

## OPT OUT REPLY FORM

**Instructions:** You must provide all of the information requested below to validate your Opt-Out request. If you have already submitted a completed Opt-Out form to Hawaii National Bank, you do not have to complete this form.

To: Hawaii National Bank  
Attention: Privacy Officer

Please do not disclose my nonpublic personal information to nonaffiliated third parties, except as permitted by law. This notice is effective until I revoke it in writing.

*PLEASE PRINT:*

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Complete Account Name

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Street Address (or P.O. Box), City, State, Zip

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List all account numbers

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Signature

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Date

**Deliver this notice to any branch or mail it to: Hawaii National Bank, Attention: Privacy Officer, P. O. Box 3740 Honolulu, Hawaii 96812-3740.**

*If you have received more than one Privacy Policy Notice from Hawaii National Bank, a single response is sufficient. Your Opt-Out remains in effect until revoked in writing.*

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For Bank Use Only:

File Maintained by \_\_\_\_\_ Code \_\_\_\_\_

Date \_\_\_\_\_ Port \_\_\_\_\_