TITLE GUARANTY HAWAII

BUYER'S INFORMATION SHEET

Escrow No.:

New Financing:

Lender Name: _____ Lender Name: _____

Address: _____ Address: _____

_____ _____

Loan Officer: _____ Loan Officer: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Email: _____ Email: _____

Will this property be your primary residence? ☐ **YES** ☐ **NO**

If YES, are you or were you a member of the U.S. Armed Forces? ☐ **YES** ☐ **NO**

Title Insurance Policy Selection:

There are several types of title insurance coverage that are available to you.

Please make a selection below. If no selection is made and unless you instruct us otherwise, you will receive a Standard Owner's Policy, which will be issued upon closing and payment of the title policy premium. If you decide to change your selection later, please contact your Escrow Officer. The Controlled Business Arrangement Disclosure Statement paragraph of the Escrow Instructions and General Provisions provided herein set forth your estimated portion of the title insurance premium.

☐ Standard Owner's Policy (schedule rate)

☐ Premier Residential Owner's Policy (Ten Percent (10%) more than the scheduled rate for a Standard Owner's Policy schedule rate, not available for vacant land). Note: Subject to approval.

For more information on the differences between these policies, go to our website at www.tghawaii.com, Resources, Real Estate Documents and click on Title Guaranty Policy Options.

Or access: http://www.tghawaii.com/wp-content/uploads/Title-Insurance-Insert.pdf.

Title Vesting Options:

The following tenancies are used in the State of Hawaii. These are only general summaries, and you are encouraged to consult your attorney or accountant to help determine which you should use:

☐ SEVERALTY - Sole ownership of the property by one person or entity.

☐ TENANTS IN COMMON - Ownership of the property by two or more persons or entities, each with separate percentage interests. You must specify the percentage interest for each owner. Generally, each owner has equal rights to possess and use the property and may separately convey and deal with the owner's respective interest. When one owner dies, that owner's interest in the property passes to that owner's heirs, not to the other owners.

☐ TENANTS BY THE ENTIRETY - A type of joint tenancy ownership available only to a married couple, reciprocal beneficiaries registered under Hawaii Revised Statutes Chapter 572C, and partners to a civil union meeting the requirements of Hawaii Revised Statutes Chapter 572B. Generally, property held in this tenancy is protected against claims under state law by creditors of one of the owners (please consult your attorney for details). When one owner dies, his or her interest passes automatically, without probate, to the surviving spouse, reciprocal beneficiary or civil union partner. Until death, divorce, or termination of the reciprocal beneficiary status, both owners' signatures are required for any deeds, mortgages, or other transfers of interests in the property.

☐ JOINT TENANCY - Ownership by two (2) or more individuals, each with an equal interest in the property. Can only be used by individuals, and not companies, trustees, or other entities. When one owner dies, his or her interest passes automatically, without probate, to the other owner(s). Any one of the owners may sever the joint tenancy by conveying his or her interest.

BUYER'S INFORMATION SHEET
(continued)

TITLE TO BE VESTED IN (provide full name(s), marital or other applicable status, state of incorporation or registration if the grantee is a corporation, partnership, limited liability company or other legal entity, and street address. If tenancy in common is used, please supply percentage interest of each party. NOTE: If married, registered reciprocal beneficiary, or partner to a civil union, the full legal name of your spouse, beneficiary, or partner is required regardless of vesting. Attach additional pages if necessary):

Indiv Full Name: _____

Address: _____

_____

Marital Status (Check One):

☐ Single

☐ Married (Spouse's Name: _____)

☐ Reciprocal Beneficiary
(Beneficiary's Name: _____)

☐ Civil Union (Partner's Name: _____)

If Applicable:
Tenants in Common _____%

Indiv Full Name: _____

Address: _____

_____

Marital Status (Check One):

☐ Single

☐ Married (Spouse's Name: _____)

☐ Reciprocal Beneficiary
(Beneficiary's Name: _____)

☐ Civil Union (Partner's Name: _____)

If Applicable:
Tenants in Common _____%

Entity's Name: _____

Address: _____

State of Incorporation/Registration: _____

Additional Information Required (Please select if applicable):

☐ TRUST: If title vests in a trust or you intend to put title in a trust, please forward a copy of your trust agreement. If you intend to put title in a trust, you must already have a trust or see an attorney of your choice to set one up for you. The trust agreement must give the trustee the power to own real estate. If new financing is involved, please inform your loan officer that title will be held in trust.

☐ CORPORATION, PARTNERSHIP, LLP, OR LLC: If title vests in one of these entities or if you intend to put title in one of these entities, authority documents (corporate resolutions, partnership agreements, operating agreements, etc.) and certificates of good standing from the state or country in which you are registered must be forwarded to Escrow. Please contact your Escrow Officer for specific requirements

☐ 1031: If you intend to complete a 1031 exchange, please provide escrow with the exchange agreement and the Facilitator contact information.

☐ POWER OF ATTORNEY: If you intend to acquire, mortgage or convey title to the property by way of a Power of Attorney, please provide the original Power of Attorney for the title company's review for insurability and recordability.

The Financial Privacy Act requires that lenders and collection agencies be furnished with authorization which will allow them to disclose the status of accounts and to deliver any information concerning this transaction. By signing this letter, you authorize the release of said information to Escrow.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

ACKNOWLEDGMENT

x _____ Date _____
Signature

Print Name: _____

Social Security/TIN No. [last 4 digits]: _____
(If no SSN/TIN, write "NONE.")

Best Phone No. to reach me: _____

x _____ Date _____
Signature

Print Name: _____

Social Security/TIN No. [last 4 digits]: _____
(If no SSN/TIN, write "NONE.")

Best Phone No. to reach me: _____