

INVESTORS HERITAGE *Life Insurance Company*

P.O. Box 717

Frankfort KY 40602-0717

1-800-422-2011

E-Mail: Ihlic@ihlic.com

Web Site: www.ihlic.com

REQUEST FOR REDUCED PAID UP OPTION

I request the Reduced Paid Up Option on the following:

Policy Number:

<small>POLICY NUMBER 1</small>	<small>POLICY NUMBER 2</small>	<small>POLICY NUMBER 3</small>	<small>POLICY NUMBER 4</small>

Insured s Full Name: _____

DATE: _____

Signature of Owner (Always Required)

THIS ORIGINAL FORM MUST BE MAILED TO THE HOME OFFICE