

INVESTORS HERITAGE *Life Insurance Company*

P.O. Box 717

Frankfort KY 40502-0717

1-800-422-2011

E-Mail: Ihlic@ihlic.com

Web Site: www.ihlic.com

REQUEST FOR CHANGE IN BILLING ADDRESS

Policy Number 1: _____

Insured s Full Name: _____

Policy Number 2: _____

Insured s Full Name: _____

Policy Number 3: _____

Insured s Full Name: _____

Policy Number 4: _____

Insured s Full Name: _____

NEW ADDRESS:

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____

DATE: _____
MONTH DAY YEAR