



INVESTORS HERITAGE

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ANNUITY DISTRIBUTION REQUEST

CONTRACT NUMBER**Annuitant**

	<i>First</i>	<i>Middle Init.</i>	<i>Last</i>	<i>Suffix</i>
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PARTIAL WITHDRAWAL (subject to contract minimums) check appropriate box

- I wish to withdraw the free amount from my annuity contract (cannot be set up for periodic payment or EFT)
- I wish to withdraw \$_____ from my annuity contract gross or net
- I wish to start a periodic payment to begin on _____ (mo/day/year)
- interest or specific amount of \$_____
- Mode of Payment Monthly – Electronic Funds Transfer (EFT) only (Complete EFT section below)
- Quarterly Semi-Annual Annual
- I am aware that there may be an early withdrawal charge of approximately \$_____

REQUIRED MINIMUM DISTRIBUTION check appropriate box

- If beneficiary is a spouse who is more than 10 years younger, please indicate date of birth: _____
- One time Distribution? Yes No
- Ongoing Distribution? Yes No If Yes, indicate start date: _____
- Mode of Payment Monthly – Electronic Funds Transfer (EFT) only (Complete EFT section below)
- Quarterly Semi-Annual Annual

SPECIAL INSTRUCTIONS:**IMPORTANT TAX INFORMATION:**

Receipt of any funds from your annuity contract, if from a partial withdrawal or a surrender of the contract, may generate taxable income. In addition, if you are not age 59 ½ or permanently disabled, receipt of funds may be a premature distribution, generating an additional income tax. We suggest that you contact a qualified tax or financial planner before completing this request. The Company will not provide you with any tax related advice.

ELECTRONIC FUNDS TRANSFER (EFT) AGREEMENT FOR DIRECT DEPOSITS**NOT AVAILABLE FOR ONE TIME PAYMENTS**

- I elect to have my periodic payment directly deposited to my checking or savings account via EFT.
You are hereby authorized and directed to pay to:
- Type of account:** Checking (please attach a voided check)
- Savings

Name of Financial Institution	Account Number
Name(s) as it appears on the account	ABA/Transit Routing Number
Address of the Financial Institution	Telephone Number of Financial Institution

All funds payable by Investors Heritage Life Insurance Company ("Investors Heritage") pursuant to this Annuity Distribution Request (the "Request") represent payment from my/our annuity contract referenced on page 1 and shall be deposited for credit to my/our account provided in the EFT Agreement on page 1.

This authority shall remain in full force and effect until Investors Heritage has received notification at our home of office in Frankfort, KY from me/us of the termination of this Request in such time and manner as to afford Investors Heritage and the Financial Institution named on page 1 (the "Financial Institution") reasonable opportunity to act on it.

I/We authorize the Financial Institution to reimburse Investors Heritage, from this or any other account I/we may hold in the Financial Institution, for any payment received by the Financial Institution to which I/we was/were not entitled due to death prior to the due date of the payment.

I/We understand that Investors Heritage is relying on the information that I/we provided on this form, and further understand that Investors Heritage will not be liable for any losses or charges due to incorrect, outdated or incomplete information that has been provided on this form.

The undersigned hereby consents to the provisions contained herein:

Signed At:

OWNER Check if Owner's address has changed

Owner's Printed Name				Date of Birth	
<i>First</i>	<i>Middle Init.</i>	<i>Last</i>	<i>Suffix</i>		
Owner's Street Address			City	State	Zip Code
Social Security Number	Email Address	Phone Number (including area code)		<input type="checkbox"/> Home <input type="checkbox"/> Mobile	

Signature of Owner	Date (MM/DD/YYYY)
X	
Signature of Spouse	Date (MM/DD/YYYY)
X	

Required if the Owner is married and lives in a community property state (currently AZ, CA, ID, LA, MN, NV, TX, WA, WI)

JOINT OWNER Check if Joint Owner's address has changed

Joint Owner's Printed Name				Date of Birth	
<i>First</i>	<i>Middle Init.</i>	<i>Last</i>	<i>Suffix</i>		
Joint Owner's Street Address			City	State	Zip Code
Social Security Number	Email Address	Phone Number (including area code)		<input type="checkbox"/> Home <input type="checkbox"/> Mobile	

Signature of Joint Owner	Date (MM/DD/YYYY)
X	
Signature of Spouse	Date (MM/DD/YYYY)
X	

Required if the Joint Owner is married and lives in a community property state (currently AZ, CA, ID, LA, MN, NV, TX, WA, WI)

**Withholding Certificate for
 Pension or Annuity Payments**

2018

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2018.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2018 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax

withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

**Withholding Certificate for
 Pension or Annuity Payments**

2018

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ►
Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$

Your signature ►

Date ►