

Students Trust International Plan  
C/O O'Shaughnessy Education Foundation  
The Exchange Tower, PO BOX 427  
130 King Street, W Suite 1800,  
Toronto, Ontario, M5X1E3

Dear Customer Service,

Re: Request to add Joint Subscriber

件名： 準契約者の追加について

I hereby request that the following individual joins as Joint subscriber on the agreement noted below.

下記の通り、準契約者の追加手続きをよろしくお願い申し上げます。

<b>Agreement #</b>	証書番号：	_____
<b>Primary Subscriber</b>	契約者：	_____
<b>Beneficiary</b>	学資金受取人：	_____
<b>Joint Subscriber</b>	準契約者：	_____
<b>Date of Birth</b>	生年月日：	_____
<b>ID is attached</b>	<b>準契約者の身分証明書を添付してください。</b>	

Primary Subscriber Signature  
契約者ご署名

Joint Subscriber Signature  
準契約者ご署名

\_\_\_\_\_

\_\_\_\_\_

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
日付 日 月 年