

# BISHOP STREET FUNDS

Your Avenue To Sound Investment

You cannot use this application to open an IRA account.

# Class I Shares Account Application/ Account Change Form

## INSTRUCTIONS/CHECKLIST

- Complete Sections 1-6 & 11. Any requested supplemental documents or information must also be provided. Failure to complete these sections may result in rejection of your application. These sections must be completed and the information provided will be verified as required by the USA Patriot Act.
- Sections 7-10 & 12 are optional
- Include Payment
- Mail To: Bishop Street Funds • P.O. Box 219009 • Kansas City, MO 64121-9009

Please Print Or Type All Items Except Signature

### THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an 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. This information will be verified to ensure the identity of all persons opening a mutual fund account.

### Notice for Non-U.S. persons:

The Fund(s) generally will not accept investments from foreign investors (e.g. foreign financial institutions; non-U.S. persons). The Fund(s) has instructed its transfer agent accordingly. If the Fund(s) does accept such investments, the transfer agent is expected to conduct enhanced due diligence on such foreign investors as may be required under Section 312 of the USA Patriot Act and applicable Treasury or SEC rules, regulations and guidance (if any).

### Notice to all shareholders

In compliance with applicable state laws, your property may be transferred to the appropriate state if no activity occurs in your account within the time period specified by state law.

## 1 Account Registration

IF THIS IS A CHANGE TO AN EXISTING ACCOUNT, ALL INFORMATION PROVIDED WILL SUPERCEDE INFORMATION CURRENTLY ON RECORD. A SIGNATURE GUARANTEE IN SECTION 12 IS REQUIRED TO PROCESS ANY CHANGES IN SECTIONS 1, 4, 6, 8, 9 OR 10.

- New Account
- Change To Account \_\_\_\_\_  
EXISTING ACCOUNT NUMBER

SELECT TYPE OF ACCOUNT. COMPLETE ONLY ONE SECTION BELOW.

- 1A.  Individual  Joint\* \_\_\_\_\_  
RIGHT OF SURVIVORSHIP, ENTIRETY, COMMON

INDIVIDUAL (FIRST NAME/INITIAL/LAST NAME) \_\_\_\_\_ SUFFIX \_\_\_\_\_

INDIVIDUAL SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH (MM-DD-YYYY) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

JOINT OWNER (IF ANY) (FIRST NAME/INITIAL/LAST NAME) \_\_\_\_\_

JOINT OWNER SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH (MM-DD-YYYY) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Citizenship:  U.S. Citizen  Resident Alien  
 Non-Resident Alien Country of Citizenship \_\_\_\_\_

You **must** check one. For resident aliens, you must have a US tax identification number and domestic address. **For non-resident aliens, a copy of an unexpired government-issued photo ID must be included with the application.**

\*Registration will be Joint Tenancy with Rights of Survivorship unless otherwise specified.

\*\* Attach a separate list identifying additional Trustees.

† Enclose a corporate resolution which identifies individuals authorized to conduct transactions on this account; include full name, social security number, street address and date of birth.

^ Attach a separate list for each individual partner and authorized trader of the partnership, including full name, social security number, street address, and date of birth.

### 1B. Custodial/Gift to Minor:

CUSTODIAN'S NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_  
 OF CUSTODIAN'S SOCIAL SECURITY NUMBER \_\_\_\_\_ CUSTODIAN'S DATE OF BIRTH (MM-DD-YYYY) \_\_\_\_\_  
 as custodian for  
 MINOR'S NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_  
 MINOR'S SOCIAL SECURITY NUMBER \_\_\_\_\_ MINOR'S DATE OF BIRTH (MM-DD-YYYY) \_\_\_\_\_ MINOR'S STATE \_\_\_\_\_

### 1C. A Trust\*\* (the first and last pages of the Trust Agreement must be attached)

NAME OF TRUSTEE(S) \_\_\_\_\_ TRUSTEE'S SOCIAL SECURITY NUMBER \_\_\_\_\_ TRUSTEE'S DATE OF BIRTH (MM-DD-YYYY) \_\_\_\_\_  
 NAME OF TRUST AGREEMENT \_\_\_\_\_  
 TRUST'S TAXPAYER IDENTIFICATION NUMBER \_\_\_\_\_ DATE OF TRUST AGREEMENT \_\_\_\_\_

### 1D. A Corporation† (the articles of incorporation and business license of the corporation must be attached)

NAME OF CORPORATION (IF A PUBLICALLY-TRADED CORPORATION, ALSO PROVIDE SYMBOL) \_\_\_\_\_  
 TYPE OF ENTITY \_\_\_\_\_  
 TYPE OF CORPORATION [please check one]:  
 S Corporation  C Corporation

TAXPAYER IDENTIFICATION NUMBER \_\_\_\_\_

### 1E. A Partnership^ (a copy of the Partnership Agreement must be attached)

PARTNER (FIRST NAME/INITIAL/LAST NAME) \_\_\_\_\_ SUFFIX \_\_\_\_\_ PARTNER'S DATE OF BIRTH (MM-DD-YYYY) \_\_\_\_\_

Documents provided in connection with your Application will be used solely to establish and verify your identity. The Fund will have no obligation with respect to the terms of any such document.

