



INVESTORS HERITAGE

PO Box 717 • Frankfort, Ky 40602-0717
Phone: 800.422.2011 • Fax: 502.227.7205
investorsheritage@ihlic.com • www.investorsheritage.com

1035 Exchange/Transfer or Rollover Authorization

This form can be used: (1) to accomplish a FULL or a PARTIAL Exchange of policies/contracts pursuant to Internal Revenue Code (IRC) Section 1035; (2) to Transfer funds from an existing account into a life policy or annuity issued by Investors Heritage Life Insurance Company ("Investors Heritage"); or (3) to make a Direct or Indirect Rollover into an annuity issued by Investors Heritage. Complete the requested information, check the appropriate boxes, and date and sign this form.

SECTION 1 - INVESTORS HERITAGE POLICY/CONTRACT INFORMATION

Check One: Life Insurance Annuity

Receipt of Funds:
 Included with application To follow application

Is this a new or existing account? New Existing - Policy/Contract # _____

Individual Owner

First	Middle Init.	Last	Suffix	SSN
-------	--------------	------	--------	-----

Joint Owner

First	Middle Init.	Last	Suffix	SSN
-------	--------------	------	--------	-----

Annuitant/Insured

First	Middle Init.	Last	Suffix	SSN
-------	--------------	------	--------	-----

Trust/Entity Owner

Name	TIN
------	-----

SECTION 2 - SURRENDERING COMPANY/FINANCIAL INSTITUTION INFORMATION (FUNDS TO BE MOVED TO Investors Heritage)

Surrendering Company/Financial Institution Name

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Phone Number (Including Area Code)

Individual Owner

First	Middle Init.	Last	Suffix	SSN
-------	--------------	------	--------	-----

Joint Owner

First	Middle Init.	Last	Suffix	SSN
-------	--------------	------	--------	-----

Annuitant/Insured

First	Middle Init.	Last	Suffix	SSN
-------	--------------	------	--------	-----

Trust/Entity Owner

Name	TIN
------	-----

SECTION 3 - 1035 EXCHANGE / NON-QUALIFIED FUND TRANSFER

CONTRACT/POLICY/ACCOUNT NUMBER

ORIGINAL DATE OF ISSUE

Distribution Details

Type of Transfer
 Fund Transfer
 1035 Exchange

Type of Transfer (Check One)
 All (Full) Transfer
 Partial Transfer

Current Type of Account being Transferred
 Life Insurance Annuity Bank CD
 Mutual Fund (Name): _____
 Other (Please Specify): _____

Transfer Details

Dollar Amount: \$ _____
Percent: _____%

Transfer Date (when to process transfer)
 Immediately upon receipt Upon Maturity Date: _____

SECTION 4 - QUALIFIED FUND TRANSFER/ROLLOVER

CONTRACT/POLICY/ACCOUNT NUMBER

ORIGINAL DATE OF ISSUE

Current Type of Account

Plan Type (SELECT ONE)
 Traditional IRA Roth IRA SEP IRA SIM IRA Inherited IRA
 401K 403(b) 457(b) Bank CD
 Mutual Fund (Name) _____
(some companies require a signature guarantee on Mutual Fund transfers)
 Other (Please specify): _____

Distribution Details

Type of Transfer or Rollover (Check One)
Full or Partial Transfer: All (Full) Transfer Partial Transfer
Direct or Indirect Rollover: Direct Rollover Indirect Rollover
(complete IRA Indirect Rollover Certification Form)

Transfer Date (when to process transfer)
 Immediately upon receipt Upon Maturity Date: _____

Amount of Distribution
Dollar Amount: \$ _____
Percent: _____%

Distribution to New Account

Traditional IRA Roth IRA Roth Conversion SEP IRA Inherited IRA
 Other (Please Specify) _____

Inherited IRA to Inherited IRA (to be completed ONLY if transferring Inherited IRA to Inherited IRA)

Decedent's Name
First: _____ Middle Init.: _____ Last: _____ Suffix: _____
Decedent's DOB (mm/dd/yyyy): _____ Decedent's DOD (mm/dd/yyyy): _____
Are you the surviving spouse? Yes No

SECTION 4 - QUALIFIED FUND TRANSFER/ROLLOVER (Continued)

Retirement Plan to an IRA (To be completed ONLY if rolling a Retirement Plan to an IRA)

This is an eligible distribution from a 401(a), 401(k), 403(b) due to:

- Plan Termination Disability Death Divorce Over Age 59 1/2 Separation from Service

Required Minimum Distribution (if applicable)

- Current carrier should distribute my RMD to me prior to transferring/rolling over my account.
- Current carrier should proceed with the transfer/rollover because the requirements for the current year have been met.

SECTION 5 - TAXPAYER CERTIFICATION

By executing this form, I (we) authorize the full or partial liquidation of my (our) existing contract, policy or account in accordance with the relevant section(s) completed above. I (we) hereby instruct the relevant financial institution to process my (our) requested liquidation based on the timeframe selected above.

I (we) understand that it is my (our) responsibility to confirm the processing guidelines of the financial institution from which any funds are coming with respect to selecting a specific transfer date.

Under penalties of perjury, I (we) certify that:

1. The number on this form is my (our) correct taxpayer identification number (or I (we) am (are) waiting for a number to be issued to me (us)); and
2. I (we) am (are) not subject to backup withholding because
 - (a) I (we) am (are) exempt from backup withholding, or
 - (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of failure to report all interest or dividends, or
 - (c) The IRS has notified me (us) that I (we) am (are) no longer subject to backup withholding; and
3. I (we) am (are) a U.S. person (including a U.S. resident alien).

