

**CUSTOMER CLAIM FORM
RELATING TO UNAUTHORIZED TRANSACTION(S)**

Claim. The undersigned (“you”) hereby makes a claim for reimbursement (“Claim”) to Bank of Hawaii (“Bank”) in the amount of \$ _____, based upon the facts set forth in the attached Affidavit, signed under penalty of perjury.

Investigation. The Bank takes each Claim of an unauthorized transaction very seriously. Based upon your signed Affidavit, the Bank will investigate your Claim. Payment of your Claim is contingent upon the results of the Bank’s investigation. You understand that until the Bank completes its investigation, it expressly reserves all of its rights and defenses. By accepting your Claim and supporting Affidavit, the Bank makes no promise to pay the Claim or any portion of it. The Bank’s decision to pay or not pay your Claim will be made in light of all the facts and circumstances after completion of its investigation.

Your Cooperation. By submitting this Claim to the Bank, you agree to fully cooperate with the Bank and law enforcement agencies by, among other things, testifying, declaring, deposing, and certifying to the truth of the facts in any investigation, other civil or criminal proceeding or trial relating to the Claim on your Affidavit. The Bank or police investigators may interview you or persons who might have knowledge of the unauthorized transaction or who may have had access to your account or your records. You may be asked to review documents to help identify the person(s) making or benefiting from the transaction. If you later become aware of any information that bears on the Claim or affects the accuracy of your Affidavit, you agree to immediately inform the Bank.

Your Other Agreements. You agree to indemnify the Bank against any claim, including attorneys’ fees and costs arising out of your providing false or inaccurate information to the Bank. You agree that if you fail to cooperate as agreed above, you will immediately repay to the Bank all amounts you may have received from the Bank in connection with the Claim, and all attorneys’ fees and related costs that may be incurred by the Bank in recovering such amounts. You understand that the Bank intends to fully cooperate with law enforcement agencies in connection with the matters set forth in your Affidavit. You acknowledge that the Bank will provide law enforcement agencies with information about your account(s) described in your Affidavit, including, without limitation, statements, checks, similar items and other account records. You consent to the disclosure of all such information.

Notice of Bank’s Intent to Prosecute. The Bank will seek prosecution to the fullest extent allowed by law of any person found to have made the unauthorized transaction reported by you in the Affidavit, regardless of that person’s relationship to you. A person found guilty of committing forgery in the first degree could be punished by imprisonment up to ten years.

Please also be advised that any person found guilty of having filed a false Affidavit with the Bank may be charged with false reporting. False reporting is a crime punishable by imprisonment up to one year or a fine of up to \$2,000.00. The Bank will seek prosecution to the fullest extent allowed by law of any person committing such an offense.

By signing below, you acknowledge that you have read and understand the foregoing.

Dated: _____, _____, _____

Claimant

Print Name: _____

Company/Title (if applicable):

- Counterfeit. The Item is a counterfeit, and it was not signed or authorized by me or by any authorized signer on the Account.
- Unauthorized Remotely Created Checks. The Item is defined as a check that was not created by the paying bank and that does not bear a hand written signature purporting to be the signature of the person whose account the check is drawn on. It may also be known as a telecheck, preauthorized draft, and/or paper draft.

The Item is an unsigned check purporting to have been authorized by me or by an authorized signer on the Account. I did not authorize the issuance of the check in the amount stated to the payee stated on the check.

- Other unauthorized transaction. Describe: _____

- 8. I have received no benefit, directly or indirectly, by reason of payment of the Item. No part of the funds paid on the Item was applied to my benefit or on my behalf.
- 9. I have not subsequently ratified or approved the payment of the Item.

I believe that the forged signature/forged endorsement/alteration/counterfeit/unauthorized remotely created check was made by _____ whose address is: _____, _____ under the following circumstance (Please describe in detail): _____

10. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Further affiant sayeth not.

Affiant's Signature

Subscribed and sworn to me on this

_____ day of _____

Notary Public

Print Name

My commission expires _____