Bishop Street Funds is taking advantage of the "Householding" rule, which permits the delivery of one copy of an annual/semi-annual report, prospectus and/or proxy statement on behalf of two or more shareholders at a shared address. Unless you indicate otherwise by checking the box below, your signature on this application indicates your consent to Householding and the Funds will deliver one copy of the above referenced documents to your address for as long as you remain invested in the Bishop Street Funds. You may revoke your consent at any time by calling 1-800-262-9565. Upon receiving such notification, the Funds will begin mailing individual copies of the above referenced documents to your attention within 30 days.

I do not wish to participate in Householding.

(Continued on next page)

## 2 Account Information

MAILING ADDRESS (REQUIRED FOR OPENING AN ACCOUNT. INFORMATION WILL BE VERIFIED.)

CITY STATE ZIP

DAYTIME PHONE EVENING PHONE

EMAIL ADDRESS

(If a mailing address is a P.O. Box, other than an Army Post Office Box or a Fleet Post Office Box, a street address is required by the USA Patriot Act.)

STREET ADDRESS (IF DIFFERENT)

CITY STATE ZIP

JOINT REGISTRANT, MINOR, AUTHORIZED TRADER  
STREET ADDRESS (Required if different than the Registrant Address above.)

ADDRESS

CITY STATE ZIP

## 3 Bishop Street Funds Selection

CHECK THE FUND(S) AND INDICATE THE AMOUNT OF INVESTMENT FOR EACH FUND. ENCLOSE ONE CHECK FOR THE TOTAL AMOUNT OF YOUR INVESTMENT. **MINIMUM INVESTMENT: \$1000 PER FUND OR \$100 PER FUND WITH AN AUTOMATIC INVESTMENT PLAN.** THE FUNDS DO NOT ACCEPT CASH, TRAVELER'S CHECKS, MONEY ORDERS, STARTER, COUNTER, OR THIRD PARTY CHECKS. FOR ASSISTANCE, PLEASE CALL 1/800-262-9565 BETWEEN 8:30 AM AND 8:00 PM EASTERN TIME. MAKE CHECKS PAYABLE TO BISHOP STREET FUNDS, P.O. BOX 219009, KANSAS CITY, MO 64121-9009.

### BISHOP STREET FIXED INCOME FUNDS

High Grade Income Fund (612) \$ \_\_\_\_\_  
 Hawaii Municipal Bond Fund (968) \$ \_\_\_\_\_

### BISHOP STREET EQUITY FUNDS

Dividend Value Fund (1075) \$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL INVESTMENT

### METHOD OF PAYMENT:

Enclosed is my check for the total amount of my investment made payable to Bishop Street Funds.  
 Bank wire sent \_\_\_\_\_ DATE \_\_\_\_\_  
CONTROL NO. \_\_\_\_\_

**NOTE:** TO PURCHASE SHARES BY FEDERAL FUNDS OR BANK WIRE CALL 1-800-262-9565.

## 4 Dividend Income & Capital Gains

CHECK YOUR CHOICE OF DIVIDEND/CAPITAL GAIN DISTRIBUTION AND CHOOSE YOUR PAYMENT METHOD.

All dividend income and capital gains, if any, will be reinvested automatically unless one of the following is checked:

- Pay all dividend income and capital gains.  
 Pay all dividend income and reinvest all capital gains.  
 Pay all capital gains and reinvest all dividend income.

**METHOD OF PAYMENT:** If dividend income or capital gains are to be distributed, select one of the following:

- By check to address in Section 2  
 By ACH to bank account identified in Section 9

**NOTE:** IF YOU CHOOSE PAYMENT BY ACH YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 9.

## 5 Cost Basis Calculation Method

Please elect the cost basis method to be used in calculating the gain or loss associated with redemption requests. The elected method will be used for all accounts established by this application and any future accounts established. Please choose from the following: (Choose only one)

- Average Cost  First-In First-Out  Specific Lot

Note: When selecting Specific Lot, please choose a secondary method to be used as an alternate in the event specific lot information is not provided.

- First-In First-Out  Last-In First-Out  
 High Cost  Low Cost  Loss/Gain Utilization

If no election is made Average Cost will be used.

## 6 Authorization of Telephone Transfer

CHECK THE APPROPRIATE BOX IF YOU **DO NOT** WANT TELEPHONE PRIVILEGES.

