HERITAGE®
International Scholarship Trust Foundation

# 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

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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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## 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#: