

To: TERRITORIAL SAVINGS BANK,
a federal savings bank
1132 Bishop Street, Suite 2200
Honolulu, Hawaii 96813

APPOINTMENT OF AUTHORIZED AGENT

The undersigned hereby appoints _____,
whose principal place of business and post office address is _____
as the undersigned's authorized agent to accept from Territorial
Savings Bank:

1. Any and all written notices covering demands of any nature, information, documents, defaults, papers, protests, reports, statements, loan status records including but not limited to escrow information, loan papers, income and real property tax information and assessments and levies of any nature from City, State, Federal and other governmental authorities; and
2. Service of process of any and all court pleadings and papers from a court of competent jurisdiction.

The undersigned acknowledges that acceptance by the above-named authorized agent of any written notice or service of process of court pleadings and papers by the undersigned in satisfaction of Rule 4(d)(1)(A) or (B), Hawaii Rules of Civil Procedure shall be conclusively deemed to be actual receipt by the undersigned. Photocopies of this Appointment of Authorized Agent are as valid as the original.

Further, the undersigned will not revoke this Appointment of Authorized Agent without the prior written consent of and appointment of a substitute authorized agent approved by Territorial Savings Bank.

Dated this _____ day of _____, 2_____.

Signature

Print Name of Borrower: _____

Print Address: _____

Social Security No., if any: _____

Date of Birth, if applicable: _____

Passport No. and Country of Origin, if any: _____

Telephone No.: _____

Dated this _____ day of _____, 2_____.

Signature

Print Name of Borrower: _____

Print Address: _____

Social Security No., if any: _____

Date of Birth, if applicable: _____

Passport No. and Country of Origin, if any: _____

Telephone No.: _____

STATE OF HAWAII)
)
CITY AND COUNTY OF HONOLULU)

ss:

On _____, _____, before me personally appeared _____, to me personally known, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable in the capacity shown having been duly authorized to execute such instrument in such capacity.

NOTARY CERTIFICATION

Doc. Date: _____ # Pages: _____
Notary Name: _____ Circuit
Doc. Description: _____

Notary Public, State of Hawaii

(Typed or Printed Name of Notary)

My commission expires: _____

Notary Signature Date

State of Hawaii Notary Certification

STATE OF HAWAII)
)
CITY AND COUNTY OF HONOLULU)

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(Typed or Printed Name of Notary)

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Notary Signature Date

State of Hawaii Notary Certification