Division of Financial Institutions Department of Commerce and Consumer Affairs State of Hawaii

SUPPLEMENT TO INTERAGENCY BIOGRAPHICAL AND FINANCIAL REPORT

Instructions

The questionnaire below supplements the Interagency Biographical and Financial Report that is used in the application to organize a depository or non-depository financial institution and/or holding company. The questions are designed to evaluate and determine the qualifications, character, financial responsibility, experience, and general fitness of the proposed directors and executive officers of the financial institution and any holding company are such as will warrant public confidence and a belief that the business of the financial institution will be honestly and efficiently conducted. The questionnaire should be completed by each director, executive officer, or controlling person in the financial institution and/or holding company applying with the Division of Financial Institutions.

| <u>Questionnaire</u> | | | | | |
|---|---|---------------|--------|---------|------|
| Name of Financial Institution or Holding Company: | | | | | |
| Name of Director, Executive Officer, or Controlling Person: | | | | | |
| Address of Director, Executive Officer, or Controlling Person: | | | | | |
| Have you been convicted of, or have plead of fraud or dishonesty? | ed nolo contendere to, any crime involving an a | act | Yes | | No |
| Have you consented to or suffered a judgment in any civil action based upon conduct involving an act of fraud or dishonesty? | | | Yes | | No |
| Have you consented to or suffered the sus occupational, or vocational license based u dishonesty? | | | Yes | | No |
| Commissioner of Financial Institutions, or in Financial Institutions, any statement which circumstances under which it was made fal | ade in any application or report filed with the n any proceeding before the Commissioner of was at the time and in the light of the lse or misleading with respect to any material falication or report any material fact which was | act, | Yes | | No |
| | of, or willfully aided, abetted, counseled, ation by any other person of, any provision of of any rule or order issued under Chapter 412, | | Yes | | No |
| If you answered "yes" to any question, proving the situation in detail. | vide your explanation by identifying the number | of the questi | on and | describ | bing |
| Signature of Director, Executive Officer, or Controlling Person: | | Date: | | | |