

Security National

Family of Life Companies



COVID-19 QUESTIONNAIRE

P.O. Box 57220 | Salt Lake City, UT 84157-0220

Phone (801) 264-1060 | Toll Free (800) 574-7117 | Fax (866) 422-0009

COVID-19 Questionnaire Rules:

1. Questionnaire is only required on full benefit or first day coverage applications.
2. No questionnaire is required on full benefit applications under the age of 65.
3. If either question on the questionnaire is answered "yes" then we postpone the application for 25 days.

Name of Proposed Insured (please print): _____

Name of Owner (please print): _____

Application Date: _____

If the answer to any of these questions is "Yes", submission of the insurance application will be postponed for 25 days and subjected to further review.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Within the past 30 days has the proposed insured been examined, diagnosed, treated, been given medical advice, tested positive, or tested without results regarding COVID-19 by a member of the medical profession? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Within the past 30 days has the proposed insured been quarantined or self-isolated based upon the advice of a member of the medical profession regarding Covid-19? | <input type="checkbox"/> | <input type="checkbox"/> |

To the best of my knowledge, the answers to the above questions are true and complete. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Proposed Insured's Signature

Date

**PRENEED FUNERAL CONTRACT
(INSURANCE FUNDED)**

THIS PRENEED CONTRACT IS NOT INSURANCE; HOWEVER, PRENEED CONTRACTS AND CONTRACT SELLERS ARE SUBJECT TO REGULATION BY THE COLORADO DIVISION OF INSURANCE.

1. **PARTIES:** This contract is entered into this _____ day of _____, 20____, between **SECURITY NATIONAL FUNDING COMPANY** ("Contract Seller") and _____ ("Contract Buyer") for the selection of funeral merchandise and services as described below.

2. **DEFINITIONS:** "Cash Advances" means consideration paid by the Contract Buyer which can be used at time of need to purchase ancillary merchandise or services, the prices of which have not been guaranteed by this preneed contract.

"General Provider" means any entity which agrees to provide merchandise or services for use upon the death of the Preneed Contract Beneficiary.

"Insurance Company" refers to **SECURITY NATIONAL LIFE INSURANCE COMPANY** and the term "Insurance Policy" refers to the Insurance Policy identified in the Assignment of Insurance Benefits ("Assignment") entered into by the Contract Buyer.

"Preneed Contract Beneficiary" means the person for whom this prearrangement is made.

"Preneed Contract Price" means the consideration to be paid by the contract Buyer for the price guaranteed items and cash advance items listed in the attached Statement of Funeral Merchandise and Services Selected.

3. **GENERAL PROVIDER (If other than Contract Seller):** The guaranteed merchandise and services listed in the Statement of Funeral Merchandise and Services Selected will be provided by:

Name of Funeral Home

Funeral Home Address

4. **STATEMENT OF FUNERAL MERCHANDISE AND SERVICES SELECTED:** The attached "Statement of Funeral Merchandise and Services Selected" ("Statement") lists the merchandise and services selected and the price of each item. Contract Seller has provided Contract Buyer its most current general price list and outer burial container price list. Payment of the Preneed Contract Price as shown on the attached Statement will guarantee the performance of the selected items listed in Sections I, II and III of the Statement. Cash Advance merchandise and services which are not included in the preneed contract price guarantee are specifically disclosed in Section IV of the statement.

If the death benefit is less than the Preneed Contract Price and in the event of the death of the Preneed Contract Beneficiary during the first three years of this contract while the assignment of insurance benefits is less than the prevailing price for merchandise or services, the General Provider will provide the merchandise and services as described in the Statement only upon the Contract Seller's receipt of the balance of the prevailing price.

The Preneed Contract Price is paid by the assignment of an Insurance Policy, a copy of which is attached. The Preneed Contract Price is the total of Sections I, II, III and IV of the Statement.

5. **DISCLOSURE STATEMENT:** No claims are made by the General Provider or the Contract Seller as to the merchandise and/or services to the effect that embalming or the use of any merchandise shall delay the decomposition of the remains for a long term or an indefinite time, or that any such merchandise would protect the body from grave-site substances. The only warranties, expressed or implied, granted in connection with merchandise sold with the funeral services are that the merchandise, when delivered, shall be merchantable and fit for its intended purpose.

The Preneed Contract guarantees the price of the items listed in Sections I, II and III of the Statement. The Contract Seller may charge extra for any additional items that are requested at the time final arrangements are made such as a cemetery lot, opening and closing of the grave, minister's honorarium, organist and vocalists, grave markers, obituary notices, sales tax, etc. Cash Advances under Section IV of the Statement may be used at the option of the Preneed Contract Beneficiary's legal representative to pay some or all of the price of the non-guaranteed items. Unexpended Cash Advances shall be refunded to the Contract Buyer and may not be used to subsidize the price guaranteed items in Section I, II or III of the Statement.

6. **THIS CONTRACT IS COMPLETE:** All of the terms and conditions of this agreement are contained in this Preneed Contract, the attached Statement and the General Provider Agreement (if applicable) and cannot be amended except by a later written agreement signed by the Contract Seller, the Contract Buyer, and the General Provider if the obligations of the General Provider are changed by the amendment.

CONTRACT BUYER: Retain a copy of this contract for your records. Be certain that the Statement of Funeral Merchandise and Services and General Provider Agreement (if any) are attached).

7. **PAYMENT OF DEATH BENEFITS:** After the General Provider provides the merchandise and services listed in the Statement, the Contract Seller may demand and receive payment of the assigned benefit from the Insurance Company.

Any death benefit in excess of the assigned death benefit of the Insurance Policy will be paid to the Insurance Policy beneficiary or the beneficiary's estate by the Insurance Company.

The Contract seller may require any assignment, which has been reduced in value by action of the policy owner to be returned to full value. Contract Seller may terminate this contract upon Contract Buyer's failure to return the assignment to full value upon Contract Seller's request.

8. **LIMITATIONS ON MERCHANDISE PROVIDED:** The General Provider will provide merchandise that fits the description given in Section II of the Statement or which is of equivalent quality. This contract does not call for any particular brand of casket or vault unless specified in the Statement.
9. **NOTICES IN WRITING:** All notices must be in writing at the address given below. Either party may give the other a new address for notice in writing.
10. **CANCELLATION OR DEFAULT:** This contract may be canceled by the Contract Buyer or the personal representative or next-of-kin of the Preneed Contract Beneficiary at any time before the General Provider performs the services or provides the merchandise listed in the Statement. Cancellation of this contract will automatically cancel the Assignment of Insurance Benefits. Upon cancellation, the Insurance Policy will remain in effect unless Contract Buyer elects to cancel the Insurance Policy. Such cancellation will be subject to the terms of cancellation and refund set forth in the Insurance Policy.
11. **PERFORMANCE BY GENERAL PROVIDER:** Upon the death of the Preneed Contract Beneficiary, the personal representative or next-of-kin of the Preneed Contract Beneficiary may, at any time before the General Provider performs the services or provides the merchandise listed in the Statement, cancel this contract. If no request for performance of the preneed contract has been received by the Contract Seller from the next-of-kin or legal representative of the Preneed Contract Beneficiary within 168 hours after the death of the Preneed Contract Beneficiary, the Contract Seller shall cause contracted services to be performed and contracted merchandise supplied in the manner provided in the Preneed Contract, and, upon the performance of such services and provision of such merchandise, liability under the Preneed Contract shall be conclusively deemed terminated.
12. **SUBSTITUTION OF GENERAL PROVIDER:** In the event the General Provider is unable to perform pursuant to any General Provider agreement with Contract Seller, Contract Seller shall immediately notify Contract Buyer. Contract Seller may substitute a new General Provider at no additional cost with Contract Buyer's written consent. If Contract Buyer refuses to consent to the substitution of a new General Provider, this contract shall terminate and the Assignment of Insurance Benefits shall be void.
13. **CONFORMITY WITH LAW AND CHOICE OF LAW:** In the event this Preneed Contract does not conform with any state or federal statutes or regulations, such statutes or regulations shall prevail. If any part of this contract is found by a court of competent jurisdiction to be illegal or unenforceable, the remainder of the contract shall remain in effect, unless performance hereunder is rendered impossible. This contract is governed by the laws of the State of Colorado.
14. **NAME OF THE CONTRACT BENEFICIARY:** The beneficiary for whom this prearrangement is made is:

Beneficiary

Relationship to Contract Buyer

15. **RIGHT OF RESCISSION ("FREE LOOK"):** Contract Buyer may rescind this contract. Rescission must be in writing and must be either hand delivered or postmarked by the United States first class mail, postage paid, to Contract Seller at its address for notice within seven days of the date of this contract in Section I, above.

CONTRACT BUYER

Printed Name: _____

Address: _____

Signature: _____

Phone: _____

CONTRACT SELLER

Printed Name: _____

Address: _____

Signature: _____

Title: _____

Phone: _____

The General Provider, its heirs, assigns or duly authorized representatives agree to provide the merchandise and services listed above, following the death of the Preneed Contract Beneficiary. The General Provider agrees to provide the funeral merchandise and services in accordance with the terms and conditions of this Preneed Contract.

GENERAL PROVIDER

Printed Name: _____

Address: _____

Signature: _____

Title: _____

Phone: _____

GENERAL PROVIDER AGREEMENT

THIS AGREEMENT is made this ____ day of _____, 20____, by and between SECURITY NATIONAL FUNDING COMPANY ("Contract Seller") and _____, ("General Provider") upon the terms and conditions and for the purpose set forth below:

1. Contract Seller is authorized to do business in the State of Colorado for the purpose of engaging in the sale of Preneed Contracts for the provision of funeral goods and services to the general public.
2. The General Provider, its heirs, assigns, or duly authorized representative, does hereby agree to provide all merchandise and perform all services, including cemetery operations, set forth in the Preneed Contract to which the agreement is attached, providing said contract is signed and approved by an authorized representative of the Contract Seller.
3. The General Provider shall perform the contract services and provide the merchandise specified in the Preneed Contract between the Contract Seller and the Contract Buyer, under any fully paid preneed contract, without recourse against the Contract Buyer or his or her heirs, assigns, or duly authorized representatives.

CONTRACT SELLER

SECURITY NATIONAL FUNDING COMPANY

Attn: Policy Issue Department
P.O. Box 57220
Salt Lake City, Utah 84157-0220
Telephone: (801) 264-1060
Fax: (866) 422-0009

GENERAL PROVIDER

Address: _____

Telephone: _____
Fax: _____

Contract Seller Representative Signature
Title: _____

General Provider Representative Signature
Title: _____

ASSIGNMENT OF INSURANCE BENEFITS

**SECURITY NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 57220, Salt Lake City, Utah 84157-0220**

Name of Insured (Please Print)

Policy Number and Preneed Contract

Assignment

Policyowner hereby assigns the death benefit of the above-referenced life insurance policy. This assignment is made to the Contract Seller identified below after evidence is provided to the insurance company that the goods and services have been provided as specified in the Preneed Contract dated _____, 20____. This assignment is additionally limited to the prevailing price of the contractual services and merchandise, as contained in the preneed contract, at the time of need.

If funeral services and merchandise as specified in the Preneed Contract are not provided by the Contract Seller identified below, or his successor or assigns, the death benefit of the life insurance coverage will be paid to the beneficiary designated in the insurance policy.

CONTRACT OPTIONS [Policyowner to Initial Option Selected]

Policy owner is the only owner of this Policy and has not transferred the rights to receive the assigned death benefit under the Policy to anyone by the named beneficiary.

_____ **Option 1, Irrevocable Assignment:**

1. Unless the Preneed Contract is rescinded, cancelled or terminated pursuant to its terms, during the lifetime of the Preneed Contract Beneficiary, this assignment is permanent and cannot be revoked. Policy owner may name a new beneficiary under this Policy.
2. Upon the death of the Preneed Contract Beneficiary, this assignment of death benefits may be cancelled by the legal representative or next-of-kin of the Preneed Contract Beneficiary.

_____ **Option 2, Revocable Assignment:**

Policyowner may cancel this Assignment at any time before the death of the Preneed Contract Beneficiary for any reason. Following the Preneed Contract Beneficiary's death, Policyowner or the legal representative or the survivors of the Preneed Contract Beneficiary may also cancel this Assignment at any time before the items indicated in the Statement of Funeral Merchandise and Services Selected are actually provided. Any cancellation, however, must be in writing to both the Contact Seller and to the Insurance Company.

SECURITY NATIONAL FUNDING COMPANY
P.O. Box 57220 | Salt Lake City, UT 84157-0220

Policy Owner's Name: _____

Signature: _____ Date: _____

Address: _____

Phone: _____

Licensed Insurance Agent's Name: _____ Date: _____

Signature: _____ Agent #: _____

Address: _____

Phone Number: _____

STATEMENT OF FUNERAL MERCHANDISE AND SERVICES SELECTED

This Statement of Funeral Merchandise and Services Selected is made part of the Preneed Contract between:

_____ and Security National Funding Company, dated: _____
 Contract Buyer Contract Seller

Merchandise and Services are to be provided by _____ (General Provider).

