



INVESTORS HERITAGE

Life Insurance Company

Harry Lee Waterfield II, President
Post Office Box 717 | 200 Capital Avenue | Frankfort, Kentucky 40602-0717
Phone: 800.422.2011 | Fax: 502.875.7084 | Email: ihlic@ihlic.com

CHANGE MODE OF PREMIUM PAYMENT

Policy Number:

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

Insured's Full Name: _____

- ANNUAL
 SEMI-ANNUAL
 QUARTERLY
 MONTHLY (if available)
 PAYROLL DEDUCTION (*attach new payroll card*)
 PREAUTHORIZED TRANSFER PLAN (PAT)
(*Attach new PAT card and voided check*)

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

X _____
WITNESS (ALWAYS REQUIRED)
(If Agent, include Agent Number)