

**ANNUITY
DISTRIBUTION REQUEST**

INVESTORS HERITAGE

Life Insurance Company

PO Box 717 • Frankfort KY 40602-0717

800.422.2011 • 502.875.7084 (fax)

ihlic@ihlic.com • www.investorsheritage.com

Please print in ink or type

Name of Annuitant:	Contract Number:
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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 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: _____, _____
City State

Date Signed: _____

OWNER:

Check if Owner's address has changed

Owner's social security number is: _____ Date of Birth: _____

X _____ **X** _____
Owner's Name (printed) Owner's Signature

Owner's Street Address City State Zip Code

_____ () _____

Owner's email address Day time phone: Home Cell Work

X _____
SPOUSE'S SIGNATURE-IF SPOUSE IS NOT CO-OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)

CO-OWNER:

Check if Co-Owner's address has changed

Co-Owner's social security number is: _____ Date of Birth: _____

X _____ **X** _____
Co-Owner's Name (printed) Co-Owner's Signature

Co-Owner's Street Address City State Zip Code

_____ () _____

Co-Owner's email address Day time phone: Home Cell Work

X _____
SPOUSE'S SIGNATURE-IF SPOUSE IS NOT -OWNER (REQUIRED IN COMMUNITY PROPERTY STATES – CURRENTLY AZ, CA, ID, LA, NM, NV, TX, WA AND WI)