



**APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY**

**INVESTORS HERITAGE LIFE INSURANCE COMPANY**

PO Box 717 ▪ Frankfort, KY 40602-0717

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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**

First Name MI Last Name Suffix  Male  Female Date of Birth (Month/Day/Year)

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

If not a US Citizen Country of Citizenship Type of Visa Visa Expiration (Month/Day/Year)

If Custodian First Name MI Last Name Suffix

**2. JOINT OWNER** (Non-qualified Only. Must be spouse of Owner/Annuitant.)

First Name MI Last Name Suffix  Male  Female Date of Birth (Month/Day/Year)

Relationship Mailing Address (if different than residence) City State Zip Code

Social Security Number Email Address Phone Number (including area code)  Home  Mobile

If not a US Citizen Country of Citizenship Type of Visa Visa Expiration (Month/Day/Year)

**3. TRUST\*/CORPORATE ENTITY\*/NON-CORPORATE ENTITY** (\*Complete required form(s).)

Name

Tax ID Number State  Trust\*  Corporate Entity\*  Non-Corporate Entity

**4. POLICY & PREMIUM DETAILS**

Guarantee Period:  3 year  5 year  7 year

**Type of Annuity:**

Non-Qualified

Qualified Mark one qualified option:

IRA  Roth Conversion

Roth IRA  SEP

**For Qualified Annuities:**

Current Year Contributions \$ \_\_\_\_\_

Prior Year Contributions \$ \_\_\_\_\_

**Initial Premium Method & Amount** Mark all methods that apply:

Check Amount \$ \_\_\_\_\_

1035 Exchange/Rollover/Transfer Amount \$ \_\_\_\_\_

Investors Heritage to originate. Transfer/Rollover form must be completed.

Agent or applicant to originate.

Electronic Funds Transfer (EFT) Amount \$ \_\_\_\_\_

(Must complete Payment Authorization form)

**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, Primary Beneficiary will automatically be the Surviving Joint Owner and their information does not need to be completed below. Mark Type "P" for Primary, "C" for Contingent. Percentages of Primary Beneficiaries must equal 100%. Percentages of Contingent Beneficiaries must equal 100%. Use Additional Beneficiary Form, if necessary.

**5. BENEFICIARIES**

|                               |                                  |                      |  |                      |                                       |
|-------------------------------|----------------------------------|----------------------|--|----------------------|---------------------------------------|
| <b>Type</b>                   | <b>First Name</b>                | <b>MI</b>            | <b>Last Name</b>   | <b>Suffix</b>        | <b>Date of Birth (Month/Day/Year)</b> |
| <input type="radio"/> P       | <input type="text"/>             | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> | <input type="text"/>                  |
| <input type="radio"/> C       | <input type="text"/>             | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> | <input type="text"/>                  |
| <b>Mailing Address</b>        |                                  | <b>City</b>          |  | <b>State</b>         | <b>Zip Code</b>                       |
| <input type="text"/>          |                                  | <input type="text"/> |  | <input type="text"/> | <input type="text"/>                  |
| <b>% Benefit</b>              | <b>Relationship to Annuitant</b> |                      | <b>Phone Number (including area code)</b>                  |                      |                                       |
| <input type="text"/>          | <input type="text"/>             |                      | <input type="text"/>                                       |                      |                                       |
|                               |                                  |                      | <input type="radio"/> Male<br><input type="radio"/> Female |                      |                                       |
|                               |                                  |                      | <input type="radio"/> Home<br><input type="radio"/> Mobile |                      |                                       |
| <b>Social Security Number</b> |                                  |                      | <b>Email Address</b>                                       |                      |                                       |
| <input type="text"/>          |                                  |                      | <input type="text"/>                                       |                      |                                       |

|                               |                                  |                      |  |                      |                                       |
|-------------------------------|----------------------------------|----------------------|--|----------------------|---------------------------------------|
| <b>Type</b>                   | <b>First Name</b>                | <b>MI</b>            | <b>Last Name</b>   | <b>Suffix</b>        | <b>Date of Birth (Month/Day/Year)</b> |
| <input type="radio"/> P       | <input type="text"/>             | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> | <input type="text"/>                  |
| <input type="radio"/> C       | <input type="text"/>             | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> | <input type="text"/>                  |
| <b>Mailing Address</b>        |                                  | <b>City</b>          |  | <b>State</b>         | <b>Zip Code</b>                       |
| <input type="text"/>          |                                  | <input type="text"/> |  | <input type="text"/> | <input type="text"/>                  |
| <b>% Benefit</b>              | <b>Relationship to Annuitant</b> |                      | <b>Phone Number (including area code)</b>                  |                      |                                       |
| <input type="text"/>          | <input type="text"/>             |                      | <input type="text"/>                                       |                      |                                       |
|                               |                                  |                      | <input type="radio"/> Male<br><input type="radio"/> Female |                      |                                       |
|                               |                                  |                      | <input type="radio"/> Home<br><input type="radio"/> Mobile |                      |                                       |
| <b>Social Security Number</b> |                                  |                      | <b>Email Address</b>                                       |                      |                                       |
| <input type="text"/>          |                                  |                      | <input type="text"/>                                       |                      |                                       |

