



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		HERITAGE BUILDER
Contract Benefits		
What is paid at death? (i.e. full accumulated value, surrender charges apply, etc?)		Full Accumulation Value
Current interest rate	_____ %	_____ %
Interest rate at time of replacement	_____ %	_____ %
Minimum Guaranteed Interest	_____ %	1% after guarantee period
Potential loss of bonus on replacement	<input type="checkbox"/> Yes _____ % or \$ _____ <input type="checkbox"/> No	Not Applicable
Premium Bonus (percentage or amount)	_____ % or \$ _____	Not Applicable
Charges		
Surrender Charge Period in Years	_____ 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	No
Does the Product listed above include the following features?		
Nursing Home Rider/Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes (Not available in CA and SD)
Terminal Illness Rider/Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No	No
Income Benefit rider Elected	<input type="checkbox"/> Yes <input type="checkbox"/> No	No
Living Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable
Loan Options	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable
Free Withdrawals Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes
Annual Free Withdrawal Rate		10% after 1st year / interest after 30 days

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)	