



INVESTORS HERITAGE®

PO Box 717
Frankfort KY 40602-0717

Phone: 800.422.2011 | Fax: 502.791.8374

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

X

WITNESS (ALWAYS REQUIRED)

(If Agent, include Agent Number)