named herein shall be at the rate applicable to the minimum amount of the investor's specified intended purchases checked above. If the investor's actual market value at the time the Letter is established plus any new purchase(s) does not reach this minimum amount, the commissions previously paid to the dealer will be adjusted to the rate applicable to the investor's total purchases.

- The investor's broker/dealer shall refer to this Letter when placing any future purchase orders for the investor while this Letter is in effect.

1. The Escrow shall operate as follows: Out of the initial purchase (or subsequent purchases if necessary), 3% of the dollar amount specified in the Letter of Intent (computed to the nearest full share) shall be held in escrow in shares of the Fund by the Agent. All dividends and any capital gains distributions on the escrowed shares will be credited to the investor's account.

2. If the total minimum investment specified under the Letter is completed within a thirteen-month period, the escrowed shares will be promptly released to the investor. However, shares disposed of prior to completion of the purchase requirement under the Letter will be deducted from the amount required to complete the investment commitment.

3. If the total purchases pursuant to the Letter are less than the amount specified in the Letter as the intended aggregate purchases, the investor must remit to the Distributor an amount equal to the difference between the dollar amount of sales charges actually paid and the amount of sales charges which would have been paid if the total amount purchased had been made at a single time. If such difference in sales charges is not paid within twenty days after receipt of a request from the Distributor or the broker/dealer, the Distributor will, within sixty days after the expiration of the Letter, redeem the number of escrowed shares necessary to realize such difference in sales charges. Full shares and any cash proceeds for a fractional share remaining after such redemption will be released to the investor. The escrow of shares will not be released until any additional sales charge due has been paid as stated in this section.

4. By checking Box 1 (on page 3) and signing the application (on page 5), the investor irrevocably constitutes and appoints the Agent or the Distributor as the investor's attorney to surrender for redemption any or all escrowed shares on the books of the Fund.

Please continue to Notice of Privacy Policy and Practices on page 7.

HAWAIIAN TAX-FREE TRUST
NOTICE OF PRIVACY POLICY AND PRACTICES

FACTS	**WHAT DOES THE HAWAIIAN TAX-FREE TRUST DO WITH YOUR PERSONAL INVORMATION?**
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this Notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number and income • assets and transaction history • investment experience and risk tolerance When you are *no longer* our customer, we continue to share your information as described in this Notice.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons the HTFT choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does HTFT share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	YES	NO
For our marketing purposes – to offer our products and services to you	YES	NO
For joint marketing with other financial companies	NO	We Don't Share
For our affiliates' everyday business purposes – information about your transactions and experiences	YES	NO
For our affiliates' everyday business purposes – information about your creditworthiness	NO	We Don't Share
For our affiliates to market to you	NO	We Don't Share
For our non-affiliates to market to you	NO	We Don't Share

Questions?	Call 1-800-437-1000 or go to: www.hawaiiantaxfreetrust.com

Who we are	
Who is providing this Notice?	Hawaiian Tax-Free Trust
What we do	
How do Hawaiian Tax-Free Trust protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How do Hawaiian Tax-Free Trust collect my personal information?	We collect your personal information, for example, when you • open an account or deposit money • provide account information • or give us your contact information • buy securities from us or • sell securities to us We also collect your personal information from other companies, such as credit bureaus, affiliates or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only • sharing for affiliates' everyday business purposes–information about your creditworthiness • affiliates from using your information to market to you • sharing for non-affiliates to market to you State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Non-affiliates	Companies not related by common ownership or control. They can be financial and non–financial companies. Hawaiian Tax-Free Trust do not share personal information with non-affiliates so they can market to you.
Joint marketing	A formal agreement between non-affiliated financial companies that together market financial products or services to you. Hawaiian Tax-Free Trust does not jointly market.

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity includes** a corporation, limited liability company, or other entity that is created by filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity does not include** sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of Non-U.S. Persons) for the following individuals (i.e., the **beneficial owners**):

i. Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**

ii. An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a) Name and Title of Natural Person Opening Account:

_____

b) Name, Type, and Address of Legal Entity for Which the Account is Being Opened:

_____

_____

_____

_____

c) *The following information for <u>each</u> individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:*

Name	**Date of Birth**	**Address (Residential Street Address)**	***For U.S. Persons:*** **Social Security Number**	***For Non-U.S. Persons :*** **Social Security Number, Passport Number and Country of Issuance, or other similar identification number[1]**

(If no individual meets this definition, please write "Not Applicable".)

[1] In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

d) *The following information for <u>one</u> individual with significant responsibility for managing the legal entity listed above, such as:*

- *An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or*
- *Any other individual who regularly performs similar functions.*

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

Name / Title	**Date of Birth**	**Address (Residential Street Address)**	***For U.S. Persons:* Social Security Number**	***For Non-U.S. Persons:* Social Security Number, Passport Number and Country of Issuance, or other similar identification number[1]**

I,_____(*name of natural person opening account)*, herby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature:_____Date: _____

Title / Relationship with Legal Entity Customer: _____

<u>Legal Entity Customer</u>
The following list includes examples of Legal Entity Customers, but this is not an exhaustive list.

1. C Corporation
   a) Including incorporated entities and LLC's that elect to be treated as a corporation
2. S Corporation
   a) Including incorporated entities and LLC's that elect to be treated as a corporation
3. General Partnership
   a) Accounts registered to Partnerships, including LLC's that elect to be treated as partnerships
4. Limited Partnership, Business / Statutory Trust, and Any Other Entity created by a filing with a state office
5. Real Estate Investment Trust
6. Non-Profit Organization
7. Section 529 Plan – Entity
   a) An Entity would be defined as University, Foundation, Scholarship Fund, etc.
8. Section 529 Plan – Corporate
   a) Accounts with a Corporation owning a 529 Plan
9. Investment Club; Union; Unincorporated Association; Miscellaneous Organizations
   a) Accounts registered to unincorporated associations (i.e., groups that have organized themselves under a specific name, but have not adopted any business form such as a corporation or partnership)

[1] In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.