

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 convert the deposit method to Lump-sum

件名: 一括精算について

I hereby request to convert the deposit method to lump-sum for the agreement noted below.

下記契約について、一括精算の手続きをお願い申し上げます。

Agreement # 証書番号 :

Beneficiary 受取人 :

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