I hereby authorize and direct the agent to accept and act upon telephone instructions for exchanges and/or redemptions involving the account with corresponding registration unless one or both of the following is (are) checked:

- I/We do not authorize telephone exchanges.  
 I/We do not authorize telephone redemptions.

## 7 Automatic Investment Plan (AIP) (Optional)

IF YOU CHOOSE THIS OPTION, YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 9.

Check box if you want the Automatic Investment Plan (AIP).

- I/We hereby authorize and direct the Bishop Street Funds' Distributor, SEI Investments Distribution Co., to draw on my (our) bank account on a periodic basis, as indicated in Section 9, for investment in my (our) account. Initial investments may not be made through the Automatic Investment Plan.  
■ I/We understand that if there are insufficient funds in my/our account finance charges may apply.

### AIP INVESTMENT SELECTION:

\_\_\_\_\_ \$ \_\_\_\_\_  
BISHOP STREET FUND AMOUNT (\$50 MIN)  
\_\_\_\_\_ \$ \_\_\_\_\_  
BISHOP STREET FUND AMOUNT (\$50 MIN)

### PREFERRED INVESTMENT SCHEDULE:

- Monthly  Quarterly  Semi-Annually  Annually  
 1st or  15th

\_\_\_\_\_ BEGIN INVESTMENT ON (ENTER MONTH/YEAR) \_\_\_\_\_ DAY OF MONTH

**NOTE:** THIS PRIVILEGE WILL BE EFFECTIVE 15 DAYS AFTER BISHOP STREET FUNDS RECEIVES THIS APPLICATION. **IF NO DATE IS CHOSEN ABOVE, YOUR BANK ACCOUNT WILL BE DEBITED ON THE 15TH OF THE MONTH.**

## 8 Systematic Withdrawal Plan (SWP) (Optional)

IF YOU CHOOSE PAYMENT BY ACH, YOU MUST ATTACH A VOIDED CHECK AND PROVIDE FULL BANK INFORMATION IN SECTION 9.

Check box if you want the Systematic Withdrawal Plan (SWP)

- I/We understand that to establish a SWP, an investor must own or purchase shares of Bishop Street Funds having a current net asset value of at least \$10,000 for all other funds.

**SWP REDEMPTION SELECTION:**

BISHOP STREET FUND \_\_\_\_\_ \$ \_\_\_\_\_ AMOUNT (\$50 MIN)

BISHOP STREET FUND \_\_\_\_\_ \$ \_\_\_\_\_ AMOUNT (\$50 MIN)

**PREFERRED REDEMPTION SCHEDULE:**

Monthly  Quarterly  Semi-Annually  Annually

25th

BEGIN REDEMPTION ON (ENTER MONTH/YEAR) \_\_\_\_\_ DAY OF MONTH \_\_\_\_\_

**NOTE:** PAYMENTS ARE ONLY PROCESSED ON THE 25TH OF THE MONTH.

**SWP PAYMENT INSTRUCTIONS (check only one):**

By ACH to my/our bank account.

By check to the address in Section 2.

By check to the following address:

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I/We wish to have payments under the SWP made to a third party. Please make such checks payable to:

and mail to \_\_\_\_\_

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**9 Bank Information for (AIP) or (SWP) (Optional)**

COMPLETE THIS SECTION IF YOU INTEND TO MAKE ACH & WIRE REDEMPTIONS OR UTILIZE THE AUTOMATIC INVESTMENT OR SYSTEMATIC WITHDRAWAL PLANS.

To exercise these investment and redemption privileges, your bank account information must be on file. Please attach a voided check or deposit slip for the bank account you wish to use **AND** complete the section below.

BANK NAME \_\_\_\_\_ BRANCH OFFICE (IF APPLICABLE) \_\_\_\_\_

BANK ADDRESS (DO NOT USE P.O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME(S) ON YOUR BANK ACCOUNT \_\_\_\_\_

BANK ACCOUNT NO. \_\_\_\_\_ BANK ABA NO. \_\_\_\_\_

Account Type (check one):  Checking  Savings

**10 Special Dividend Service (Optional)**

SPECIAL DIVIDEND SERVICE ALLOWS YOU TO INVEST INCOME AND CAPITAL GAINS FROM ONE BISHOP STREET FUND ACCOUNT INTO ANOTHER BISHOP STREET FUND ACCOUNT.

Check box if you want the Special Dividend Service.

