

Welcome!

Please complete the following information and have applicable business documents ready (such as business resolution, DCCA registration, articles of incorporation, partnership agreement, and certificate of good-standing).



AMERICAN
Savings Bank

CUSTOMER WORKSHEET

Customer Information (Sole Proprietors, please also complete information on the Personal Customer Worksheet.)

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, such as your social security number, employer identification number or other government issued identification number that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Business Name: KUAW BAYVIEW AT PAIA HOA		Date Established or Incorporated: 1 1 1996
EIN: 94-3258942	Business Phone: 808 875-8088 Cellular:	
Business Address (No P.O. Box) C/O VALLEY ISLE MGMT		Mailing Address (If different from business address) C/O VALLEY ISLE MGMT
Street: 1280 S. KIHEI RD # 220		Street: P.O. BOX 1277
City: KIHEI State: HI Zip Code: 96753	City: KIHEI State: HI Zip Code: 96753	
Type of Legal Entity: NON PROFIT	Email Address: duwrobek@ummaui.com	Website:
NAICS:	# Locations:	# Employees:
Describe business, products, and/or services: HOMEOWNERS ASSOCIATION		
Business conducted outside of Hawaii? (Y/N) N		States/Foreign Countries Served:
Purpose of any international transactions:		
Payments accepted: <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Wire <input type="checkbox"/> Other _____		
Names / Titles of authorized signers:		Number of signatures required: 1
1) Duane Wroble Title: President	3) Title:	
2) Diane Wroble Title: Secy/Treas	4) Title:	

Please help us understand your banking needs

Type of account desired: BIZ FREE CHECKING	What is the purpose of this account? MANAGE ASSOCIATION FUNDS
I would like to add the following services to my account:	
<input type="checkbox"/> ONLINE BANKING	<input type="checkbox"/> ONLINE BILL PAY
<input type="checkbox"/> NIGHT DEPOSITORY	<input type="checkbox"/> OVERDRAFT PROTECTION
<input type="checkbox"/> VISA CREDIT CARD	<input type="checkbox"/> RETIREMENT PLANS
<input type="checkbox"/> TRAVEL REWARDS PROGRAM	<input type="checkbox"/> CERTIFICATES OF DEPOSIT
<input type="checkbox"/> LINES OF CREDIT	<input type="checkbox"/> INVESTMENTS
<input type="checkbox"/> MERCHANT SERVICES	<input type="checkbox"/> INTERNATIONAL SERVICES
<input type="checkbox"/> CASH MANAGEMENT SERVICES	<input type="checkbox"/> COMMERCIAL REAL ESTATE LOANS
Please check any items below that may be of interest to you now or in the future:	
<input type="checkbox"/> OTHER: _____	
Describe your current or previous banking relationships with other banks:	

I/We understand that before the bank can open the requested account, it has to adhere to certain mandatory procedures and approvals by its management. I/We understand that the bank will contact me/us to confirm that it opened the account and when I/we may begin transacting on it.

Signature: _____ Date: _____

Signature: _____ Date: _____

For Bank use only:				
Document Type:	Issuing Entity:	Issuing Location:	Issue Date:	Expiration Date:
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Document Type:	Issuing Entity:	Issuing Location:	Issue Date:	Expiration Date:
Special Handling:	Branch:	Emp. #:	Date:	

KUAU BAYVIEW AT PAIA HOMEOWNERS ASSOCIATION
 PO BOX 792175
 PAIA, HI 96779

1281
59-102/1213 63

Date 4/12/11

PAY to the Order of Valley Isle Management Inc. \$ 2500.00
twenty five hundred dollars + 00/100 Dollars

Bank of Hawaii
 PAIA BRANCH
 PAIA, HAWAII 96779

For OLIA

⑆ 121301028⑆ 00020022540⑆ 1281

Harland Clarke COLONIAL CLASSIC

KUAU BAYVIEW AT PAIA HOMEOWNERS ASSOCIATION
 PO BOX 792175
 PAIA, HI 96779

1283
59-102/1213 63

Date 4/12/11

PAY to the Order of Kuau Bayview Homeowner Assoc. \$ 15,000.00
fifteen thousand dollars + 00/100 Dollars

Bank of Hawaii
 PAIA BRANCH
 PAIA, HAWAII 96779

For new KSB account

⑆ 121301028⑆ 00020022540⑆ 1283

Harland Clarke COLONIAL CLASSIC

Signed by
 Marcy Martin

AMERICAN SAVINGS BANK

AMERICAN SAVINGS BANK

Please keep this receipt until you have verified it against your next statement.

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Br: 025-Kihe
 Tr: 6367 Till: 0003 Trans Seq: 59

Br: 025-Kihe
 Tr: 7196 Till: 0009 Trans Seq: 124

Trans Date & Time: 4/6/2011 10:38
 Posting Date: 4/6/2011

Trans Date & Time: 4/13/2011 13:29
 Posting Date: 4/13/2011

Account #: *****5524

Account #: *****5524

Checking Deposit: \$2,500.00

Checking Deposit: \$15,000.00

Mahalo! We appreciate your business.

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KBV