



APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY

INVESTORS HERITAGE LIFE INSURANCE COMPANY

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PRINT USING BLACK INK.

Type of Application: Individual Custodial (UGMA/UTMA) Trust/Corporation/Non-Corporate Entity Inherited IRA

1. OWNER / ANNUITANT

Name (First, Middle Initial, Last)

Date of Birth (Month/Day/Year)

Male
 Female

Residence Address (street / no PO boxes)

City

State

Zip Code

Mailing Address (if different than residence)

City

State

Zip Code

Social Security Number

Email Address

Phone Number (including area code)

Home
 Mobile

Country of Citizenship

Type of Visa

Visa Expiration (Month/Day/Year)

If not a US Citizen

Name (First, Middle Initial, Last)

If Custodian

2. JOINT OWNER

(Non-qualified Only. Must be spouse of Owner/Annuitant.)

Name (First, Middle Initial, Last)

Date of Birth (Month/Day/Year)

Male
 Female

Mailing Address (if different than residence)

City

State

Zip Code

Social Security Number

Email Address

Phone Number (including area code)

Home
 Mobile

Country of Citizenship

Type of Visa

Visa Expiration (Month/Day/Year)

If not a US Citizen

3. TRUST / CORPORATE / NON-CORPORATE ENTITY

(Must complete Trust Certification Form.)

Name

Tax ID Number

State

4. POLICY & PREMIUM DETAILS

Type of Annuity:

Non-Qualified

Qualified Mark one qualified option:

IRA Roth IRA Roth Conversion

For Qualified Annuities:

Current Year Contributions \$ _____

Prior Year Contributions \$ _____

Guarantee Period 3 year 5 year 7 year

Initial Premium Method & Amount Mark all methods that apply.

Check

Amount \$ _____

1035 Exchange/Rollover/Transfer
(Must complete Transfer/Rollover form)

Amount \$ _____

EFT

(Must complete Payment Authorization form)

Amount \$ _____

Total Single Premium Amount \$ _____

This is a single premium annuity. It is typically issued upon receipt of the entire purchase payment and does not accept payments after the effective date of the contract.

INSTRUCTIONS: If Joint Owners are named, they must both be named as the sole Primary Beneficiaries with a 50/50 split. Percentages of all beneficiaries must equal 100%. Percentages must be in whole numbers. Use Additional Beneficiary Form, if necessary.

5. BENEFICIARIES

Name (First, Middle Initial, Last)		<input type="radio"/> Primary	<input type="radio"/> Male	Date of Birth (MM/DD/YYYY)	
<input type="text"/>		<input type="radio"/> Contingent	<input type="radio"/> Female	<input type="text"/>	
Mailing Address		City		State	Zip Code
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
% Benefit	Relationship to Annuitant	Phone Number (including area code)		<input type="radio"/> Home	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Mobile	
Social Security Number		Email Address			
<input type="text"/>		<input type="text"/>			

Name (First, Middle Initial, Last)		<input type="radio"/> Primary	<input type="radio"/> Male	Date of Birth (MM/DD/YYYY)	
<input type="text"/>		<input type="radio"/> Contingent	<input type="radio"/> Female	<input type="text"/>	
Mailing Address		City		State	Zip Code
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
% Benefit	Relationship to Annuitant	Phone Number (including area code)		<input type="radio"/> Home	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Mobile	
Social Security Number		Email Address			
<input type="text"/>		<input type="text"/>			

Name (First, Middle Initial, Last)		<input type="radio"/> Primary	<input type="radio"/> Male	Date of Birth (MM/DD/YYYY)	
<input type="text"/>		<input type="radio"/> Contingent	<input type="radio"/> Female	<input type="text"/>	
Mailing Address		City		State	Zip Code
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
% Benefit	Relationship to Annuitant	Phone Number (including area code)		<input type="radio"/> Home	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Mobile	
Social Security Number		Email Address			
<input type="text"/>		<input type="text"/>			

Name (First, Middle Initial, Last)		<input type="radio"/> Primary	<input type="radio"/> Male	Date of Birth (MM/DD/YYYY)	
<input type="text"/>		<input type="radio"/> Contingent	<input type="radio"/> Female	<input type="text"/>	
Mailing Address		City		State	Zip Code
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
% Benefit	Relationship to Annuitant	Phone Number (including area code)		<input type="radio"/> Home	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="radio"/> Mobile	
Social Security Number		Email Address			
<input type="text"/>		<input type="text"/>			

6. REPLACEMENT INFORMATION

Do you have any existing annuity or life insurance policies? Yes No

Does this proposed contract replace or change any existing annuity or life insurance policy? Yes No

If either question answered "yes", complete the appropriate state replacement form.

7. SPECIAL INSTRUCTIONS

8. ACKNOWLEDGEMENTS & SIGNATURES

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

- All statements, information and answers given on this application are true and correct to the best of my (our) knowledge;
- **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.**
- I (we) have not been offered any cash incentive or other consideration (such as free insurance) as an inducement to apply for this annuity;
- The USA Patriot Act requires all financial institutions, including insurance companies, to verify the identity of their customers. I am providing my name, address, date of birth and taxpayer identification number to allow verification of identity. I understand the verification process may include the use of third-party sources to verify the information provided;
- I (we) certify that the tax identification number is correct. The policy shall not be in effect until issued by the Company and the initial premium has been paid;
- NOTICE: 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.
- The agent has no authority to approve the application, change the policy or waive any policy provisions;
- If the application is declined, the Company is liable only for return of the purchase payment, without interest;
- I (we) may return the contract within the 30 Day Examination period shown on the first page of the contract;
- No amount will be credited to the account until all funds are received;
- Interest crediting rate is subject to change and will not be determined until issue date or effective date and I (we) assume the risk that such rate may decrease between the date the application is signed and the date the annuity is issued.

Signature of Owner, Annuitant or Custodian	Date (MM/DD/YYYY)	Signed (City/State)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Joint Owner	Date (MM/DD/YYYY)	Signed (City/State)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Trustee	Date (MM/DD/YYYY)	Signed (City/State)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Agent	Date (MM/DD/YYYY)	Signed (City/State)
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If the Owner is married and lives in a community property state (currently AZ, CA, ID, LA, MN, NV, TX, WA, WI), the spouse must be named as the sole primary beneficiary OR the spouse must sign here.

Signature of Spouse	Date (MM/DD/YYYY)	Signed (City/State)
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. AGENT'S STATEMENT

To the best of my knowledge and belief the Proposed Insured and / or Owner **Does** **Does not** have any existing life insurance or annuity coverage and the life insurance applied for **Does** **Does not** replace any existing life insurance or annuity coverage. **If either question answered "does", complete the appropriate state replacement form.**

I certify that I have verified the personal information of the applicant(s) by viewing a state issued driver's license, state issued I.D. card, military I.D. card, Permanent U.S. Resident Card (Green Card), passport or other government issued picture I.D. card.

I certify that the Owner, Proposed Insured or any person or entity is not being paid cash or promised services as an inducement to enter into this insurance transaction and that this insurance transaction will not be sold or assigned for any type of viatical settlement, senior settlement, life settlement or any other secondary market.

I have used only insurer approved sales materials and have left copies of those with the applicant.

Printed Name of Licensed Agent

Investors Heritage Agent Code #

Signature of Licensed Agent

Date (MM/DD/YYYY)