



HAWAII MUNICIPAL FUND
SURFX

APPLICATION

for Hawaii Municipal Fund

Please complete Parts 1-9 and mail to:

3113 Olu Street

Honolulu, Hawaii 96816

Phone number: (808) 988-8088

Toll free number: (800) 354-9654

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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. **For each person registered on the account, please enclose with your application a copy of a current driver's license, current passport or unexpired government-issued identification evidencing nationality or residence and bearing a photograph.**

We also may ask to see government-issued identifying documents. This information will be used to verify the identity of all investors opening a mutual fund account. To the extent permitted by applicable law, the Hawaii Municipal Fund (the "Fund") reserves the right to place limits on transactions in any account until the identity of the investor is verified, or (ii) to refuse an investment in the Fund or to involuntarily redeem an investor's shares and close an account in the event that the Fund is unable to verify an investor's identity.

I REGISTRATION Please Print

(First Name, Middle Initial, Last Name. For Trust Accounts: Trustee(s), Trust Name, Date of Agreement)

Individual Joint Custodian for Minor Trust Other (Corporation, Partnership)

2 REGISTRATION OWNER INFORMATION Securities industry regulations require that we collect this information. Registration Owner/Trustee/Minor must provide this information.

Mr. Mrs. Ms. Trust Dr. Other _____

Name

Street Address (No P.O. boxes, please)

City

State

Zip Code

Mailing Address (if different from above; P.O. boxes may be used)

City

State

Zip Code

Birthdate (mm/dd/yyyy)

Social Security Number or Tax I.D. Number

If this is a custodian account, enter the minor's social security number and birthdate.

()

Primary Phone

()

Secondary Phone

Email Address

Country of Citizenship USA Other Country of Legal Residence USA Other

Check Only One Employed Self-Employed Retired Student Not employed

If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.

Occupation

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Owner/Self-Employed | <input type="checkbox"/> Information Technology Professional | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Executive/Senior Management | <input type="checkbox"/> Other Professional | <input type="checkbox"/> Clerical/Administrative Services |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> U.S. Government Employee
(Federal/State/Local) | <input type="checkbox"/> Trade/Service Career
(Labor/Manufacturing/Production) |
| <input type="checkbox"/> Legal Professional | <input type="checkbox"/> Foreign Government Employee
(Non-U.S.) | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Accounting Professional | <input type="checkbox"/> Military | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Financial Services/Banking
Professional | | <input type="checkbox"/> Other: _____
<i>(Please specify)</i> |

Employer Name

Business Street Address

City

State

Zip Code

List any securities firms you are employed by or in which you are a director or owner. Please specify.

List all publicly traded companies in which you are a director, 10% shareholder or policy-making officer. Please specify.

Marital Status: Single Married Divorced Number of dependents _____

ADDITIONAL ACCOUNT HOLDER (Joint Account Holder, Custodian, Additional Trustees). Securities industry regulations require that we collect this information.

PLEASE PRINT

Relationship to Registration Owner: _____

Mr. Mrs. Ms. Trust Dr. Other _____

Name

Street Address (No P.O. boxes, please)

City

State

Zip Code

Birthdate (mm/dd/yyyy)

Social Security Number

()

Primary Phone

()

Secondary Phone

Email Address

Country of Citizenship USA Other

Country of Legal Residence USA Other

Check Only One Employed Self-Employed Retired Student Not employed

If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.

Occupation

Business Owner/Self-Employed

Information Technology Professional

Educator

Executive/Senior Management

Other Professional

Clerical/Administrative Services

Medical Professional

U.S. Government Employee
(Federal/State/Local)

Trade/Service Career
(Labor/Manufacturing/Production)

Legal Professional

Foreign Government Employee
(Non-U.S.)

Sales/Marketing

Accounting Professional

Military

Consultant

Financial Services/Banking
Professional

Other: _____

(Please specify)

Employer Name

Business Street Address

City

State

Zip Code

List any securities firms you are employed by or in which you are a director or owner. Please specify.

List all publicly traded companies in which you are a director, 10% shareholder or policy-making officer. Please specify.

Marital Status: Single Married Divorced Number of dependents _____

3 INITIAL INVESTMENT (\$10,000 Minimum)

Checks must be made payable to the "Hawaii Municipal Fund" using blue or black ink.

\$ _____ **HAWAII MUNICIPAL FUND** (Personal checks only. Purchases cannot be made by cashier's check, official check, traveler's check or any other cash instrument.)

