

INVESTORS HERITAGE *Life Insurance Company*

P.O. Box 717
Frankfort KY 40602-0717
(800) 422-2011
E-Mail: ihlic@ihlic.com
Web Site: www.ihlic.com

REQUEST FOR CERTIFICATE

Policy Number: _____

Insured's Full Name: _____

I certify that the original policy/group certificate numbered above has been lost or destroyed, that a diligent search had been made, and that its existence or whereabouts is unknown. In consideration of the granting of this request, I undertake and agree as follows:

1. that the Certificate issued in accordance with this request shall stand in the place and stead of the original policy/group certificate for all purposes;
2. that all of the terms and conditions of the original policy/group certificate shall remain in force and effect as evidenced by this Certificate; that I will save the Company harmless from all loss or injury which may occur as a direct result of its act of issuing this Certificate; and that if the original policy/group certificate is found, it shall be placed with this Certificate.

Signature of Owner (ALWAYS REQUIRED)

Signature of Insured, if other than
Owner, or Parent if Insured is minor

WITNESS
(If Agent, include Agent Number)
(Required if Signature is "X" mark)

Date Signed