SECTION 6 - ACKNOWLEDGEMENTS AND AGREEMENTS

By signing below, I (we) acknowledge the statements above and understand and agree to the following:

- All statements and answers given in this form are true and correct to the best of my (our) knowledge;
- This form is subject to acceptance by Investors Heritage Life Insurance Company (Investors Heritage). If this form is rejected for any reason, Investors Heritage will be liable only for return of purchase payment paid;
- I (we) may return my (our) policy or contract within the right-to-examine period (shown on the first page of my policy or contract) if I (we) am (are) dissatisfied for any reason.
- Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- State insurance law may prohibit the owner of an annuity contract from entering into any agreement to sell, transfer or assign an annuity contract prior to the date the contract was issued, or within a period of time specified by state law after the date the contract was issued. You should consult with legal advisors if you have any questions about these matters.

SECTION 6 - ACKNOWLEDGEMENTS AND AGREEMENTS (Continued)

FOR 1035 Exchanges - AUTHORIZATION FOR 1035 TAX-FREE EXCHANGE – I (we) fully assign and transfer to Investors Heritage Life Insurance Company (Investors Heritage) all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract, or part of the annuity contract value identified in the Investors Heritage Policy/Contract Information of this form. The sole purpose of this assignment/transfer is to affect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All the powers, elections, appointments, options and rights I (we) have as owner of the Assigned Contract, including the right to surrender, are now exercisable by Investors Heritage. Simultaneous with this full assignment, I (we) also revoke all existing beneficiary designations under the Assigned Contract. Other than to me (us), no person, firm or corporation other than myself (ourselves) and the insurer that issued the Assigned Contract, has an interest in the Assigned Contract. No proceedings in insolvency or bankruptcy have been instituted by or against me (us). I (we) understand that Investors Heritage intends to surrender the Assigned Contract for its cash value, and to apply the proceeds to the new contract to be issued by Investors Heritage. I (we) authorize the surrendering company to send the proceeds directly to Investors Heritage, and I (we) understand that fees and surrender charges may apply. This exchange is subject to acceptance by Investors Heritage. Investors Heritage is not liable for changes in market value of the Assigned Contract that may occur before the proceeds are received by it in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by Investors Heritage, no value will accrue or be earned on the new Investors Heritage contract.

In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, I (we) direct and authorize the surrendering company to furnish a statement to Investors Heritage and to the former policy or contract holder of my (our) cost basis in the Assigned Contract. I (we) authorize Investors Heritage to rely upon the cost basis information provided by the surrendering company, but agree that Investors Heritage will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I (we) acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred.

For Transfers - AUTHORIZATION TO LIQUIDATE AND TRANSFER – By signing below, I (we) direct that the Surrendering Financial Institution named liquidate and transfer the full value or the partial value of the Distributing Company account identified. I (we) further direct Investors Heritage to apply all the funds it receives from this directive to an annuity or life contract issued to me (us). I (we) further acknowledge and accept responsibility for any charges or fees that may be imposed by the Distributing Company as a result of this liquidation.

For Rollovers - AUTHORIZATION TO TRANSFER QUALIFIED FUNDS – By signing below, I (we) direct that the Surrendering Company named liquidate and transfer the value of the Surrendering Company account identified. I (we) further direct Investors Heritage to apply all the funds it receives from this directive to an annuity issued to me (us). I (we) further acknowledge and accept responsibility for any charges or fees that may be imposed as a result of this transfer.

SECTION 7 - THE CONTRACT

Enclosed Lost/Destroyed: I hereby declare under penalty of perjury, the the above numbered contract has been lost or destroyed and that it has not been delivered to any person having any right, title or interest in it.

SECTION 8 - SIGNATURES

I (we) am (are) aware of and accept any surrender/withdrawal penalties which may apply; and I (we) authorize the transaction described above. The undersigned represents and agrees that Investors Heritage Life Insurance Company is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that Investors Heritage Life Insurance Company has made no representations regarding, and has no responsibility nor liability concerning, the undersigned's income, estate or inheritance tax treatment under the relevant tax laws.

I (we) hereby authorize the above requested action, and agree to the terms stated in this form.

Signature of Owner	Date
<input type="text"/>	<input type="text"/>
Signature of Joint Owner	Date
<input type="text"/>	<input type="text"/>
Signature of Annuitant if Trust Owner	Date
<input type="text"/>	<input type="text"/>
Signature of Spouse	Date
<input type="text"/>	<input type="text"/>

Required if the Owner is married and lives in a community property state (currently AZ, CA, ID, LA, MN, NV, TX, WA, WI)

For Internal Use Only - Acceptance and Directive:

The authorized signature below certifies acceptance of the assignment, surrender, or transfer of funds as instructed in this request. After deducting any sums as are permitted under the relevant policy, contract, account, or plan, please complete this transaction and send a check with a copy of this form to:

IF NEW ACCOUNT:

**Check with Application or
Check to follow Application:**
Investors Heritage Life Insurance Company
Attn: Underwriting Department
PO Box 717
Frankfort, KY 40602-0717

IF EXISTING ACCOUNT:

Investors Heritage Life Insurance Company
Attn: Policy Service Department
PO Box 717
Frankfort, KY 40602-0717

FBO: Policy/Contract # _____

To send funds electronically, use the following information:

For ACH or Wire Transactions:
(Minimum Wire Transaction is 10,000)
Company: Investors Heritage Life Insurance Company
Routing number: 051904524
Bank account number: 9012003159

Include in ACH/Wire Notes:
Owner's Name
Last 4 of SSN
Investors Heritage Contract/Policy No.
(if available)

Authorized Signature

<i>Signature</i>	<i>Title</i>	<i>Date</i>
------------------	--------------	-------------