



Customer Information

Name: Account #: Address: Enrollment Date: City/State/Zip: Email Address: Phone #: Cell Phone #:

Please select any of these that apply to you:

Plug-in Electric Vehicle Energy Storage System PV Customer

Does anyone work from your residence during daytime hours? If yes, please indicate the number of individuals: No Yes 1 2 3+

Please complete the following optional survey so we can better understand our customers. Mahalo for your participation!

Do you own or rent your home? Own Rent

Is that a house, apartment, condominium, or a townhouse? House Apartment Condominium Townhouse Other, Specify

Including yourself, please indicate the number of people in your household in the following categories: Student Employed part-time Employed full-time Unemployed Retired

What was the total income before taxes last year, for all members of your household? Less than \$20,000 \$20,000 to \$30,000 \$30,000 to \$40,000 \$40,000 to \$50,000 \$50,000 to \$75,000 \$75,000 to \$100,000 \$100,000 and over

Please read and acknowledge the following statement: I understand the terms of enrollment for Hawaiian Electric's Time-of-Use rate. I shall notify Hawaiian Electric of any applicable changes, including changing service address or opting out of the Time-of-Use rate. I may be selected to participate in load curtailment studies in which there may be possibilities of brief service interruptions. I acknowledge that my enrollment on the Time-of-Use rate is contingent upon the terms of the tariff.

Signature Date

To enroll, please send this form with signature to: Email: TOU@hawaiianelectric.com Mail: Hawaiian Electric - TOU CP12-SE, P.O. Box 2750 Honolulu, HI 96840-0001

FOR INTERNAL USE ONLY

Opt Out Date: Enrollment #: