



ASSIGNMENT FORM TO:

ADD A SUBSCRIBER OR; **REPLACE A SUBSCRIBER**

THIS ASSIGNMENT IS SUBJECT TO ACCEPTANCE BY HERITAGE EDUCATION FUNDS INTERNATIONAL, LLC.

I, _____ (the "Assignor") being the beneficial owner of the Contract(s) number(s) 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).

CLIENT PROFILE 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: _____ Postal Code _____
Country _____ Home Number: (____) _____ Mobile Number: (____) _____
E-mail Address: _____ Relationship to Beneficiary (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 identity and signature. _____
Sales Representative's 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

Subscriber: Limited Moderate Extensive
Assignee: Limited Moderate Extensive

Risk Tolerance

Subscriber: Low Medium High
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.

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/ Assignee Other. If other than Subscriber/Assignee, indicate: 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:

Please provide the following information 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.).

Net Annual Income (US\$) from all sources as indicated above:

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

- | | |
|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$60,001 to \$70,000 |
| <input type="checkbox"/> \$20,000 to \$25,000 | <input type="checkbox"/> \$70,001 to \$80,000 |
| <input type="checkbox"/> \$25,001 to \$30,000 | <input type="checkbox"/> \$80,001 to \$95,000 |
| <input type="checkbox"/> \$30,001 to \$35,000 | <input type="checkbox"/> \$95,001 to \$110,000 |
| <input type="checkbox"/> \$35,001 to \$40,000 | <input type="checkbox"/> \$110,001 to \$150,000 |
| <input type="checkbox"/> \$40,001 to \$50,000 | <input type="checkbox"/> Over \$150,000 |
| <input type="checkbox"/> \$50,001 to \$60,000 | |

- | | |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Less than \$30,000 | <input type="checkbox"/> \$250,001 to \$500,000 |
| <input type="checkbox"/> \$30,000 to \$40,000 | <input type="checkbox"/> Over \$500,000 |
| <input type="checkbox"/> \$40,001 to \$50,000 | |
| <input type="checkbox"/> \$50,001 to \$70,000 | |
| <input type="checkbox"/> \$70,001 to \$100,000 | |
| <input type="checkbox"/> \$100,001 to \$150,000 | |
| <input type="checkbox"/> \$150,001 to \$250,000 | |

(The average of the income ranges selected will be used to assess affordability).

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

ASSIGNEE'S EMPLOYMENT INFORMATION

Assignee's Occupation: _____ Employer: _____

Length of Employment _____ Full-time Part-time

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

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

Previous Occupation: _____ No. of years _____

SUBSCRIBER'S EMPLOYMENT INFORMATION

Subscriber's Occupation: _____ Employer: _____

Length of Employment _____ Full-time Part-time

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

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

Previous Occupation: _____ No. of years _____

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)
(Print name, address and telephone number of witness)

Name: _____
Address: _____
Country: _____ Tel. No.: _____

ASSIGNEE'S SIGNATURE

WITNESS' SIGNATURE (a non-interested adult)
(Print name, address and telephone number of witness)

Name: _____
Address: _____
Country: _____ Tel. No.: _____

SALES REPRESENTATIVE'S SIGNATURE SALES REPRESENTATIVE ID