



# INVESTORS HERITAGE

*Life Insurance Company*

Harry Lee Waterfield II, President  
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## REQUEST FOR CORRECTION OF INSURED'S AGE

**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:** \_\_\_\_\_

**Correct Date of Birth of Insured:** \_\_\_\_\_

(month/day/year)

### INSTRUCTIONS:

1. Please attach a copy of any document showing proof of correct date of birth.
2. If you hold Power of Attorney or Guardianship for the owner of this policy and will be signing this form, please attach a copy of any POA/Guardianship documentation.

Date: \_\_\_\_\_

**X**

\_\_\_\_\_  
Owner's Name (printed)

**X**

\_\_\_\_\_  
Owner's Signature (Always Required)

\_\_\_\_\_  
Owner's email address

( ) \_\_\_\_\_  
Owner-Day time phone:  Home  Cell  Work

**X**

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

\_\_\_\_\_  
Insured's email address

( ) \_\_\_\_\_  
Insured-Day time phone:  Home  Cell  Work