

LEAD INFORMATION

Name: [○]Mr./[○]Mrs./[○]Ms. First _____ Last _____

Address: _____ City _____ Country _____

Phone Number: Cell _____ Home _____

Preferred Contact time: A.M. P.M.

Email Address: _____

ASSOCIATE INFORMATION

Associate Username: _____

Name: [○]Mr./[○]Mrs./[○]Ms. First _____ Last _____

Phone Number: Cell _____ Home _____

Email Address: _____

Connected Sales Representative's Name: _____

CONSENT & ACKNOWLEDGEMENT

By checking the box below and signing this document, you authorize Heritage Education Funds International Inc. ("Heritage") to contact you about an Education Savings Plan ("ESP"). There is no obligation to purchase if you sign this document. You can speak to a Heritage representative about questions or concerns, or if at any time you choose to revoke your consent.

Yes – I consent

If you choose to purchase an ESP, the Associate who recommended you will be paid a Lead fee. Please note that your Associate is neither licensed to sell nor able to provide you with any advice with respect to an ESP.

I hereby acknowledge that I have read and understand all of the provisions contained in this Lead Form and by signing below I consent to being contacted by a Heritage representative.

Lead Signature: _____

Signed on this _____ day of _____, 20 _____

Scan and email this completed form to: info@heritageintlplan.com