



STUDENTS TRUST INTERNATIONAL

OSHAUGHNESSY EDUCATION FOUNDATION LIMITED
1184 WEST 6TH AVE,
VANCOUVER, British Columbia,
CANADA V6H 1A4

Date:

Agreement Number (STI Plan Number): B _____

Dear Sir/Madam:

I/We, hereby request OEF and the Trustee to wire the PRINCIPAL and BONUS PRINCIPAL to the account provided below:

CLIENT INFORMATION:

Primary Subscriber: _____ Joint Subscriber: _____

Email: _____

Please attach a pdf or jpg copy of personal identification issued by the jurisdiction of your residence or citizenship. The identification must have a recent picture and must be issued by a government or government agency. Return of funds will be delayed if identification does not accompany this application for return of Principal at Maturity.

SUBSCRIBER BANK INFORMATION:

Bank Name: _____

Branch Name/Number (ABA for US Banks; Transit No.; Sort Code; BSB No.): _____

Bank Full Address: _____

Swift Code (and IBAN for UK): _____

Account Holder: _____



Account Number: _____

Account Holder's Physical Address

per Bank Records: : _____

Many foreign banks do not accept transfers of Canadian or US currency directly. Please check with your local bank to determine if an intermediary bank is required to send your funds. If so please provide the information of the bank in the space below:

Intermediary/Correspondent Bank Details:

Bank Name: _____

Bank Address: _____

SWIFT Code: _____

Signature of Bank Account Holder

Name:

Signature of Primary Subscriber

Name:

Signature of Joint Subscriber

Name:

