

**INVESTORS HERITAGE** *Life Insurance Company*

PO Box 717  
Frankfort Kentucky 40602

**CONSENT AGREEMENT**

We, the undersigned, who are the father and mother of

\_\_\_\_\_  
(PROPOSED INSURED)

minor, do hereby give our full consent to the issuance, and continuance in force of Policy Number \_\_\_\_\_ issued by the Investors Heritage Life Insurance Company, Frankfort, Kentucky, on the life of said minor; said minor; said Policy having been issued upon the application made by:

\_\_\_\_\_  
(NAME OF APPLICANT)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

who is the

(RELATIONSHIP)

of said minor, and we hereby authorize The Investors Heritage Life insurance Company to pay the benefits and/or proceeds under said policy to the person or persons entitled thereto according to the terms of said policy, and any riders or attachments thereto.

Witness our hands this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(SIGNATURE OF FATHER)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(SIGNATURE OF MOTHER)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)