



INVESTORS HERITAGE

Life Insurance Company

Harry Lee Waterfield II, President
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REQUEST FOR EXTENDED TERM OPTION

I request the Extended Term Option on the following:

Policy Number:

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

Insured's Full Name: _____

Date: _____

X _____
Owner's Name (printed)

X _____
Owner's Signature (Always Required)

Owner's email address

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

X _____
WITNESS (ALWAYS REQUIRED)
(If Agent, include Agent Number)