

Dividend Reinvestment and Direct Purchase Plan for First Financial Holdings, Inc. Common Stock

Registrar and Transfer Company,
Direct Purchase/DRP Department,
P.O. Box 664, Cranford, NJ 07016,
Phone: (800) 368-5948, Website: rtco.com

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

ENROLLMENT FORM

PLEASE READ CAREFULLY BEFORE SIGNING

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. We may also ask to see your driver's license or other identifying documents.

Enrollment for Initial Purchasers

I am not currently a registered shareholder and I wish to enroll in the Dividend Reinvestment and Direct Purchase Plan ("Plan") for First Financial Holdings Inc. ("First Financial") by making an Initial Investment as described in the Plan prospectus. Enclosed is a personal check, drawn on a U.S. Bank, for \$ _____ (\$250 minimum/\$5,000 maximum) payable to Registrar and Transfer Company.

Check here if mailing information below is how you want your stock registered.

If the above is not how you want your stock registered, please print or type the correct account registration below. (Note: All parties named in the account registration must sign the Enrollment Form in the space provided on the reverse.)

Social Security Account Number (SSAN)

INDIVIDUAL OR JOINT. Joint accounts will be presumed to be joint tenants unless restricted by applicable state law or otherwise indicated.

Owner's First Name _____ M.I. _____ Last Name _____ Owner's Social Security Number _____

Joint Owner's First Name _____ M.I. _____ Last Name _____

CUSTODIAL. A minor is the beneficial owner of the account with an adult Custodian managing the account until the minor becomes of age, as specified in the Uniform Gifts/Transfers to Minors Act in the minor's state of residence.

Custodian's First Name _____ M.I. _____ Last Name _____

Minor's First Name _____ M.I. _____ Last Name _____ Minor's Social Security Number _____ Minor's State of Residence _____

TRUST. Account is established in accordance with provisions of a trust agreement.

Trustee Name _____ Name of Trust _____

Trust Date _____ Tax ID Number _____ Beneficiary _____

Current Share- holder Enrollment

Current registered shareholders need only sign the Enrollment Form and select the dividend payment or reinvestment options. Current shareholders can make a cash purchase at the time this enrollment is submitted with a minimum purchase of \$100 and a maximum purchase of \$5,000.

(Optional) Amount of purchase included with this Enrollment: \$ _____

Dividend Reinvestment Election You may choose to reinvest all or a portion of the dividends paid on First Financial Common Stock registered in your name and held for you under the Plan. **If you do not indicate a choice, you will automatically be enrolled in the Full Dividend Reinvestment election.**

Please check one box and provide the requested information:

- Full Dividend Reinvestment.** I wish to reinvest all of my dividends in additional shares of First Financial Holdings, Inc. (You will not receive a dividend check).
- Partial Dividend Reinvestment.** Please invest ____25% ____50% ____75% of my cash dividends in the Dividend Reinvestment Plan. I understand I will receive a check for the remaining cash dividends paid on shares held by me.
- No Reinvestment.** Please check if you wish to have all the cash dividends paid on shares held by you sent to you by check or deposited to your checking account as noted in the "Automatic Credit of Dividends" Section of this form.

Signatures By signing this form, I request enrollment, certify that I have received and read the brochure describing the Dividend Reinvestment and Direct Purchase Plan for First Financial Holdings, Inc. Common Stock and agree to abide by the Terms and Conditions of the Plan. I hereby appoint Registrar and Transfer Company as my agent to apply dividends and any investments I may make to the purchase of shares under the Plan. I understand that I may revoke this authorization at any time by written notice to Registrar and Transfer Company.

All joint owners must sign.

Substitute Form W-9:

Under penalties of perjury, I also certify that:

1. The number shown on this form is my/our correct Social Security Number or Taxpayer ID Number.
2. I (we) am not subject to backup withholding either because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

Date _____

Signature _____ Date of Birth _____ Signature _____ Date of Birth _____

Automatic Investment You may authorize automatic monthly deductions from your personal bank account. Registrar and Transfer Company will automatically debit your bank account on or about the fifteenth of each month and invest these deductions in First Financial Holdings, Inc. Common Stock. To initiate these deductions, please complete this form **and include a voided check on the account you wish to be debited.**

Amount to be deducted: _____
(must be for at least \$100 and cannot exceed \$5,000 month)

Signature _____ Date _____ Signature _____

Automatic Credit of Dividends to Your Bank Account I hereby authorize the automatic crediting of quarterly cash dividends to my (our) checking account:
(NOTE: Please include a copy of a voided check for the account to be credited.)

Signature _____ Date _____ Signature _____

For R&T Use Only

Verification:

By _____

Date _____