

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 transfer the partial of Units

件名： 口数の分割について

Please transfer the part of units to new beneficiary as follows:

下記の通り、口数の一部を移行する手続きを宜しくお願い申し上げます。

		Existed Agreement		#1 Beneficiary (existed)	#2 Beneficiary (new)
Agreement # 証書番号	#			Same as existed	-----
Primary Subscriber 契約者				Same as existed	Same as existed
Joint Subscriber 準契約者				Same as existed	Same as existed
Units 口数					
Beneficiary 学資金受取人				Same as existed	
Date of Birth 生年月日				Same as existed	

Inscription on the certificate for new beneficiary: Yes / No

新たな学資金受取人の壁掛用証書のメッセージの有無

If yes, the message is \_\_\_\_\_

もしご希望の場合は、上記に記してください。

\_\_\_\_\_  
 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