RETAIL PRICE of MERCHANDISE and SERVICES

Section I: GUARANTEED SERVICES	Section II: GUARANTEED MERCHANDISE																																		
<p>Embalming: If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charge you for embalming, we will explain the reasons in writing below*: * _____ _____ _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Embalming Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Cremation Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other Preparation</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Use of Facilities/Staff/Equipment for:</td><td></td></tr> <tr><td>Visitation _____ days @ _____/day</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Funeral / Memorial Service</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Graveside Services</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Transfer of Deceased (_____ miles)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Family Car(s) # _____ @ \$ _____ ea.</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Hearse</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Escort</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Forwarding of Remains</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Utility Vehicle / Flower Van</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other Services/Facilities/Equipment (specify):</td><td></td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>_____</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>TOTAL SECTION I GUARANTEED SERVICES: \$ _____</p>	Embalming Fee	\$ _____	Cremation Fee	\$ _____	Other Preparation	\$ _____	Use of Facilities/Staff/Equipment for:		Visitation _____ days @ _____/day	\$ _____	Funeral / Memorial Service	\$ _____	Graveside Services	\$ _____	Transfer of Deceased (_____ miles)	\$ _____	Family Car(s) # _____ @ \$ _____ ea.	\$ _____	Hearse	\$ _____	Escort	\$ _____	Forwarding of Remains	\$ _____	Utility Vehicle / Flower Van	\$ _____	Other Services/Facilities/Equipment (specify):		_____	\$ _____	_____	\$ _____	_____	\$ _____	<p>Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other _____ <input type="checkbox"/> Casket <input type="checkbox"/> Urn <input type="checkbox"/> None \$ _____ Manufacturer: _____ Model # and Design: _____ Exterior Material & Color: _____ <input type="checkbox"/> Wood/Type: _____ <input type="checkbox"/> Bronze <input type="checkbox"/> Copper <input type="checkbox"/> Fiberglass <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Steel/Gauge _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Full Couch <input type="checkbox"/> Half Couch <input type="checkbox"/> Gaskets <input type="checkbox"/> No Gaskets Type of Handles: <input type="checkbox"/> Swing Bar <input type="checkbox"/> Fixed Bar <input type="checkbox"/> No Handles Interior Material & Color: _____</p> <p>Outer Burial Container \$ _____ Manufacturer: _____ Model # and Design: _____ Container Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____ Lining: <input type="checkbox"/> Non-Lined <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Copper <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic <input type="checkbox"/> Adhesive Lining <input type="checkbox"/> Non Adhesive Lining</p> <p>Memorials and/or Monuments \$ _____ Size: _____ Design: _____ <input type="checkbox"/> Marble <input type="checkbox"/> Granite</p> <p>Other Merchandise (specify): _____ \$ _____ _____ \$ _____ _____ \$ _____</p> <p>Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing above.* Any legal, cemetery or crematory requirement that we have represented to you as compelling the purchase of any goods and services is identified above.*</p> <p>TOTAL SECTION II GUARANTEED MERCHANDISE: \$ _____</p>
Embalming Fee	\$ _____																																		
Cremation Fee	\$ _____																																		
Other Preparation	\$ _____																																		
Use of Facilities/Staff/Equipment for:																																			
Visitation _____ days @ _____/day	\$ _____																																		
Funeral / Memorial Service	\$ _____																																		
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Escort	\$ _____																																		
Forwarding of Remains	\$ _____																																		
Utility Vehicle / Flower Van	\$ _____																																		
Other Services/Facilities/Equipment (specify):																																			
_____	\$ _____																																		
_____	\$ _____																																		
_____	\$ _____																																		

Section III: GUARANTEED INTERMENT RIGHTS:

Interment Rights (Including endowment care of \$ _____) \$ _____

Description of Interment Rights: Grave No. _____ Crypt No. _____ Section No. _____ Block No. _____
 Tier No. _____ Developed _____ Undeveloped _____

TOTAL SECTION III - GUARANTEED INTERMENT RIGHTS: \$ _____

TOTAL GUARANTEED FUNERAL PRICE (Sections I, II & III): \$ _____

Section IV: CASH ADVANCE ITEMS Non-Guaranteed Items

Non-Guaranteed Cash Advance Items. We charge you for our services in obtaining the items with the boxes marked:

<input type="checkbox"/> Acknowledgement Cards _____ @ \$ _____	\$ _____	<input type="checkbox"/> Other (Specify): _____	\$ _____
<input type="checkbox"/> Obituary Notices _____ @ \$ _____	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Death Certificates _____ @ \$ _____	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Flowers _____ @ \$ _____	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Clergy Honorarium	\$ _____	<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> Music	\$ _____		
<input type="checkbox"/> Shipping Container	\$ _____	Estimated Sales Tax:	\$ _____

TOTAL SECTION IV - CASH ADVANCE ITEMS (Non-Guaranteed): \$ _____

TOTAL PRICE SECTIONS I, II, III & IV: \$ _____

STATEMENT CONSTRUCTION NOTES:

THE **TITLE** AND **FIRST STATEMENT** SHOWN AT THE TOP OF THIS "STATEMENT" OUTLINE **ARE REQUIRED** AND THE "**CONTRACT PURCHASE PRICE**" AS SHOWN IN THIS "STATEMENT" OUTLINE MUST SHOW THE SAME AMOUNT AS IS SHOWN ON THE FRONT PAGE OF THE CONTRACT UNDER ITEM 4 OF THE SFMS (09/2020)-CO.

IF THE SELLER PROVIDES CREMATION, THE CREMATION FEES MUST BE A SEPARATE LINE ITEM UNDER GUARANTEED SERVICES - SECTION I.

INCLUDE THE CASH ADVANCE DISCLOSURE REQUIRED BY THE FTC: WE CHARGE FOR OUR SERVICES IN OBTAINING: INCLUDING THE EMBALMING CHARGE DISCLOSURE REQUIRED BY THE FTC.

APPLICABLE **FTC MANDATES** FOR DISCLOSURES AND PRICE GUIDES MUST BE ADDED TO THIS STATEMENT.

NOTICE OF CANCELLATION

DATE OF TRANSACTION: _____

The DATE OF TRANSACTION is the date that the PURCHASER SIGNED the Pre-need Funeral Agreement and Assignment.

You may CANCEL this transaction, without any Penalty or Obligation, within THIRD (3rd) BUSINESS DAY from the above TRANSACTION date.

If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within TEN BUSINESS DAYS following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be cancelled.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale, or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk.

If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your Notice of Cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract.

To cancel this transaction, mail or deliver a signed and dated copy of this Cancellation Notice or any other written notice, or send a telegram to the Funeral Provider, at its address set forth on the Pre-need Funeral Agreement and Assignment, NO LATER THAN MIDNIGHT ON THE THIRD (3rd) BUSINESS DAY AFTER THE DATE THAT THE PURCHASER SIGNED THE PRE-NEED FUNERAL AGREEMENT AND ASSIGNMENT.

I HEREBY CANCEL THIS TRANSACTION.

DATE

PURCHASER'S PRINTED NAME

PURCHASER'S SIGNATURE

RATE SHEET – INSURED MODAL PAY ONLY

Preneed Bump Factor / Face Amount Factor

Age	Factor	Age	Factor	Age	Factor
0-25	1.25	41-45	1.20	61-65	1.05
26-30	1.20	46-50	1.15	66-70	1.03
31-35	1.20	51-55	1.10	71-85	No Bump
36-40	1.20	56-60	1.08	86 and Above Not Available	

Multiply **Funeral Price** by the **Age Factor** above to determine the **Bumped Up Face Amount**

Preneed Premium Factor — Insured Modal Pay Only

Age	3 Pay	5 Pay	8 Pay	10 Pay	Age
0-25	0.02033	0.01374	0.00917	0.00868	0-25
26-30	0.02091	0.01393	0.00964	0.00917	26-30
31-35	0.02147	0.01479	0.01003	0.00964	31-35
36-40	0.02272	0.01517	0.01069	0.01012	36-40
41-45	0.02529	0.01718	0.01251	0.01146	41-45
46-50	0.02721	0.01813	0.01384	0.01202	46-50
51-55	0.02949	0.01986	0.01517	0.01298	51-55
56-60	0.03208	0.02177	0.01689	0.01403	56-60
61-65	0.03302	0.02243	0.01813	0.01517	61-65
66-70	0.03617	0.02462	0.02014	0.01633	66-70
71-75	0.03876	0.02634	0.02233	0.01766	71-75
76-80	0.04114	0.02863	0.02424	0.01948	76-80
81-85	0.04296	0.03150	0.02844	0.02462	81-85

Multiply **Face Amount** by the **Payment Factor** above to determine the **Monthly EFT Premium**

NOTE: Add \$3.00 to the Monthly EFT Payment if billing by Monthly Direct Bill or Credit Card

Annual Payment	
Multiply the Monthly Payment by 12 (One Month Savings)	
Semi-Annual Payment	Quarterly Payment
Multiply the Monthly Payment by 5.75 (1/2 Month Savings)	Multiply the Monthly Payment by 3

EXAMPLE: A 60 year old applies for an 8 Pay Insured Plan with a \$5,000 funeral.

