

INVESTORS HERITAGE *Life Insurance Company*

P.O. Box 717

Frankfort KY 40602-0717

1-800-422-2011

E-mail: ihlic@ihlic.com

Website: www.investorsheritage.com

In reference to application number: _____

Name of Applicant: _____

ILLUSTRATION NOT PROVIDED AT TIME OF APPLICATION

AGENT S STATEMENT

No illustration conforming to the policy applied for was provided to the applicant at the time of policy application.

Agent s Signature

DATE

AGENT NUMBER

APPLICANT S STATEMENT

I did not receive an illustration depicting the life insurance policy I applied for. If this policy is issued, I understand that an illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Applicant s Signature

DATE

THIS ORIGINAL FORM MUST BE MAILED TO THE HOME OFFICE