In this section, we're collecting information about the categories ("sources") of assets that will be held in your account. Please select all of the sources of the assets that will be deposited or held in your account, including the original sources of any assets that will be transferred into the account from another firm. (Please check all that apply.)

Source of Funds

- | | | |
|---|---|---|
| <input type="checkbox"/> Salary/Wages/Savings | <input type="checkbox"/> Family/Relatives/Inheritance | <input type="checkbox"/> Gambling/Lottery |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Investment Capital Gains | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sale of Property or Business | <input type="checkbox"/> Gifts | |

Purpose of Account

- | | |
|---|---|
| <input type="checkbox"/> General Investing | <input type="checkbox"/> Investing for Retirement |
| <input type="checkbox"/> Investing for Estate Planning | <input type="checkbox"/> Investment of Pooled Assets (e.g., funds from individual investors that are aggregated for investing purposes) |
| <input type="checkbox"/> Investing for Tax Planning (e.g., municipal bonds, etc.) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Investing for College | |

4 YOUR INVESTMENT PROFILE (Please check the box that applies in each section.)**Investment Knowledge:**

- | | |
|------------------------------------|------------------------------------|
| Registration Owner | Additional Account Holder |
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Limited | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Extensive | <input type="checkbox"/> Extensive |

Investment Experience:

- | | |
|------------------------------------|------------------------------------|
| Registration Owner | Additional Account Holder |
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> Limited | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Extensive | <input type="checkbox"/> Extensive |

Federal Income Tax Bracket:

- | | |
|---------------------------------------|---------------------------------------|
| Registration Owner | Additional Account Holder |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 15% |
| <input type="checkbox"/> 25% | <input type="checkbox"/> 25% |
| <input type="checkbox"/> 28% | <input type="checkbox"/> 28% |
| <input type="checkbox"/> 33% | <input type="checkbox"/> 33% |
| <input type="checkbox"/> 35% | <input type="checkbox"/> 35% |
| <input type="checkbox"/> 39.6% | <input type="checkbox"/> 39.6% |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Annual Income:

- | | |
|--|--|
| Registration Owner | Additional Account Holder |
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> Under \$15,000 |
| <input type="checkbox"/> \$15,000-\$24,999 | <input type="checkbox"/> \$15,000-\$24,999 |
| <input type="checkbox"/> \$25,000-\$49,999 | <input type="checkbox"/> \$25,000-\$49,999 |
| <input type="checkbox"/> \$50,000-\$99,999 | <input type="checkbox"/> \$50,000-\$99,999 |
| <input type="checkbox"/> \$100,000 or more | <input type="checkbox"/> \$100,000 or more |

Liquid Net Worth:

- | | |
|--|--|
| Registration Owner | Additional Account Holder |
| <input type="checkbox"/> Under \$25,000 | <input type="checkbox"/> Under \$25,000 |
| <input type="checkbox"/> \$25,000-\$49,999 | <input type="checkbox"/> \$25,000-\$49,999 |
| <input type="checkbox"/> \$50,000-\$99,999 | <input type="checkbox"/> \$50,000-\$99,999 |
| <input type="checkbox"/> \$100,000-\$249,999 | <input type="checkbox"/> \$100,000-\$249,999 |
| <input type="checkbox"/> \$250,000 or more | <input type="checkbox"/> \$250,000 or more |

Overall Investment Objective:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Capital Preservation | <input type="checkbox"/> Growth |
| <input type="checkbox"/> Income | <input type="checkbox"/> Speculation |

Overall Risk Tolerance:

- | |
|--|
| <input type="checkbox"/> Conservative |
| <input type="checkbox"/> Moderately Conservative |
| <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Moderately Aggressive |
| <input type="checkbox"/> Significant Risk |

The expected period of time you plan to invest to achieve your financial goal(s):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Under 1 year | <input type="checkbox"/> 5-10 years |
| <input type="checkbox"/> 1-5 years | <input type="checkbox"/> More than 10 years |

5 REDEMPTION INSTRUCTIONS

I authorize Lee Financial Securities, Inc. (LFS) to accept and act upon telephone instructions for redemption by the shareowner of record. Will automatically apply if neither box is checked.

- Yes No

Proceeds will be mailed to the address listed in Part 2, unless you have chosen to have proceeds automatically transmitted to your bank account in Part 7A.

6 DISTRIBUTION OPTION

Dividends/Capital Gain Distributions will be automatically reinvested unless you check one of the following boxes.