Step One: Determine Policy Face	Funeral Contract x Bump Factor = Policy Face \$5000 x 1.08 = \$5,400
Step Two: Determine Monthly Premium	Policy Face x Premium Factor = Monthly Premium \$5,400 x .01609 = \$86.89
Step 3: Adjust for Payment Type & Schedule	Monthly Premium + Direct Bill/Credit Card \$86.89 + \$3 = \$89.89

Application for:

- Individual Life Insurance
Individual Annuity Insurance



SECURITY NATIONAL LIFE INSURANCE COMPANY

P.O. Box 57220, Salt Lake City, Utah 84157-0220 • Telephone: (801) 264-1060 or Toll Free: 1 (800) 574-7117

LEAD SOURCE: Mailer Referral Family Service Bookmark iRegister Telemarket Other

Name of Proposed Insured/Annuitant (Print) Birthdate (mm/dd/yy): / / Age: Gender:
First: Middle Initial: Last:
Address: City: State: Zip:
Telephone Number: Social Security Number/TIN:

Owner (if other than Proposed Insured/Annuitant):
Address: City: State: Zip:
Telephone Number: Relationship:

Payor (if other than Proposed Insured/Annuitant):
Address: City: State: Zip:
Telephone Number: Relationship:

Primary Beneficiary: Relationship:

Answer all Medical Questions for the Proposed Insured to determine Plan eligibility. (see Plans below) Yes No
1. Are you now receiving hospice care, a patient in a hospital of any kind, been advised by a licensed member of the medical profession to be hospitalized or confined to a bed? Have you been medically diagnosed, tested or treated by a licensed member of the medical profession with having a terminal illness resulting in death within the next 12 months?
2. Have you been diagnosed by a licensed member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for HIV? Have you been diagnosed, treated or prescribed medication by a licensed member of the medical profession for Alzheimer's or dementia?
3. In the past 5 years have you been diagnosed, tested positive for, treated or prescribed medication by a licensed member of the medical profession for any of the following:
seizure disorders lung disorder alcohol or drug abuse brain or neurological disorder, stroke or tumor
kidney disorder or dialysis organ transplant treated in a nursing facility diabetes in combination with high blood pressure
heart disease or condition circulatory disorder liver disorder, including hepatitis mental disorder, down syndrome or depression
amputation due to disease Parkinson's disease cancer, except basal cell skin disorder

Dollar for Dollar Plan: Full Benefit Limited Benefit Annuity
Answers to all medical questions must be "No".
Answers to medical questions 1 & 2 must be "No".
No medical questions required.

Funeral Price \$ Face Amount \$ Billing Mode: EFT* Direct Bill Credit/Debit Card*
Initial Payment \$ Periodic Payment Amount \$
*Complete the EFT/CC Information/Authorization below.

Draft Upon Approval: Yes No Payment Mode: Monthly Quarterly Semi-Annual Annual Bill Date: month/day (1st - 28th): / /

Electronic Funds Transfer (EFT) Information/Authorization - Checks must be made payable to Security National Life Insurance Company.
Name of Bank: Account Number: Routing Number: Checking Savings
Credit Card Number: Expiration Date: CVV: VISA MasterCard Discover AMEX
I authorize SNL to initiate debit entries to my checking or savings account, or credit/debit card account indicated above. I authorize the financial institution (bank) named above to debit my account for payment of my SNL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.
Account Holders Name: Account Holders Signature:

Replacement: Do you have an existing life insurance policy or annuity contract? Yes No
If "Yes", please fill out and submit the notice regarding the replacement of life insurance or annuities.

