

INVESTORS HERITAGE

Life Insurance Company

200 Capital Ave., PO Box 717
 Frankfort KY 40602-0717
 Phone: 800.422.2011 | Fax: 502.875.7084

BENEFICIARY CHANGE FORM

- (1) Please print
- (2) It is important to complete each and every item for each beneficiary to ensure we are able to contact the beneficiary should a claim occur.
- (3) Use additional form if more beneficiary designations are being requested.

Policy Number(s):

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

Insured's Full Name: _____

Owner's Address: _____

FULL NAME OF NEW BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	CURRENT ADDRESS OF BENEFICIARY		
	HOME PHONE	CELL PHONE	WORK PHONE
	EMAIL ADDRESS		
		SHARE % IF MORE THAN ONE BENEFICIARY AND NOT EQUAL AMOUNTS	

FULL NAME OF NEW BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	CURRENT ADDRESS OF BENEFICIARY		
	HOME PHONE	CELL PHONE	WORK PHONE
	EMAIL ADDRESS		
		SHARE % IF MORE THAN ONE BENEFICIARY AND NOT EQUAL AMOUNTS	

FULL NAME OF NEW BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	CURRENT ADDRESS OF BENEFICIARY		
	HOME PHONE	CELL PHONE	WORK PHONE
	EMAIL ADDRESS		
		SHARE % IF MORE THAN ONE BENEFICIARY AND NOT EQUAL AMOUNTS	

FULL NAME OF NEW BENEFICIARY	SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	CURRENT ADDRESS OF BENEFICIARY		
	HOME PHONE	CELL PHONE	WORK PHONE
	EMAIL ADDRESS		
		SHARE % IF MORE THAN ONE BENEFICIARY AND NOT EQUAL AMOUNTS	

Date: _____

X

Owner's Signature (Always Required)

()

Owner-Day time phone: Home Cell Work

Owner's Name (printed) _____

Owner's email address _____

X

SPOUSE'S SIGNATURE-IF SPOUSE IS NOT CO-OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)

X

Co-Owner's Signature (Always Required, if applicable)

()

Co-Owner-Day time phone: Home Cell Work

Co-Owner's Name (printed) _____

Co-Owner's email address _____

X

SPOUSE'S SIGNATURE-IF SPOUSE IS NOT OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)