

# 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

Jamaica 2-4 Gladstone Drive, Kingston 10, Jamaica W.I. • Bahamas P.O. Box N-7519, Unit #15, 8 Terrace East, Off Collins Avenue, Nassau, Bahamas  
Bermuda 9 Reid Street Washington Mall Unit #45 (on Church Street Level) Hamilton HM11, Bermuda • BVI c/o Mutual Insurance (BVI) Agency Ltd. Ward’s Building, Road Town Tortola BVI, VG1110

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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:

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Yes      No

Signature:

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