Agreement/Authorization - I have read the questions and reviewed the answers shown above. They are complete and true to the best of my knowledge. I understand that the agent does not have the authority to waive any answers I have given. No Insurance shall take effect until the premium has been paid and a policy has been issued while the insured is living. If the medical questions were answered, I then authorize my doctor, hospital or related facility, pharmacy benefit manager, insurance company, person or organization, having records of me or my family to give to Security National Life Insurance Company and its representatives any such information. Such records or information will be used by Company personnel to determine eligibility for insurance and/or benefits. There may be certain circumstances under which the information received may be disclosed to third parties who are not subject to the regulations under federal health privacy law. A reproduction of this authorization shall be valid as the original. This authorization shall be valid for 2 years from the date signed, as permitted by applicable law in the state where the policy is issued for delivery. This authorization may be revoked upon submission of a written notice to the Home Office.
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
Signed at: City State: Signed Date (mm/dd/yy): / /
Proposed Insured's/Annuitant Signature: Owners Signature (if different):

Agent's Statement - Is the applicant replacing an existing life insurance policy or annuity contract? Yes No
I certify to the best of my knowledge that all medical questions asked in this application are true and complete. The signature of the Proposed Insured/Annuitant is what they are represented to be and were signed in my presence.
Agent's Signature: Agent's Printed Name: Date (mm/dd/yy): / /
Agent #: Funeral Home Name:

HOME OFFICE ADDITIONS OR CORRECTIONS:

Conditional Premium Receipt

THIS RECEIPT PROVIDES COVERAGE ONLY IF CONDITIONS BELOW ARE MET

The company hereby acknowledges receipt of the initial premium from the proposed insured for which an application for insurance is made to Security National Life Insurance Company on the date of application and for the premium collected as shown on the reverse side.

Conditions of Life Insurance Coverage

(Please read carefully)

Subject to the limitations of this receipt and the terms and conditions of the policy that may be issued by the company on the basis of the application, the life insurance and any additional benefits applied for will not be deemed to take effect unless the company, after investigation and such medical examination (if any) as it may require, is satisfied that on the date of the application the person proposed for insurance was insurable for the amount of life insurance and any additional benefits applied for according to the company's rules and practice of selection; provided, however, that approval by the company of the insurability of the proposed insured for a plan of insurance other than that applied for shall not invalidate the terms and conditions for the receipt relating to life insurance and any other additional benefit applied for.

The amount received shall be refunded if the application is declined or if a policy is issued other than as applied for and is not accepted. Any check, draft, or money order is received subject to collection.

Security National Life Insurance Company or its reinsurers may also release limited information in its file to other properly authorized life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

Electronic Funds Transfer (EFT)

Authorization Agreement to Security National Life Insurance Company (SNL)

I authorize SNL to initiate debit entries to my checking or savings account, or credit/debit card account indicated above. I authorize the financial institution (bank) named above to debit my account for payment of my SNL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.

TERMS AND CONDITIONS

1. This arrangement may be terminated with respect to any or all contracts listed below by SNL or by me upon written notice to the other party. Until such notice is actually received by SNL, SNL shall be fully protected in drawing the EFT.
2. I understand that if any EFT is dishonored by my bank, and if any monthly amount due SNL is not paid within the time stipulated on the contract, the contract shall lapse except as otherwise provided therein.
3. During the continuance of this arrangement SNL shall not be required to send any payment notices on any contract I have authorized to be included hereunder.
4. If I change banks or bank accounts and I want to continue using EFT, I must sign a new Authorization Agreement.
5. This Authorization shall not be effective for any contract for which application is pending until such contract is actually issued.
6. I will pay a returned-item fee as specified by the bank or SNL for any debit entry that is returned to SNL for insufficient funds.



Security National Life Insurance Company

P.O. Box 57220 | Salt Lake City, UT 84157-0220

Phone (801) 264-1060 | Toll Free (800) 574-7117 | Fax (866) 403-5365

Email Collection Form

Insured's Name

Insured's Email Address

Payor's Name

Payor's Email Address

Owner's Name

Owner's Email Address

Agent's Name

Agent's Email Address

Agent's Name

Agent's Email Address

Funeral Home Representative's Name

Funeral Home Representative's Email Address

Child and Pet Supplemental Benefits

(This is NOT an INSURANCE POLICY. These benefits are NOT GUARANTEED)

_____ (“Purchaser”) is applying for a pre-arranged funeral contract which incorporates a Statement of Funeral Goods and Services (“Funeral Contract”). Subject to the terms and conditions of the Funeral Contract, the following additional benefits may be provided at **no additional cost**:

Child Disposition Supplemental Benefit:

In the event of the death of a **child, stepchild, grandchild, step-grandchild, great grandchild, or step-great grandchild** of the Purchaser (hereinafter collectively “Child”), and if:

1. At the time of the Child’s death the Child had attained his/her 1st anniversary birthday, had not attained his/her 18th anniversary birthday, and had never married;
2. At the time of the Child’s death the Purchaser is still living;
3. The deceased Child’s funeral services and merchandise are provided by: _____ (“Funeral Home”); and
4. All of the terms and conditions listed on the reverse side of this page are also met;

Purchaser may be provided with funeral services and merchandise for the deceased Child (“Child Benefit”). The funeral services and merchandise shall be as similar as is possible to those being purchased in the Funeral Contract. Any casket provided shall be appropriate for the age of the deceased Child.

