

ANNUITY DISTRIBUTION REQUEST



INVESTORS HERITAGE LIFE INSURANCE COMPANY
PO Box 717 ▪ Frankfort, KY 40602-0717
Phone: 800.422.2011 ▪ Fax: 502.791.8374
investorsheritage@ihlic.com www.investorsheritage.com

Annuity Contract Number

1. Annuitant

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
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2. Partial Withdrawal (subject to contract minimums) *check appropriate box*

- Scheduled recurring withdrawal (EFT only) = interest free amount fixed amount \$ _____
Frequency of Payment Monthly Quarterly Semi-Annual Annual **Indicate start date:** _____
(MM/DD/YYYY)
- One time withdrawal = \$ _____ (gross net) **or** free amount
- I am aware Surrender Charges, any applicable Market Value Adjustment and Bonus Recapture may apply.

3. 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
- Ongoing Distribution (EFT only) Indicate start date: _____
Frequency of Payment Monthly Quarterly Semi-Annual Annual

4. Fixed Indexed Annuity Distribution Instructions

Please indicate how the funds are to be withdrawn. (Choose only one option)

OPTION 1: Default per Contract

Unless otherwise directed, each withdrawal is taken from the Fixed Account Value. If any withdrawal is not fully paid from the Fixed Account, then the unpaid portion will be deducted pro rata from the Account Value held in all Index Accounts with the same term, starting with Index Accounts with the shortest term.

OPTION 2: Specific funds as indicated below:

From Index Option:

_____ % or \$ _____	_____
_____ % or \$ _____	_____
_____ % or \$ _____	_____
_____ % or \$ _____	_____
_____ % or \$ _____	_____
_____ % or \$ _____	_____

PERCENTAGES
MUST TOTAL 100%

DOLLARS MUST EQUAL
TOTAL AMOUNT REQUESTED

5. Surrender (return of contract required)

- I/We wish to surrender the contract for its Net Cash Value. (Electronic Funds Transfer (EFT) is not available)

The Contract is:

- Enclosed
- Lost / Destroyed - I/We hereby declare under penalty of perjury that I/we am/are the owner of the Annuity Contract; that the Annuity Contract has been lost or destroyed; and that no other person, firm, corporation or other entity has any claim to or any right, title or interest in the Annuity Contract.

I/We expressly represent and warrant that no insolvency or bankruptcy proceedings (whether voluntary or involuntary) have been instituted or are pending against me/us.

6. Electronic Funds Transfer (EFT) Agreement for Direct Deposits

NOT AVAILABLE FOR ONE TIME PAYMENTS

Investors Heritage is hereby authorized and directed to pay to: **Type of account:** Checking Savings

Name as it appears on the account	ABA/Transit Routing Number	Account Number
Name of Financial Institution	Address of the 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 above and shall be deposited for credit to my/our account provided in the EFT Agreement above. 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 (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 prior to or at the time 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.

Special Instructions:

7. Taxpayer Information - Substitute W-4R for Periodic Withdrawals - Withholding Election

IMPORTANT TAX INFORMATION: Receipt of any funds from your partial withdrawal or 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 penalty. We suggest you contact a qualified tax or financial planner before completing this request. Investors Heritage will not provide you with any tax related advice.

The taxable portion of your annuity income payments are subject to federal and, where applicable, state income tax withholding, unless you choose below not to have withholding apply (and you provide a U.S. address). If no federal withholding election is affirmatively made, we will withhold at the default rate of 10%. If you do not provide a valid taxpayer identification number, the IRS requires us to withhold federal taxes, and we will withhold at the default rate of 10%. Withholding will apply only to the portion of your annuity income payment that is included in your income. If you choose not to have withholding apply, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You cannot choose a rate less than 10% for payments outside the United States. The withholding instructions provided will remain in effect for all withdrawals until you either revoke them or give us new instructions.

FEDERAL INCOME TAX WITHHOLDING OPTIONS	STATE INCOME TAX WITHHOLDING OPTIONS
<input type="checkbox"/> DO NOT withhold federal income tax. <input type="checkbox"/> Withhold federal taxes at the rate of: _____%. Enter a rate between 0 and 100%	<p>State Withholding: Your distribution may also be subject to state income tax withholding. If a state requires withholding and does not allow the account owner to opt out, Investors Heritage will process state withholding even if the "DO NOT withhold state income tax" box is checked. State withholding of the required amount will be withheld unless a greater amount is designated. If a state requires withholding and allows an account owner to opt out, Investors Heritage will process state withholding in the required amount unless the "DO NOT withhold state income tax" box is checked. You are required to furnish your state withholding form where applicable, please contact your tax advisor or your state's taxing authority for questions and forms.</p>
	<input type="checkbox"/> DO NOT withhold state income tax. <input type="checkbox"/> Withhold state income tax at minimum required. Certain states allow you to specify the amount. If applicable specify desired amount \$_____ or _____%.

By signing below, you: (1) Authorize Investors Heritage to act on all instructions given on this form; (2) Agrees to indemnify Investors Heritage and its agents, affiliates, successors, and employees from any liability in the event that you fail to meet the IRS requirements; (3) Certify under penalties of perjury that you are a U.S. citizen or other U.S. person (including a resident alien individual) and that the tax ID you provided on this form is your correct tax identification number; and (4) Acknowledge that you may revoke this election at any time by filing a new federal income tax withholding election form.

I am aware Surrender Charges, any applicable Market Value Adjustment and Bonus Recapture may apply.

OWNER <input type="checkbox"/> Check if Owner's address has changed					
First	Middle Init.	Last	Suffix	Date of Birth	
Trust or Corporate Entity				Social Security No. / TIN	
Street Address		City		State	Zip Code
Signature of Owner			Date (MM/DD/YYYY)		Phone Number (including area code)
Signature of Spouse *			Date (MM/DD/YYYY)		<input type="checkbox"/> Home <input type="checkbox"/> Mobile

*Required if the Owner is married and lives in a community property state (currently AZ, CA, ID, LA, NM, NV, TX, WA, WI)

JOINT OWNER <input type="checkbox"/> Check if Joint Owner's address has changed					
First	Middle Init.	Last	Suffix	Date of Birth	
Street Address		City		State	Zip Code
Social Security Number	Phone Number (including area code)		<input type="checkbox"/> Home <input type="checkbox"/> Mobile		
Signature of Joint Owner			Date (MM/DD/YYYY)		