

SUBMITTING A CANOPY APPLICATION

TIPS FOR FULLY COMPLETING A CANOPY APPLICATION IN GOOD ORDER.

Missing information can delay issue.

SECTION 1 - PROPOSED INSURED

All fields required for all applications.

SECTION 2 - OWNER

All fields required if the Owner is different than the Proposed Insured.

SECTION 3 - CONTRACT OPTIONS

Choose only one product type from either 3a or 3b and the corresponding Years to Pay. If Applying for Full Benefit, must also complete the "acceptance of Graded Plan" question.

SECTION 4 - HEALTH QUESTIONS

Required only for Full Benefit applications.

SECTION 5 - CONTRACT AMOUNT

Required for all applications. If collecting the first premium, the amount on the application must match the amount on the check submitted.

SECTION 6 - PAYMENT FREQUENCY

One choice must be marked for all applications.

SECTION 7 - PAYMENT METHOD

Required for all applications, unless a Single Premium paid by check.

SECTION 8 - REPLACEMENT

Required for all applications.

SECTION 9 - BENEFICIARY

This is not required but is helpful should there be excess funds after the funeral expenses are paid.

SECTION 10 - PAYOR/SECONDARY ADDRESSEE

Complete only if someone other than the insured or owner will be making premium payments or if you want to add an additional person to be notified if premium payments are not made.

SECTION 11 - FOCUS INTERVIEW

Required for all Full Benefit applications.

SECTION 13 - ASSIGNMENT

Required for all applications.

SECTION 14 - INSURED/OWNER'S STATEMENT

Required for all applications. If a family member is signing for the Proposed Insured, but is not a legal representative, you MUST include the relationship to the Proposed Insured. If the signer is a legal representative, a copy of the guardianship or POA paperwork must be submitted with the application.

SECTION 15 - REPLACEMENT

Required for all applications. This question is to be answered by the agent.

SECTION 17 - SERVICING FUNERAL HOME

Required for all applications. Be sure to use the appropriate Investors Heritage funeral home number if you have more than one location or agent number.

SECTION 18 - SPECIAL INSTRUCTIONS

Complete if you have notes to send to New Business.

SECTION 19 - MAIL TO

Required for all applications. Choose to have the policy mailed to the funeral home or the policy owner.



INVESTORS HERITAGE™

HAVE QUESTIONS?

1.800.422.2011

New Business ext. 6508

newbusiness@ihlic.com

Sales

ext. 4130

sales@ihlic.com

SUBMITTING A CANOPY APPLICATION

Submitting forms “In-Good-Order” is a win-win.
Policy issued quickly. Commissions paid quickly.

SUBMISSION METHODS

DO NOT SEND BY EMAIL.

Email is not considered a secure method of transmitting personal data (social security numbers, dates of birth, etc.) and should never be used to submit applications or other documents containing personal data.

PORTAL UPLOAD:

www.investorsheritage.com

USPS:

Attn: New Business
PO Box 717
Frankfort KY 40602-0717

FAX:

502.227.7205

UPS/FEDEX/OTHER:

Attn: New Business
200 Capital Ave
Frankfort KY 40601

TIPS FOR SUCCESSFUL SUBMISSION

- **Current forms available in pdf version on agent portal.**
- **Use only one submission method per application.**
If you submit the application and form by upload or fax, do not send the originals by mail.
- **When uploading, choose “Applications” in the “What type of forms are you uploading?” field.**
- **Let us know whether to use check image to draft premium or wait to deposit original check.**
You can enter this information in the portal upload section as shown in the image below.

Document Upload

The screenshot shows a web form titled "Document Upload". It has a "File Information" tab selected. Below the tab, there are radio buttons for "Check here if original application also sent by Postal Mail", "Draft first premium", "First premium sent by postal mail", and "N/A". A dropdown menu labeled "WHAT TYPE OF FORMS ARE YOU UPLOADING?" is set to "Applications". Below this is a large dashed box for file uploads, with instructions: "Add Files by dragging and dropping them into the box to the right or click inside the box to the right. Once have added all your files click the 'Send Files' button to send the files." At the bottom right of the dashed box is a "SEND FILES" button.

FORM REQUIREMENTS

Please complete all forms fully. Missing information can delay issue.

APPLICATION

State appropriate version.

GOODS & SERVICES

State appropriate version.

Most versions available on agent portal, but some must be obtained from the state.

FL & NC: Required for all applications.

Required for all Annuity applications.

Required for all applications over \$15,000.

ASSIGNMENTS

State appropriate version.

IN: Revocable assignment not allowed.

MI: Must be Revocably assigned before it can be Irrevocably assigned.

REPLACEMENT FORMS

State appropriate version if required.

MIB AUTHORIZATION

Required for Full Benefit Applications

MIB Pre-Notice must be left with applicant.

PREAUTHORIZED TRANSFER

Required for all applications to be paid by bank draft.

CREDIT CARD AUTHORIZATION

Required for all applications to be paid by credit card, including Social Security debit card.

Credit Card payments not accepted for annuities.

PRENEED DISCLOSURE FORMS

State appropriate version must be given to applicant if required by state.

NCA BROCHURE

Must be given to all applicants.