



# INVESTORS HERITAGE

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## Annuity Comparison Form

This form must be submitted for each product being replaced, in addition to any state-required replacement forms.  
**IMPORTANT:** Do not leave any blanks. If a category does not apply, please mark as N/A. Any missing, incomplete or incorrect information will require a new SIGNATURE and DATE by owner prior to issuing the proposed annuity contract. The executed original must be sent to the Company and one executed copy must be provided to the client and one kept by the agent.

1. Name of company being replaced  Contract Number  Contract Effective Date (mm/dd/yyyy)

2. Type of Product being replaced  life insurance  annuity Current Account Value \$  Surrender Charge at time of replacement  %

3. Will there be an MVA at conversion?  Yes  No If Yes, what is the amount? \$ .

4. Please explain why you have chosen to replace your existing life insurance or annuity at this time?  
(Give specific reasons - use additional pages, if needed.)

5. If your existing contract offers penalty-free partial withdrawals, do you understand that the new contract limits partial withdrawals during the first year? (see Certificate of Disclosure Form)  Yes  No

6. Is the agent assisting you with this annuity purchase the same agent on the product being replaced?  Yes  No

**IF THE REPLACED PRODUCT IS AN ANNUITY, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

	Annuity Being Replaced	Proposed Annuity
Generic Contract Type	<input type="checkbox"/> Indexed Fixed <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	Fixed <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 7
Product Name		<b>HERITAGE BUILDER</b>
<b>Contract Benefits</b>		
What is paid at death? (i.e. full accumulated value, surrender charges apply, etc?)		<b>Full Accumulation Value</b>
Current interest rate	<input type="text"/> %	<input type="text"/> %
Interest rate at time of replacement	<input type="text"/> %	<input type="text"/> %
Minimum Guaranteed Interest	<input type="text"/> %	<b>1.00% after guarantee period</b>
Potential loss of bonus on replacement	<input type="checkbox"/> Yes <input type="text"/> % or \$ <input type="text"/> <input type="checkbox"/> No	<b>Not Applicable</b>
Premium Bonus (percentage or amount)	<input type="text"/> % or \$ <input type="text"/>	<b>Not Applicable</b>
<b>Charges</b>		
Surrender Charge Period in Years	<input type="text"/> Years	3 = 3 Yrs., 5 = 5 Yrs., 7 = 7 Yrs.
Entire Surrender Charge Schedule (%)		3 Yr. = 9%, 8%, 7% 5 Yr. = 9%, 8%, 7%, 6%, 5% 7 Yr. = 9%, 8%, 7%, 6%, 5%, 4%, 3%
Administrative, Rider or other Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No</b>
<b>Does the Product listed above include the following features?</b>		
Nursing Home Rider/Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes (Not available in CA and SD)</b>
Terminal Illness Rider/Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No</b>
Income Benefit rider Elected	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No</b>
Living Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Not Applicable</b>
Loan Options	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Not Applicable</b>
Free Withdrawals Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Yes</b>
Annual Free Withdrawal Rate		<b>10% after 1<sup>st</sup> year / interest after 30 days</b>

Owner's Printed Name:	Owner's Signature:	Date: (mm/dd/yyyy)
Joint Owner's Printed Name:	Joint Owner's Signature:	Date: (mm/dd/yyyy)
Agent's Signature:	Date: (mm/dd/yyyy)	