



# INVESTORS HERITAGE *Life Insurance Company*

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## REQUEST FOR PREAUTHORIZED TRANSFER PLAN (PAT)

### AUTHORIZATION AND SIGNATURE

I hereby request and authorize Investors Heritage Life Insurance Company, Frankfort, Kentucky ("Investors Heritage") to make preauthorized transfers from my bank account by way of draft, check, or electronic transfer for the payment of premiums for any policy/certificate(s) listed. This authorization shall be subject to the following conditions:

- (1) The preauthorized transfer shall occur on or after the premium due dates unless otherwise specified;
- (2) Investors Heritage shall not incur any liability on any transfer returned by the bank;
- (3) Amounts not honored by the bank after initial deposit shall constitute non-payment of premium and coverage shall lapse subject to all provisions of each policy;
- (4) This authorization may be revoked by either party upon 30 days advance written notice, and Investors Heritage may immediately revoke this request if any preauthorized transfer is dishonored by the bank when presented.

\_\_\_\_\_ **Date:**

\_\_\_\_\_ **Depositor's name typed or printed  
EXACTLY as it appears on bank records**

\_\_\_\_\_ **Depositor's signature EXACTLY as it  
appears on bank records**

### PREAUTHORIZED TRANSFER PLAN DATA

**Apply to attached application**       **Apply to existing policies listed below**

**Insured's Name (First, Last)** \_\_\_\_\_

**Existing Policy Numbers** \_\_\_\_\_  
 \_\_\_\_\_

### PREMIUM PAYMENT INFORMATION

**Payments to be made:**       Monthly       Quarterly       Semiannually       Annually

**Enter date of month if specific charge day is requested (1<sup>st</sup> – 28<sup>th</sup> only):** \_\_\_\_\_

**Are premiums being paid with Social Security benefit deposits?**       Yes       No

**If "Yes" choose from following payment dates:**       1<sup>st</sup> of month       3<sup>rd</sup> of month  
 2<sup>nd</sup> Wednesday       3<sup>rd</sup> Wednesday       4<sup>th</sup> Wednesday

### BANK INFORMATION

**Name of Bank:** \_\_\_\_\_  
**Bank or branch address:** \_\_\_\_\_

### COMPLETE THE FOLLOWING OR SUBMIT A VOIDED CHECK

**Account Type:**       **Checking**       **Savings**

**Depositor's Bank Account Number:**

**Bank Routing Number:**