- CASH – All Dividends and Capital Gain Distributions paid in cash.
- Mail to address of record
- Automatic deposit (Fill out Section 7A)
- REINVESTMENT – All Dividends and Capital Gain Distributions reinvested.

7 AUTOMATIC TRANSMISSION (Optional)

NOTE: Your financial institution must be able to accept Automated Clearing House (ACH) transactions and /or be a member of an ACH association in order for you to use this service.

The investor may discontinue this service at any time by written notice to LFS.

7A BANK INFORMATION

Please complete below to enable transfers directly to and from your bank account. These bank instructions will be established for automatic investment plan transfers, redemptions, and/or any dividend/capital gain payments.

BANK ROUTING NUMBER (9 digits)

BANK ACCOUNT NUMBER

ACCOUNT TYPE

--	--	--	--	--	--	--	--	--

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Checking Savings

Use my attached, preprinted, voided check/deposit slip. Starter checks or deposit slips will not be accepted.

If there is a difference between the Fund account owner(s) and the bank account owner(s), all bank account owners must sign here and have their signatures medallion guaranteed; and all investors signing in Section 9 must also have their signatures medallion guaranteed.

NOTE: If the Fund account is registered as a custodial account for a minor (UGMA/UTMA) and there is at least one common owner on the Fund account and the bank account, medallion signature guarantees are not required.

Please have each signature separately medallion guaranteed by a bank, savings and loan association, trust company, credit union, broker-dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in medallion signature guarantee programs such as the Securities Transfer Agent Medallion Program (STAMP). **A notary public cannot provide a medallion signature guarantee.**

SIGNATURE OF BANK ACCOUNT OWNER

DATE

SIGNATURE OF BANK ACCOUNT OWNER

DATE

X _____

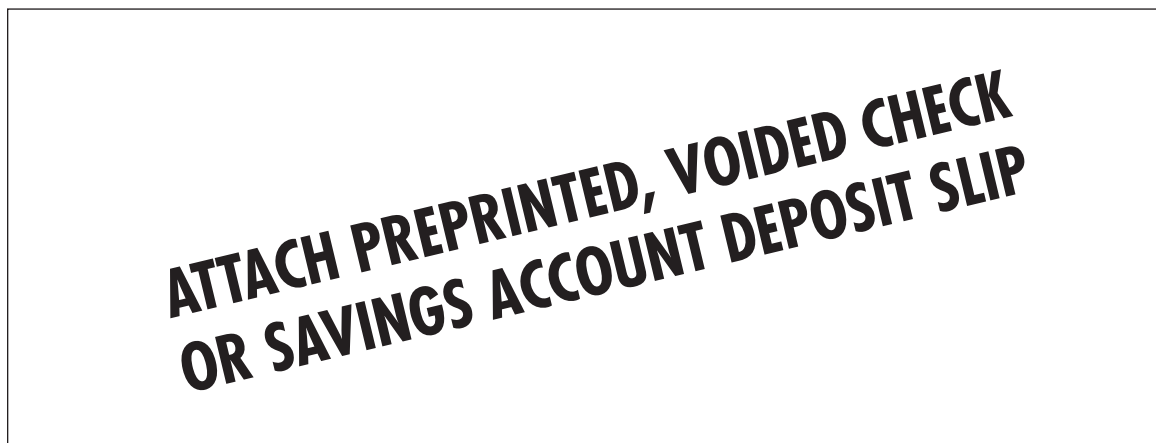
X _____

MEDALLION SIGNATURE GUARANTEE STAMP
--

MEDALLION SIGNATURE GUARANTEE STAMP
--

Tape a preprinted, voided check or preprinted savings account deposit slip here. Bank account registration information (your name and address) cannot be blank or handwritten.

Do not staple.



7B AUTOMATIC INVESTMENT PLAN

- Complete this section to start **MONTHLY** scheduled, automatic transfers FROM a bank account TO your Fund account.
- Bank information must be provided in Section 7A for your request to be valid.
- When indicating start date, please note that it may take up to 15 days for the Fund to establish your automatic investment.

