

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:

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.)

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.).

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