Print Clear

CENTRAL PACIFIC BANK

CHANGE OF ADDRESS FORM

Complete, sign, and drop-off at any CPB Branch or mail to:
Central Pacific Bank, ATTN: Deposit Servicing, P.O. Box 3590, Honolulu, HI 96811-3590
Keep a copy of this form for your records.
Each account holder must complete a separate Change of Address Form.

IMPORTANT INFORMATION FOR FOREIGN STATUS CUSTOMERS:
If an address change is requested for an account that requires a Certificate of Foreign Status of Beneficial Owner for U.S. Tax Withholding and Reporting, you must also submit a current W-8BEN form for individuals or a W-8BEN-E form for entities. Both forms can be found online at www.irs.gov. If a U.S. address is being used, additional documentation is required. Please call our Customer Service Center at (808) 544-0500 or toll-free at 1-800-342-8422 for details.

CIP person submitting the form and verify that they are an authorized signer on the account. Provide complete SSN/TIN/CIF before forwarding to DSD.

Name – Last, First, MI or Business Name (Please Print)	SSN/TIN/CIF	Effective Date of Change

Street Address (Home/Business)		Mailing Address (if different from Street Address)	
Street		Street/P.O. Box	
City, State, Zip Code	Country	City, State, Zip Code	Country
Home Phone	Business Phone	Cell Phone	
Email Address			

Please check only one:

- ☐ Change my address for all account(s) (If this box is checked, **DO NOT** list accounts below)
- ☐ Change only the accounts listed below
- ☐ Card Alternate Address

Account Type	Account Number	Account Number	Account Number	Account Number
Checking				
Savings				
CD/IRA				
Loan				
Safe Deposit Box				
Other				

Customer Signature	Date
Customer Signature	Date

BANK USE ONLY		
Customer verified: ☐ Signature Card ☐ Known Customer ☐ ID #: _____	Accepted by (Print & Initial)	Accepted by Dept/Branch number
	Manager or Designate Signature	Date

DEPOSIT SERVICING USE ONLY			
Processed Date	Input by	Verified by	☐ Copy to Loan Servicing