



INVESTORS HERITAGE LIFE INSURANCE COMPANY

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**EXCHANGE / TRANSFER / ROLLOVER AUTHORIZATION**

**1. DISTRIBUTING COMPANY & CONTRACT / POLICY INFORMATION - funds to be moved to Investors Heritage**

**Company Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Does the distributing company accept faxed paperwork?**  Yes  No **Fax Number** \_\_\_\_\_  
If yes, include fax number

**ANNUITANT** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**OWNER** First Name (if other than annuitant) \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**JOINT OWNER** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**TRUST / ENTITY OWNER** \_\_\_\_\_ Tax ID Number \_\_\_\_\_

**CONTRACT / POLICY NUMBER** \_\_\_\_\_ **ORIGINAL DATE OF ISSUE** \_\_\_\_\_

**EXISTING**  N/A  Lost / Destroyed **POLICY IS:**  Enclosed  Lost / Destroyed  
I hereby declare under penalty of perjury, the above numbered contract has been lost or destroyed and that it has not been delivered to any person having any right, title or interest in it.

**2. TRANSFER / LIQUIDATION INSTRUCTIONS**

**A. AMOUNT**  Full Liquidation  Partial Liquidation Amt \$ \_\_\_\_\_  
**B. TIMING**  Immediately  Upon Maturity Date \_\_\_\_\_  
**C. DEADLINE DATE FOR TRANSFER REQUEST** (if applicable) \_\_\_\_\_

**3. 1035 EXCHANGE / NON-QUALIFIED FUND TRANSFER**

**A. TRANSFER TYPE:**  Non-qualified Fund Transfer  1035 Exchange  
**B. CURRENT ACCOUNT TYPE:**  Life Insurance  Bank CD  Mutual Fund (name) \_\_\_\_\_  
 Non-qualified Annuity  Brokerage Account  Other (specify) \_\_\_\_\_

**4. QUALIFIED FUND TRANSFER / ROLLOVER**

**A. PLAN TYPE: (SELECT ONE)**  Traditional IRA  Roth IRA  SEP IRA  SIM IRA  Inherited IRA  
 401(k)  403(b)  457(b)  Other \_\_\_\_\_  
**B. INVESTMENT VEHICLE:**  Bank CD  Mutual Fund (name) \_\_\_\_\_  
 Brokerage Acct  Other (specify) \_\_\_\_\_

**C. DISTRIBUTION TO NEW ACCOUNT:**  Traditional IRA  Roth IRA  Roth Conversion  Inherited IRA  SEP IRA

**D. DISTRIBUTION DETAILS:**  Trustee to Trustee Transfer  Direct Rollover  Indirect Rollover (complete IRA Indirect Rollover Certification Form)

**E. REQUIRED MINIMUM DISTRIBUTION** (if applicable)  Current carrier should distribute my RMD to me prior to transferring/rolling over my account.  
 Current carrier should transfer the entire amount as other options have or will be made to satisfy my RMD.

**F. INHERITED IRA TO INHERITED IRA**  
(Complete only if transferring Inherited IRA to Inherited IRA)  
**Decedent's** First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Are you the surviving spouse?  Yes  No

**G. RETIREMENT PLAN TO IRA**  
(Complete only if rolling a Retirement Plan to an IRA)  
**This is an eligible distribution from a 401(a), 401(k), 401(3) due to:**  
 Plan Termination  Disability  
 Death  Divorce  
 Over Age 59<sup>1/2</sup>  Separation from Service

