



INVESTORS HERITAGE *Life Insurance Company*

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ADDITIONAL BENEFICIARY INFORMATION

1. PROPOSED INSURED'S NAME

Name (First, Middle Initial, Last)

2. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Male Female Birth Date Month Day Year

Primary Mailing Address

City

State

Zip Code

Relationship to Proposed Insured

% Benefit if not equal

Social Security Number

E-mail Address

Phone # w/ area code Home Work
 Mobile

3. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Male Female Birth Date Month Day Year

Primary Mailing Address

City

State

Zip Code

Relationship to Proposed Insured

Social Security Number

E-mail Address

Phone # w/ area code Home Work
 Mobile

4. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Male Female Birth Date Month Day Year

Primary Mailing Address

City

State

Zip Code

Relationship to Proposed Insured

Social Security Number

E-mail Address

Phone # w/ area code Home Work
 Mobile

5. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Male Female Birth Date Month Day Year

Primary Mailing Address

City

State

Zip Code

Relationship to Proposed Insured

Social Security Number

E-mail Address

Phone # w/ area code Home Work
 Mobile

6. BENEFICIARY Primary Contingent

Name (First, Middle Initial, Last)

Male Female Birth Date Month Day Year

Primary Mailing Address

City

State

Zip Code

Relationship to Proposed Insured

Social Security Number

E-mail Address

Phone # w/ area code Home Work
 Mobile

Signature of Owner

Licensed Agent's Signature

IHLIC Agent Code #