



INVESTORS HERITAGE

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



Annuity Comparison Form

Complete one Annuity Comparison Form for each annuity being replaced. Please complete all information. If a category does not apply, please mark as N/A. Any incomplete forms will be returned. All information should match the information provided on the Annuity Suitability Form. Any item that does not match may require additional information from the applicant or may cause the application to be returned. **This form must be completed with the original sent to Investors Heritage Life Insurance Company, a copy provided to the client and a copy kept by the agent.**

APPLICANT INFORMATION:

Name (First, Middle Initial, Last)

Social Security Number/Tax I.D. Number State Application Signed at:

Provide Replacement Information:

	Existing Annuity	Existing Annuity	Proposed Replacement Annuity
Company Name			
Type of Contract	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed Indexed <input type="checkbox"/> Variable
Product Name			
Date of Issue			
Initial Premium	\$ _____	\$ _____	\$ _____
Source of Initial Premium			
Bonus	\$ _____ or _____ %	\$ _____ or _____ %	\$ _____ or _____ %
Bonus Recapture	Current Year _____ % or <input type="checkbox"/> N/A	Current Year _____ % or <input type="checkbox"/> N/A	Current Year _____ % or <input type="checkbox"/> N/A
Annuitization Date	_____ <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible	_____ <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible	_____ <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible
Current Account Value	\$ _____	\$ _____	
Current Cash Surrender Value	\$ _____	\$ _____	
Surrender Charge Schedule for Remaining Years			
Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free Withdrawal Percentage			
Annual Minimum Guaranteed Interest Rate			
Death Benefit Value	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Annuitized \$ _____

Provide Replacement Information (continued):

	Existing Annuity	Existing Annuity	Proposed Replacement Annuity
Change of Annuitant Available Upon Death	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Interest Crediting Method (check which one you are currently in)	<input type="checkbox"/> Fixed _____% _____ Yrs. <input type="checkbox"/> Indexed (describe strategy) _____	<input type="checkbox"/> Fixed _____% _____ Yrs. <input type="checkbox"/> Indexed (describe strategy) _____	
Current Interest Rate Guarantee Period			
Terminal Illness Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confinement Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Waivers			
Riders or enhanced benefits with the contract	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____
Value of Benefit or enhanced withdrawal base	\$ _____	\$ _____	
Rider Guaranteed roll-up rate			
Anticipated rider start date?	Years _____	Years _____	Years _____
Payout rate for income rider distributions			
Fees/Charges	\$ _____ or _____%	\$ _____ or _____%	\$ _____ or _____%
Writing Agent			

Has the Applicant exchanged any annuities within the preceding 60 months? Yes No

If yes, please explain: _____

How will the Proposed Replacement Annuity benefit the Applicant in meeting his or her insurance needs and financial objectives?

- Lifetime income
 Financial objective
 Index options
 Interest rates
 Death Benefit
 Enhanced benefits
 Increase liquidity
 Immediate income
 Other: _____

Please explain each benefit selected, including how the product features create the benefit. Also please discuss any feature differential between the existing and proposed annuity.

NOTE: PLEASE VERIFY THAT ALL QUESTIONS WERE ANSWERED.

Applicant Acknowledgement

By signing below, I certify that:

- I have reviewed all the information in this Form with my Producer;
- I understand that the Proposed Replacement Annuity may have a new surrender charges and that I may not be able to overcome the surrender charges incurred by cancellation of the Existing Annuity;
- I am aware of the differences in fees and charges between my Existing Annuity and the Proposed Replacement Annuity;
- Once my Existing Annuity is replaced, I may not be able to reinstate it;
- I understand that the Proposed Replacement Annuity has surrender charges and penalties that apply on certain withdrawals;
- I understand that due to surrender charges, market value adjustment and/or bonus recaptures, I may receive less than the premiums paid; and
- I have reviewed and compared the features of the Existing Annuity and the Proposed Replacement Annuity with my Producer and I believe that the Proposed Replacement Annuity better suits my current insurance needs and financial objectives.

NOTE: Applicant do not sign this form:

- 1. If any item has been left blank;**
- 2. Without carefully reviewing the information recorded; or**
- 3. If any of the information recored is not true and correct to the best of your knowledge.**

Signature of Owner

Date (mm/dd/yyyy)

Signature of Joint Owner

Date (mm/dd/yyyy)

Agent Acknowledgement

By signing below, I certify that I have reviewed the information in this Form and believe that the Proposed Replacement Annuity better suits the Applicant's current insurance needs and financial objectives.

Signature of Agent

Date (mm/dd/yyyy)

Submit Home Office Copy to:

INVESTORS HERITAGE LIFE INSURANCE COMPANY

PO Box 717 ▪ Frankfort, KY 40602-0717
Fax: 502.875.7084
investorsheritage@ihlic.com

State insurance regulations require this form be completed, copied and distributed as follows:

1st Copy - Home Office

2nd - Copy Applicant

3rd Copy - Financial Professional