

MATURITY OPTION CONFIRMATION

Heritage Agreement Number(s) _____ \ _____ (the "Plan(s)")

If maturity is being applied for multiple plans, please list ALL agreement numbers.

Please select your preferred maturity option below. Your payment will be issued in accordance with the selected option. **Once payment is issued the selected option CANNOT be changed.**

I/we would like to mature the plan(s) under the **Scholarship Option** I/we understand that under this option Principal will be returned at maturity and my/our beneficiary will be eligible to receive up to three Educational Assistance Payments / Scholarships.

I/we would like to mature the plan(s) under the **Self Determined Option (SDO)**. I/we understand that with this option Principal and Interest on the plan(s) will be returned at maturity and no further payment will be available.

SUBSCRIBER INFORMATION

Title	First Name	Middle Name	Last Name
Address:	Street _____	City _____	
	State _____	Zip Code _____	Country _____
Phone: _____	Email: _____		

JOINT SUBSCRIBER INFORMATION (if applicable)

Title	First Name	Middle Name	Last Name
Address:	Street _____	City _____	
	State _____	Zip Code _____	Country _____
Phone: _____	Email: _____		

BENEFICIARY INFORMATION

First Name	Middle Name	Last Name
Address:	Street _____	City _____
	State _____	Zip Code _____
Phone: _____	Email: _____	Country _____

AUTHORIZATION & ACKNOWLEDGEMENT

I/We, the undersigned, hereby confirm that we are granting approval to proceed with the Maturity option selected above. If the plan is jointly held, we hereby attest that both subscribers are in agreement with the selected option.

Subscriber's Name (please print)	Subscriber's Signature	Date (dd/mm/yyyy)
_____	_____	_____
Joint Subscriber's Name (please print)	Joint Subscriber's Signature	Date (dd/mm/yyyy)
_____	_____	_____

PAYMENT DETAILS

Heritage Agreement Number(s) _____ \ _____ (the "Plan(s)")

If maturity is being applied for multiple plans, please list ALL agreement numbers.

Please select your method of payment from the options below. **Your payment cannot be issued to anyone other than the subscriber(s) or the beneficiary on the Plan.**

I/we would like to receive payment by **Cheque** and understand the cheque will be issued in **both** names if the plan is jointly held and further understand that **cheques cannot be issued outside of Jamaica, Bahamas, Bermuda and the BVI.**

I/we would like to receive payment via **Electronic Transfer**. I understand that there are fees associated with this method of payment and that such fees will be deducted from the proceeds being paid.

If you select electronic transfer, please complete your wire transfer details below. If the bank account belongs to only one subscriber (and your plan is jointly held), **both subscribers must complete the authorization below to release funds to one party only. Copies of valid government-issued IDs must be provided.**

Bank Name			
Bank Address	Street		City
	State	Zip Code	Country
Account #			Swift Code
Account Currency			Account Type Savings or Current
Account Holder(s)	(1)		(2)
	First Name	Last Name	First Name
Account Holder's Address	Street		City
	State	Zip Code	Country

Intermediary Bank Information (if applicable)

Intermediary Bank Name			
Swift Code /BIC		ABA #	
Bank Address	Street		City
	State	Zip Code	Country

AUTHORIZATION & ACKNOWLEDGEMENT

I/We authorize payment to the bank account & account holder(s) as indicated above. I/We further agree that if account indicated above is held by a single subscriber (and the plan is jointly held) then both subscribers agree to payment or proceeds to the named account holder.

Subscriber's Name (please print)	Subscriber's Signature	Date (dd/mm/yyyy)	
Joint Subscriber's Name	Joint Subscriber's Signature	Date (dd/mm/yyyy)	