

# INVESTORS HERITAGE

*Life Insurance Company*

200 Capital Ave., PO Box 717  
Frankfort KY 40602-0717

Phone: 800.422.2011 | Fax: 502.875.7084

## OWNERSHIP 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:** \_\_\_\_\_

I/We \_\_\_\_\_

the owner(s) of the Policy as numbered above issued on the life of the person as named above hereby relinquish all incidents of ownership in said policy and direct the Company to designate the new primary owner as listed below:

Name of the **NEW PRIMARY** owner: \_\_\_\_\_

Social Security Number of the new owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of new owner: \_\_\_\_\_

STREET ADDRESS

New owner's Day time phone: (    ) : \_\_\_\_\_

CITY

STATE

ZIP CODE

Home    Cell    Work

Email address of new owner: \_\_\_\_\_

### In the event of the death of the new PRIMARY owner, I wish to designate a Contingent owner to be:

Name of the **Contingent** owner: \_\_\_\_\_

Social Security Number of the contingent owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of contingent owner: \_\_\_\_\_

STREET ADDRESS

Contingent owner's Day time phone: (    ) : \_\_\_\_\_

CITY

STATE

ZIP CODE

Home    Cell    Work

Email address of contingent owner: \_\_\_\_\_

**X**

**Owner's Signature (Always Required)**

**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)**

**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)