

VEHICLE RELOCATION AND SHIPPING REQUEST FORM



A completed and signed Vehicle Relocation and Shipping Request Form may be delivered to the nearest Bank of Hawaii branch, mailed to Bank of Hawaii, Attn: Customer Loan Management Services #273, P.O. Box 2900, Honolulu, HI, 96846-6000, emailed to RetailCollections&Recovery@boh.com or faxed to (808) 694-1518.

THE FOLLOWING ITEMS ARE REQUIRED:

1. A completed Vehicle Relocation and Shipping Request Form signed by all Borrowers.
2. A copy of current Insurance Binder/Declaration page that indicates Bank of Hawaii as the loss payee, and the comprehensive and collision deductible coverages are both \$500 or less
3. Loan must not be past due.

A Bank of Hawaii representative will contact you after receiving and reviewing your completed and signed Vehicle Relocation and Shipping Request Form with the required information. This review may take 5 to 7 business days.

VEHICLE'S DESTINATION INFORMATION		
PORT DESTINATION	SHIPPING DATE	DATE OF BORROWER'S DEPARTURE
REASON FOR RELOCATION REQUEST		

BORROWER'S CURRENT INFORMATION		
DATE OF REQUEST	ACCOUNT NUMBER	
BORROWER NAME	SSN	BORROWER PHONE
CO-BORROWER NAME	SSN	CO-BORROWER PHONE
CURRENT ADDRESS - STREET, CITY, STATE, ZIP CODE		
EMPLOYER NAME & BUSINESS ADDRESS - STREET, CITY, STATE, ZIP CODE		BUS PHONE

BORROWER'S DESTINATION INFORMATION		
BORROWER'S ADDRESS - STREET, CITY, STATE, ZIP CODE	BORROWER PHONE	BORROWER CELL
BORROWER'S EMPLOYER NAME & BUSINESS ADDRESS - STREET, CITY, STATE, ZIP CODE		BORR BUS PHONE
CO-BORROWER'S ADDRESS - STREET, CITY, STATE, ZIP CODE	CO-BORR PHONE	CO-BORR CELL
CO-BORROWER'S EMPLOYER NAME & BUSINESS ADDRESS - STREET, CITY, STATE, ZIP CODE		CO-BORR BUS PHONE

PERSONAL REFERENCES (Minimum of 3 references with complete address, phone number and relationship - At least one reference must be a family member.)		
NAME AND ADDRESS OF REFERENCE NOT LIVING WITH BORROWER OR CO-BORROWER	PHONE NO.	RELATIONSHIP

SIGNATURE(S): By signing below, you represent that all of the information that you have provided above is true and correct, and you authorize Bank of Hawaii to verify the aforementioned information, both now and in the future.

Note: Your request will be considered withdrawn after 30 days if this form is not completed with all of the required information.

BORROWER SIGNATURE	DATE	CO-BORROWER SIGNATURE	DATE
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FOR BANK USE ONLY:			
DATE REQUEST RECEIVED	INSURANCE FORM RECEIVED	NEXT PAYMENT DUE	CURRENT BALANCE

NOTES:

BANK OF HAWAII 24-HOUR CUSTOMER SERVICE: State of Hawaii 643-3888, U.S. Mainland OR Canada 1-888-643-3888 OR Guam & Saipan 1-877-553-2424