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PRODUCER DISCLOSURE FOR ANNUITIES

1. PRODUCER INFORMATION ("Me", "I", "My")

First Name	МІ	Last Name Suffix B			Busin	Business Phone Number		
Business/Agency Name			Website					
Business Mailing Address		City				State	Zip Code	
Business maning Address						Otato		
Email Address NPN License #						NI	PN License State	
2. CUSTOMER INFORMATION ("Yo	u", "Yo	ur")						
First Name	MI	Last Name		Suffix				
WHAT TYPES OF PRODUCTS CAN I SEI	LL YOU?							
I am licensed to sell annuities to You purchase an annuity, then I believe on the information You have provide meet Your needs.	that it e	effectively meets Your fi	inancial situation, i	nsurance	needs,	and financia	I objectives based	
I offer the following products marke	d below	/ :						
Fixed or fixed indexed an	nuities							
Variable annuities								
Life Insurance								
A separate license is required to proprovide advice about and to sell the					ts. I am	ı licensed an	d authorized to	
Mutual Funds								
Stocks/Bonds								
Certificates of Deposit								
WHICH COMPANIES HAVE AUTHORIZE	D MF T	O SELL THEIR ANNUITIES	S?					
I am authorized to sell at								
I am authorized to sell at				arily sell a	nnuities	s from:		
			· · ·	-				
I am authorized to sell a	nnuities	s from two or more ins	urers.					

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HOW I'M PAID FOR MY WORK:

Depending on the particular annuity You purchase, I may be paid a commission or a fee.

Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

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Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

Commission is usually paid by the insurance company but can be paid by other sources. If other sources are paying the commission, that is described below:

Fees may be a fixed amount, an hourly rate, or a percentage of Your payment for the annuity. Fees are usually paid directly by the customer.

Compensation paid by other sources described below:

In addition to the compensation described above, I may also receive other indirect compensation resulting from this transaction (sometimes called "non-cash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

If You have questions about the compensation I will be paid for this transaction, please ask Me.

By signing below, You acknowledge that You have read and understand the information provided to You in this document.

Producer Name Producer Signature Date

Applicant/Owner Name
Applicant/Owner Signature
Date

Joint Owner Name
Joint Owner Signature
Date

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