

INVESTORS HERITAGE *Life Insurance Company*

P.O. Box 717 Frankfort KY 40602-0717

Policy Service Department

(800) 422-2011

Fax: (502) 223-6575

E-mail: ihlic@ihlic.com

REQUEST FOR CHANGE OF BENEFICIARY

Policy Number:

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POLICY NUMBER 1

POLICY NUMBER 2

POLICY NUMBER 3

POLICY NUMBER 4

Insured's Full Name: _____

Change of Beneficiary (Indicate "P" for Primary or "C" for Contingent)

P / C	To:	Relationship	Age	Social Security No.

- Instructions:
- (1) Please print
 - (2) Relationship, age and social security numbers of the beneficiary are required to process your request.
 - (3) Please sign below and have a witness sign witnessing your signature.
 - (4) Date this request and return to our home office.
 - (5) Address, fax and e-mail to home office is listed above.

X _____
Signature of Owner (ALWAYS REQUIRED)

X _____
WITNESS (ALWAYS REQUIRED)

X _____
Date Signed