



# INVESTORS HERITAGE

*Life Insurance Company*

Harry Lee Waterfield II, President  
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## BENEFICIARY CHANGE FORM

**Policy Number:**

POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4

**Insured's Full Name:** \_\_\_\_\_

**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) This form must be notarized
- (4) Return to our home office.  
*Address, fax and e-mail to the home office are listed above.*

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

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

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

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

(    )  
Owner-Day time phone:     Home     Cell     Work

*Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.*

*State of:* \_\_\_\_\_

*County of:* \_\_\_\_\_

*My commission expires on* \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*