

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) This form must be notarized
- (4) 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: _____

1.

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		

2.

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		

3.

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		

4.

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: _____

Owner's Name (printed)

X

Owner's Signature (Always Required)

Owner's email address

()
Owner-Day time phone: Home Cell Work

Co-Owner's Name (printed)

X

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

Co-Owner's email address

()
Co-Owner-Day time phone: Home Cell Work

Subscribed and sworn before me this _____ *day of* _____, _____.

State of: _____ *County of:* _____

My commission expires on _____

Notary Public