Please complete below to set up an Automatic Investment Plan

AMOUNT (\$100 minimum)

\$

START MONTH

INVESTMENT DATE¹ (select one)

10th 20th

1. If the Investment Date falls on a weekend or holiday, the transaction will be made on the following business day.

I/We understand that my ACH debit will be dated on the day of each month as selected above (or on the first business day thereafter). I/We agree that if such debit is not honored upon presentation, LFS may discontinue this service and any share purchase made upon deposit of such debit may be cancelled. I/We also agree that LFS may make additional attempts to debit my/our account if the initial attempt fails and I/we will be liable for any associated costs. I/We further agree that if the net asset value of the shares purchased with such debit is less when said purchase is cancelled than when the purchase was made, LFS shall be authorized to liquidate other shares or fractions thereof held in any account to make up the deficiency. The Automatic Investment Plan may be discontinued by LFS upon thirty (30) days written notice. The investor may discontinue this service at any time by written notice to LFS, and LFS must receive this notice no later than five (5) business days prior to the above designated investment date.

8 SELECTION OF COST BASIS METHOD

The Fund uses the First In, First Out (FIFO) method as a default to calculate cost basis for your account. If you would like to use FIFO, you do not need to do anything. Your account will default to FIFO until you elect to use another method.

Cost Basis Accounting Method (Please select only one method)

- First In, First Out (FIFO)
- Last In, First Out (LIFO)
- Average Cost
- Specific Lot Identification
- High Cost, First Out (HIFO)
- Low Cost, First Out (LOFO)

(For more information about cost basis, please visit www.LeeHawaii.com/our-documents/.)

9 SHAREHOLDER AUTHORIZATION

Signature(s) Required

I acknowledge I have received and read the prospectus for the Fund in which I am investing. This order is subject to acceptance by the Fund. I authorize LFS to act upon instructions received via the telephone believed by it to be genuine for those telephone privileges I have selected. I agree neither LFS, the Fund nor any of their affiliates will be responsible for the authenticity of any instructions given and shall be fully indemnified as to, and held harmless from, any and all direct and indirect liabilities, losses, or costs resulting from acting upon such transactions in accordance with procedures described in the Fund prospectus. By signing below, I certify under penalties of perjury that the social security or taxpayer identification number entered above is correct and that I have not been notified by the IRS that I am subject to backup withholding unless I have checked the box. Check this box ONLY if the IRS has notified you that you are subject to backup withholding.

In regards to "Automatic Transmission" via ACH (if applicable), I agree that your rights with respect to each debit/credit shall be the same as if I personally signed or initiated the drafts or debits/credits. I agree that LFS, the Fund, and any of their affiliates shall be fully protected in honoring such transactions. This authority shall remain in effect until written notice is received by LFS changing the terms or revoking it, and until such notice is received, LFS shall be fully protected in honoring any such debit/credit. I further agree that if any debit/credit is dishonored, whether with or without cause, whether intentionally or inadvertently, LFS nor any of its affiliates shall be under no liability whatsoever.

Responsibility for Investment Decisions. I acknowledge that:

- I am responsible for determining whether each investment transaction or strategy I undertake is suitable for me;
- Except as provided in this section LFS is not responsible for determining whether any investment transaction or strategy is suitable for me; and
- LFS does not give tax or legal advice.

LFS agrees that it is responsible for determining whether an investment transaction or strategy is suitable for me only if:

- A LFS representative gives advice directly to me; and
- The advice is clearly identified as a LFS recommendation for me to enter into a particular transaction to buy or sell a particular security.

Please note that your account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

ALL ACCOUNT OWNERS MUST SIGN BELOW AND ENCLOSE A COPY OF A VALID PICTURE ID AS DESCRIBED ABOVE PART 1. For a Trust, All Trustees Must Sign (Minors are not authorized signers.)

SIGNATURE	DATE	SIGNATURE	DATE
X _____	_____	X _____	_____

MEDALLION SIGNATURE GUARANTEE STAMP (if required)*

MEDALLION SIGNATURE GUARANTEE STAMP (if required)*

SIGNATURE	DATE	SIGNATURE	DATE
X _____	_____	X _____	_____

MEDALLION SIGNATURE GUARANTEE STAMP (if required)*

MEDALLION SIGNATURE GUARANTEE STAMP (if required)*

For Trusts, Corporations or Associations, this form must be accompanied by proof of authority to sign, such as a copy of the trust agreement or certified copy of the corporate resolution.

* A medallion signature guarantee is required for each signer if there is a difference between the Fund account owner(s) of the bank account identified in Section 7A. Please see Section 7A for complete instructions.

FOR LEE FINANCIAL SECURITIES, INC. USE ONLY

Approved by: _____ Name of Approver (print): _____

Date of Approval: _____ Representative: _____