I/We hereby authorize the Bishop Street Funds' Distributor, SEI Investments Distribution Co., to invest dividend income and capital gains distributions as follows:

Fund Paying Dividends: \_\_\_\_\_ Fund Receiving Dividends: \_\_\_\_\_

BISHOP STREET FUND \_\_\_\_\_ BISHOP STREET FUND \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

**11 Shareholder Agreement**

I affirm that I have received and read the current prospectus(es) of the Fund(s) selected on the first page and agree to its terms. I also agree that any shares purchased now or later are and will be subject to the terms of the Fund's prospectus as in effect from time to time. I agree that SEI Investments Distribution Co. ("SIDC"), the Adviser, the Transfer Agent, the Custodian, Bishop Street Funds, or any bank or broker-dealer through which purchases may be made, or any affiliate or their officers, directors or employees will not be liable for any loss, expense or cost for acting upon any instructions or inquiries believed genuine. I understand and agree that I will receive monthly statements disclosing all activity in my account(s) and that I will promptly bring errors to the attention of SIDC or the Bishop Street Funds as needed.

I understand that Bishop Street Capital Management Corporation, a subsidiary of First Hawaiian Bank, serves as advisor to Bishop Street Funds. I understand that SIDC serves as distributor for Bishop Street Funds and is not affiliated with First Hawaiian Bank, Bank of the West or BancWest Corporation.

I understand that these investment products are not obligations of or guaranteed by First Hawaiian Bank, Bank of the West, or BancWest Corporation; are not federally insured by the FDIC, the Federal Reserve Board or any other agency; and involve risk, including possible loss of principal invested.

By execution of this application, the investor represents and warrants that (i) he/she has the full right, power, and authority to make the investment applied for and (ii) he/she is a natural person of legal age in his/her state of residence. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase or redeem shares of the fund on behalf of the investor. Each person named in the registration must sign below.

By signing this application, I hereby certify under penalties of perjury that the information on this application is complete and correct and that as required by law: (Please check applicable boxes.)

U.S. Citizen (including a U.S. resident alien)/Taxpayer:

I certify that (1) the number shown above on this form is the correct Social Security Number or Tax ID Number and (2) I am not subject to any backup withholding either 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 failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

(Continued on next page)

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

I am a U.S. person, resident alien, or representative of a U.S. entity.

If no Tax ID Number or Social Security Number has been provided above, I have applied or intend to apply, to the IRS or the Social Security Administration for a Tax ID Number or a Social Security Number, and I understand that if I do not provide either number to the Transfer Agent within 60 days of the date of this application or if I fail to furnish my correct Social Security Number or Tax ID Number, I may be subject to a penalty and a 31% backup withholding on distributions and redemption proceeds. (Please provide either number on IRS Form W-9.)

Non-U.S. Citizen Taxpayer:

Indicate country of residence for tax purposes:  
\_\_\_\_\_

If I am a non-resident alien, I understand that I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that, if I am a non-resident alien, I am not under penalty of perjury for certifying to the above information.

**NOTE:** THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACK-UP WITHHOLDING.

**By my signature below, I certify, on my own behalf or on behalf of the investor, I am authorized to represent that:**

- (1) **The investor is not involved in any money laundering schemes and the source of this investment is not derived from any unlawful activity; and**
- (2) **The information provided by the investor in this application is true and correct and any documents provided herewith are genuine.**

X  
SIGNATURE (INDIVIDUAL, CUSTODIAN, TRUSTEE, PARTNER OR AUTHORIZED OFFICER) \_\_\_\_\_ DATE \_\_\_\_\_

X  
SIGNATURE (JOINT REGISTRANT, IF ANY) \_\_\_\_\_ DATE \_\_\_\_\_

**12 Signature Guarantee (If Applicable)**

A SIGNATURE GUARANTEE IS REQUIRED FOR YOUR PROTECTION IF YOU ARE MAKING CHANGES IN SECTIONS 1, 4, 6, 8, 9 OR 10.

NAME OF BANK OR FIRM \_\_\_\_\_

X  
SIGNATURE OF OFFICER \_\_\_\_\_

**NOTE:** A SIGNATURE GUARANTEE IS **NOT** A NOTARY.

|  |                         |     |
|--|-------------------------|-----|
| <b>FOR BROKER/DEALER USE ONLY</b>          |                         |     |
| _____                                      |                         |     |
| DEALER NAME                                | BRANCH NUMBER           |     |
| _____                                      |                         |     |
| FIRM NAME                                  |                         |     |
| _____                                      |                         |     |
| BRANCH ADDRESS                             |                         |     |
| _____                                      |                         |     |
| CITY                                       | STATE                   | ZIP |
| _____                                      |                         |     |
| REPRESENTATIVE'S PHONE NUMBER              | REPRESENTATIVE'S NUMBER |     |
| _____                                      |                         |     |
| REPRESENTATIVE'S NAME (FIRST/INITIAL/LAST) |                         |     |
| _____                                      |                         |     |

**Not FDIC Insured • No Bank Guarantee • May Lose Value**

**THANK YOU FOR YOUR INVESTMENT IN THE BISHOP STREET FUNDS.**