



# INVESTORS HERITAGE

*Life Insurance Company*

Harry Lee Waterfield II, President  
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## REQUEST FOR REDUCED PAID UP OPTION

I request the Reduced Paid Up Option on the following:

**Policy Number:**

POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4

**Insured's Full Name:** \_\_\_\_\_

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

**X** \_\_\_\_\_  
Owner's Name (printed)

**X** \_\_\_\_\_  
Owner's Signature (Always Required)

\_\_\_\_\_  
Owner's email address

( ) \_\_\_\_\_  
Owner-Day time phone:  Home  Cell  Work

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**X** \_\_\_\_\_  
WITNESS (ALWAYS REQUIRED)  
(If Agent, include Agent Number)