The maximum amount of the Child Benefit shall be the lesser of (i) the total amount of premium paid on the insurance policy or annuity contract which funds the Funeral Contract (“Policy”) at the time of the Child’s death, (ii) the price of the funeral services and merchandise selected in the Funeral Contract, or (iii) \$5,000.

If multiple Child Benefits are applicable to the Child they may not be aggregated and only one of the Child Benefits will be provided. In such event the Purchasers of the Funeral Contracts must agree upon which one of the Child Benefits will be provided.

Initial here to confirm you have read and understand this _____.

Pet Disposition Supplemental Benefit:

In the event of the death of a canine or feline pet (“Pet”) of the Purchaser, if:

1. The disposition of the Pet is handled by a licensed veterinarian or professional animal disposition service;
2. The Purchaser is living at the time of the Pet’s death; and
3. All of the terms and conditions set forth on the reverse side of this page are also met;

Purchaser may be reimbursed for up to \$150 of the costs of the professional disposition services for the deceased Pet (“Pet Benefit”).

The maximum amount of the Pet Benefit shall be the lesser of (i) the total amount of premium paid on the Policy at the time of the Pet’s death, or (ii) \$150.

If multiple Pet Benefits are applicable to the Pet, they may not be aggregated and only one of the Pet Benefits will be provided. In such event the Purchasers of the Funeral Contracts must agree upon which one of the Pet Benefits will be provided.

Acknowledgement

By signing below, I acknowledge that I have read and understand all of the terms and conditions of the Child Benefit and Pet Benefit set forth above and on the reverse side of this page.

Signed this _____ day of _____, year 20_____.

Purchaser _____

Selling Agent _____

Funeral Home Representative _____

THE CHILD BENEFIT AND PET BENEFIT HAVE NO CASH EXCHANGE VALUES, ARE NOT GUARANTEED OR TRANSFERABLE, AND MAY BE MODIFIED, SUSPENDED OR CANCELLED AT ANY TIME.

Child and Pet Supplemental Benefits continued.

The Child Benefit is further conditioned upon and subject to the following:

- 4(a). Purchaser must not have been in default on any payment of premium on the Policy for any period of more than 30 days at any time;
- 4(b). At the time of the Child's death, the Child must have been permanently residing with the Purchaser or with a child, stepchild, grandchild or step-grandchild of the Purchaser;
- 4(c). At the time of the signing of the Funeral Contract, the Child must NOT have been under the care of a licensed medical practitioner for any chronic or critical disease or ailment;
- 4(d). Taxes and other outside costs, including payments made by a third-party provider, shall not be reimbursed;
- 4(e). The Child Benefit is limited to services and merchandise as similar as is possible to the services and merchandise identified on the Funeral Contract, but shall not include any cash advance items or items provided by a third party;
- 4(f). The Child's death must not be a result of suicide or homicide by a member of the Child's immediate family;
- 4(g). The Child's death must not be a result of an act of war, declared or undeclared;
- 4(h). The Child's death must not be a result of a natural disaster, declared or undeclared; and
- 4(i). In the event that the Funeral Contract is cancelled for any reason whatsoever, this Child Benefit shall be null and void.

The Pet Benefit is further conditioned upon and subject to the following:

- 3(a). At the time of the signing of the Funeral Contract, the Pet must NOT have been under the care of a veterinarian for any chronic or critical disease or ailment;
- 3(b). Purchaser must not have been in default on any payment of premium on the Policy for any period of more than 30 days at any time;
- 3(c). Taxes and other outside costs, including payments made by a third-party provider, shall not be reimbursed;
- 3(d). The Pet's death must not be caused by a natural disaster, declared or undeclared;
- 3(e). This Pet Benefit applies only to the professional disposition costs for the deceased Pet incurred after the Pet's death and does not cover any other expenses, such as veterinarian services relating to injury or illness;
- 3(f). In the event the Funeral Contract is cancelled for any reason whatsoever, the Pet Benefit shall be null and void; and
- 3(g). This Pet Benefit is subject to a lifetime limitation of three (3) deceased Pets.