|                               |                                  |                      |  |                      |                                       |
|-------------------------------|----------------------------------|----------------------|--|----------------------|---------------------------------------|
| <b>Type</b>                   | <b>First Name</b>                | <b>MI</b>            | <b>Last Name</b>   | <b>Suffix</b>        | <b>Date of Birth (Month/Day/Year)</b> |
| <input type="radio"/> P       | <input type="text"/>             | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> | <input type="text"/>                  |
| <input type="radio"/> C       | <input type="text"/>             | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> | <input type="text"/>                  |
| <b>Mailing Address</b>        |                                  | <b>City</b>          |  | <b>State</b>         | <b>Zip Code</b>                       |
| <input type="text"/>          |                                  | <input type="text"/> |  | <input type="text"/> | <input type="text"/>                  |
| <b>% Benefit</b>              | <b>Relationship to Annuitant</b> |                      | <b>Phone Number (including area code)</b>                  |                      |                                       |
| <input type="text"/>          | <input type="text"/>             |                      | <input type="text"/>                                       |                      |                                       |
|                               |                                  |                      | <input type="radio"/> Male<br><input type="radio"/> Female |                      |                                       |
|                               |                                  |                      | <input type="radio"/> Home<br><input type="radio"/> Mobile |                      |                                       |
| <b>Social Security Number</b> |                                  |                      | <b>Email Address</b>                                       |                      |                                       |
| <input type="text"/>          |                                  |                      | <input type="text"/>                                       |                      |                                       |

|                               |                                  |                      |  |                      |                                       |
|-------------------------------|----------------------------------|----------------------|--|----------------------|---------------------------------------|
| <b>Type</b>                   | <b>First Name</b>                | <b>MI</b>            | <b>Last Name</b>   | <b>Suffix</b>        | <b>Date of Birth (Month/Day/Year)</b> |
| <input type="radio"/> P       | <input type="text"/>             | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> | <input type="text"/>                  |
| <input type="radio"/> C       | <input type="text"/>             | <input type="text"/> | <input type="text"/>                                       | <input type="text"/> | <input type="text"/>                  |
| <b>Mailing Address</b>        |                                  | <b>City</b>          |  | <b>State</b>         | <b>Zip Code</b>                       |
| <input type="text"/>          |                                  | <input type="text"/> |  | <input type="text"/> | <input type="text"/>                  |
| <b>% Benefit</b>              | <b>Relationship to Annuitant</b> |                      | <b>Phone Number (including area code)</b>                  |                      |                                       |
| <input type="text"/>          | <input type="text"/>             |                      | <input type="text"/>                                       |                      |                                       |
|                               |                                  |                      | <input type="radio"/> Male<br><input type="radio"/> Female |                      |                                       |
|                               |                                  |                      | <input type="radio"/> Home<br><input type="radio"/> Mobile |                      |                                       |
| <b>Social Security Number</b> |                                  |                      | <b>Email Address</b>                                       |                      |                                       |
| <input type="text"/>          |                                  |                      | <input type="text"/>                                       |                      |                                       |

**6. SPECIAL INSTRUCTIONS**

**7. REPLACEMENT INFORMATION**

1. Do you have any existing annuity or life insurance policies?

Yes  No

2. 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.

**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.

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

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

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

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

**Is the owner married?**  Yes  No **NOTE:** If the Owner is married and lives in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA, WI), the spouse must be named as the sole primary beneficiary OR the spouse must sign here.

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

**9. AGENT'S STATEMENT**

**REPLACEMENT QUESTIONS** (both must be answered)

To the best of my knowledge and belief:

1. The Proposed Insured and/or Owner  
 DOES  DOES NOT  
have any existing life insurance or annuity coverage.
2. And the life insurance or annuity coverage applied for  
 DOES  DOES NOT  
replace any existing life insurance or annuity coverage.

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

**CERTIFICATION**

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 #1**

|                   |           |                  |               |                                  |
|-------------------|-----------|------------------|---------------|----------------------------------|
| <b>First Name</b> | <b>MI</b> | <b>Last Name</b> | <b>Suffix</b> | <b>Investors Heritage Code #</b> |
|                   |           |                  |               |                                  |

|                                       |                          |                           |
|---------------------------------------|--------------------------|---------------------------|
| <b>Signature of Licensed Agent #1</b> | <b>Date (MM/DD/YYYY)</b> | <b>Commission Split %</b> |
|                                       |                          |                           |

**PRINTED NAME OF LICENSED AGENT #2**

|                   |           |                  |               |                                  |
|-------------------|-----------|------------------|---------------|----------------------------------|
| <b>First Name</b> | <b>MI</b> | <b>Last Name</b> | <b>Suffix</b> | <b>Investors Heritage Code #</b> |
|                   |           |                  |               |                                  |

|                                       |                          |                           |
|---------------------------------------|--------------------------|---------------------------|
| <b>Signature of Licensed Agent #1</b> | <b>Date (MM/DD/YYYY)</b> | <b>Commission Split %</b> |
|                                       |                          |                           |

**PRINTED NAME OF LICENSED AGENT #3**

|                   |           |                  |               |                                  |
|-------------------|-----------|------------------|---------------|----------------------------------|
| <b>First Name</b> | <b>MI</b> | <b>Last Name</b> | <b>Suffix</b> | <b>Investors Heritage Code #</b> |
|                   |           |                  |               |                                  |

|                                       |                          |                           |
|---------------------------------------|--------------------------|---------------------------|
| <b>Signature of Licensed Agent #1</b> | <b>Date (MM/DD/YYYY)</b> | <b>Commission Split %</b> |
|                                       |                          |                           |