

**ASSIGNMENT FORM TO REMOVE A SUBSCRIBER**

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

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"/joint subscriber) all of my rights, title and interest in the Contract(s). The Assignee hereby accepts the assignment and transfer and agrees to assume and to perform all obligations under the Contract(s). The Assignor and Assignee confirm that this assignment is an agreement relating to a division of property.

**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.

Remaining Subscriber'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 (e.g. Parent, Grandparent): \_\_\_\_\_

**ID VERIFICATION**

Remaining Subscriber 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

**REMAINING SUBSCRIBER'S 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.

Invest 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? \_\_\_\_\_

Time Horizon The estimated time horizon for this contract is \_\_\_\_\_ years.

Investment Knowledge

Risk Tolerance

Limited  Moderate  Extensive  Low  Medium  High

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

## 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:

- |   |   |
|---|---|
| <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 |   |

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

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

- |   |   |
|---|---|
| <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 |   |

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

## 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 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?    Yes    No

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 )

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

ASSIGNEE'S SIGNATURE

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

\_\_\_\_\_  
SALES REPRESENTATIVE'S SIGNATURE      SALES REPRESENTATIVE ID