

ADDITION OR REPLACEMENT OF SUBSCRIBER FORM

THIS ASSIGNMENT IS SUBJECT TO ACCEPTANCE BY HERITAGE INTERNATIONAL SCHOLARSHIP TRUST FOUNDATION

I, _____ (the “Assignor”) being one of the two joint beneficial owners of the
Contract(s) number _____ with **Heritage International Scholarship Trust Foundation**,
hereby assign and transfer, for good and valuable consideration, to
(the “Assignee”) an interest in the rights and title of the Contract(s) with the effect that the Assignor and Assignee will
henceforth hold the Contract(s) as primary and/or Joint subscriber(s) The Assignee hereby accepts the said assignment and
agrees to assume and perform all obligations under the Contract(s) to the same extent as if the Assignee would have been
obligated had he/she been an original Joint Subscriber to the Contract(s).

CURRENT INFORMATION

The following information is required under securities law and is used only for the purpose of determining suitability and affordability. This information is kept confidential. All questions must be answered in full.

Assignee’s Name:

Date of Birth (mm/dd/yy):

Country of Birth:

Citizenship

Address:

City:

Parish/State:

Postal Code:

Country:

Home Phone:

Mobile:

Email Address:

Relationship to Beneficiary (e.g. Parent, Grandparent etc):

ID VERIFICATION - Assignee Identification Verification

SSN/TRN/NIB#:

Type of Document (must be a government-issued ID):

Driver’s License

Passport

Other (please specify):

Document Number:

Place of Issue:

Expiry Date:

I confirm that I have seen the original document indicated above and have verified the subscriber’s identitiy and signature.

Date (mm/dd/yyyy)

Sales Representative Signature

INVESTMENT INFORMATION

Please Select the most appropriate answer regarding your investment objective, time horizon and risk tolerance.

Investment Objective: Is your financial objective for this investment to save money for the beneficiary’s post-secondary/tertiary education?

Yes

No

How many dependent children do you have?

Has the Subscriber(s) ever had any potential affordability issues with existing or previously held plans such as cancellations, NSF’s or reduction of contributions?

No

Yes (provide details)

Time Horizon: The estimated time horizon for this contract is

years.

Investment Knowledge:

Risk Tolerance:

Subscriber:

Limited

Moderate

Extensive

Subscriber:

Low

Medium

High

Assignee:

Limited

Moderate

Extensive

Assignee:

Low

Medium

High

The subscriber and assignee understand that although they may have indicated a medium or high tolerance for risk, the plan is considered a lower risk investment.

ADDITION OR REPLACEMENT OF SUBSCRIBER FORM

Using Borrowed Money: Are you utilizing borrowed funds to execute this transaction? Yes No

Using borrowed money to finance the purchase of securities involves greater risk than a purchase using cash resources only. If you borrow money to purchase securities, your responsibility to repay the loan and pay interest as required by its terms remains the same even if the value of securities purchased declines.

Politically Exposed Person (PEP): Is the Subscriber or Assignee a PEP or related to PEP? Yes No

If “Yes”, please indicate the following: PEP is the Subscriber or Assignee Other. If other than Subscriber/Assignee.

Name of PEP: Position Held: Country of Service:

FINANCIAL INFORMATION

Source of funds (check all that apply):

Salary Contract Commission Remittance Savings Investment Income Rental Income

Other (please specify):

Please provide the following regarding your annual net income, combined (in the case of joint subscribers). Please select from the following ranges:

Under \$20,000	\$20,000 to \$25,000	\$25,001 to \$30,000	\$30,001 to \$35,000
\$35,001 to \$40,000	\$40,001 to \$50,000	\$50,001 to \$60,000	\$60,001 to \$70,000
\$70,001 to \$80,000	\$80,001 to \$95,000	\$95,001 to \$110,000	\$110,001 to \$150,000
Over \$150,000	The average of the income ranges selected will be used to assess affordability.		

Please provide the following regarding household net worth. Household net worth is the sum of your assets (the value of the items you own such as property, cars, investments, savings accounts etc.) minus your liabilities (how much money you owe such as credit card balances, mortgages, other loans etc).

Estimated Household Net Worth (total assets minus liabilities) in US\$

Less Than \$30,000	\$30,000 to \$40,000	\$40,001 to \$50,000	\$50,001 to \$70,000
\$70,001 to \$100,000	\$100,001 to \$150,000	\$150,001 to \$250,000	\$250,001 to \$500,000
Over \$500,000			

Estimated Monthly Household Liabilities/Expenses in US\$? \$

ASSIGNEE'S EMPLOYMENT INFORMATION

Assignee's Occupation: Employer:

Length of Employment (in years): Full Time Part Time

If occupation is housewife, student retired or unemployed OR length of employment is less than 1 year, or the status is part-time, please complete the previous employment/occupation details below:

Previous Employer (name/nature of business if self-employed):

Previous Occupation: No. of years:

SUBSCRIBER'S EMPLOYMENT INFORMATION

Subscriber's Occupation: Employer:

Length of Employment (in years): Full Time Part Time

If occupation is housewife, student retired or unemployed OR length of employment is less than 1 year, or the status is part-time, please complete the previous employment/occupation details below:

Previous Employer (name/nature of business if self-employed):

Previous Occupation: No. of years:

ADDITION OR REPLACEMENT OF SUBSCRIBER FORM

HEALTH STATEMENT DISCLOSURE

To the best of your knowledge and belief, are you currently suffering from any serious injury, sickness or disease?

Assignee: Yes No Subscriber: Yes No

SIGNATURES

IN WITNESS WHEREOF the Assignor and Assignee have executed this Assignment

on the day of , 20 .

SIGNED AND WITNESSED IN THE PRESENCE OF:

ASSIGNOR’S SIGNATURE:

WITNESS’ SIGNATURE (a non-interested adult)

Witness’ Name:

Witness’ Address:

City: Parish/State: Zip: Country:

Witness’ Home Phone: Witness’ Mobile: Witness’ Email Address:

ASSIGNEE’S SIGNATURE:

WITNESS’ SIGNATURE (a non-interested adult)

Witness’ Name:

Witness’ Address:

City: Parish/State: Zip: Country:

Witness’ Home Phone: Witness’ Mobile: Witness’ Email Address:

SALES REPRESENTATIVE’S SIGNATURE

SALES REP ID#: