



INVESTORS HERITAGE

Life Insurance Company

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REQUEST FOR CHANGE IN NAME

Policy Number:

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

Insured's Full Name: _____

CHANGE NAME OF:

- Insured
- Beneficiary
- Owner

REASON FOR CHANGE:

- Marriage
- Divorce
- Correction
- Court Order
(Copy of Court Order Required)

CHANGE NAME TO:

Date: _____

X _____
Owner's Name (printed)

X _____
Owner's Signature (Always Required)

Owner's email address

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

X _____
Signature of Insured, if other than Owner, or Parent if
Insured is minor

Insured's email address

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

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