

ASSIGNMENT FORM TO REMOVE A SUBSCRIBER

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"/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.

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.

Remaining Subscriber's Name: _____ Date of Birth (mm/dd/yy): _____

Country of Birth: _____ Citizenship: _____

Address: _____

City: _____ Parish/State: _____ Zip: _____ Country: _____

Home Phone: _____ Mobile: _____ Email Address: _____

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

ID VERIFICATION - Remaining Subscriber

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: _____

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:

Limited Moderate Extensive

Risk Tolerance:

Low Medium High

Heritage International Scholarship Trust Foundation

BAHAMAS | BERMUDA | BRITISH VIRGIN ISLANDS | JAMAICA
Head Office: 2-4 Gladstone Drive, Kingston 10, Jamaica W.I.

ASSIGNMENT FORM TO REMOVE A SUBSCRIBER

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.

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

Less Than \$20,000	\$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	\$250,001 to \$500,000	Over \$500,000

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

EMPLOYMENT INFORMATION

Subscriber's Occupation:

Employer:

Employer Address:

City:

Parish/State:

Zip:

Country:

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 Employer Address:

Previous Occupation:

No. of years:

Heritage International Scholarship Trust Foundation

BAHAMAS | BERMUDA | BRITISH VIRGIN ISLANDS | JAMAICA
Head Office: 2-4 Gladstone Drive, Kingston 10, Jamaica W.I.

ASSIGNMENT FORM TO REMOVE A SUBSCRIBER

HEALTH STATEMENT DISCLOSURE

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

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)** _____

Witness Name:

Witness Address:

City: _____ Parish/State: _____ Zip: _____ Country: _____

Witness Home Phone: _____ Witness Mobile: _____ Witness Email Address: _____

SALES REPRESENTATIVE'S SIGNATURE _____ **SALES REP ID#:** _____