

EXHIBIT E

READ INSTRUCTIONS ON REVERSE SIDE CAREFULLY

FILL OUT FORM WITH REQUIRED INFORMATION COMPLETELY  
(USE TYPEWRITER, OR PRINT WITH BALL POINT PEN WITH HEAVY IMPRESSION)

STATE OF HAWAII			SALARY ASSIGNMENT/CANCELLATION					
DEPARTMENT PUBLIC SAFETY			SUB-DIVISION OR SCHOOL O.C.C.C.					
FORM NO. 123	SOCIAL SECURITY NO. 45	6789	LAST NAME, FIRST NAME, MIDDLE INITIAL JONES, JOHN	TYPE OP	AGENT 475	PLAN	I.D. NO.	DEPT. V
THE UNDERSIGNED HEREBY: <input checked="" type="checkbox"/> ASSIGNS OUT OF ANY COMPENSATION FROM THE STATE OF HAWAII OR <input type="checkbox"/> CANCELS.							FOR AGENCY USE	
(CHECK ONE BOX ONLY, IF "ASSIGNS")							DEDUCTION	AMOUNT
<input checked="" type="checkbox"/> \$ 50.00 THE FIRST MONTH AND \$ _____ EACH MONTH THEREAFTER							CUES	
<input type="checkbox"/> PERCENT EACH MONTH _____ %							LIFE INS.	
<input type="checkbox"/> MY NET WAGES							INC. PROT.	
<ul style="list-style-type: none"> <li>EFFECTIVE WITH THE PAYROLL PERIOD THAT INCLUDES..... 08 / 15 / 02 MONTH DAY YEAR</li> <li>WITH ENDING DEDUCTIONS FOR THE PAYROLL PERIOD PRIOR TO... / / MONTH DAY YEAR</li> <li>WHEN MY COMMITMENT OF \$ 1,000.00 IS PAID OR UPON RECEIPT OF MY ASSIGNMENT CANCELLATION.</li> </ul>							CR. UNION	
I CERTIFY THAT I WILL ABIDE BY THE REGULATION SET FORTH ON THE REVERSE SIDE OF THIS APPLICATION				TYPE AGENT'S NAME, BRANCH, ADDRESS AND ZIP CODE HERE				
8/1/02 ADMINISTRATIVE ASSIGNMENT				PUBLIC SAFETY DEPT, FISCAL OFFICE				
8/1/02				P.O. BOX 1210, HON., HI 96810				
DATE EMPLOYEE OR AUTHORIZED SIGNATURE				DATE AUTHORIZED SIGNATURE OF ASSIGNEE				
				8/1/02 <i>Will B. Smith</i>				
							TOTAL	

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM 0-46  
JANUARY 1, 2000 (REVISED)

"Administrative Assignment", required by HRS Section 78-12(f), should be typed on the "EMPLOYEE OR AUTHORIZED SIGNATURE" line. The department head or his designee should sign on the "AUTHORIZED SIGNATURE OF ASSIGNEE" line.