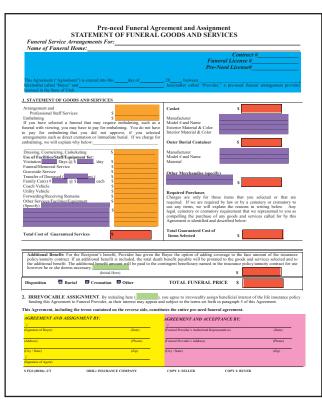
SECURITY NATIONAL LIFE CONTRACT BROCHURE

The Statement of Funeral Goods and Services (Utah)

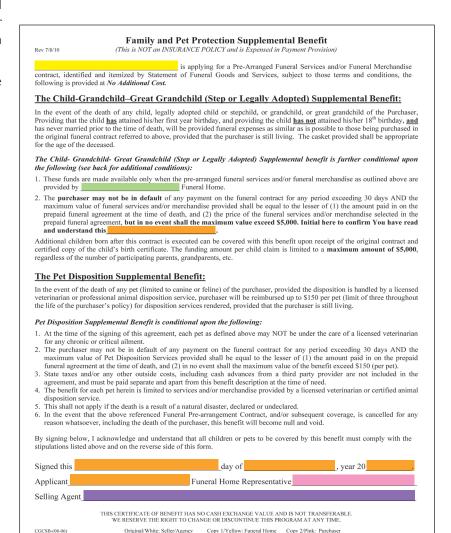
- I. The Agreement Section (BLUE) must include the contract number, the funeral license number, and the preneed license number. The date and name of buyer and provider must also be completed.
- 2. All the selected goods and services must have a numerical amount written in the space provided in (ORANGE). Also, the values cannot contain the words "estimate," "approximately," or "towards" because these have the potential to be challenged or misconstrued when the contract becomes atneed. Then, all dollar amounts must then be totaled and the exact cost displayed in each of the spaces provided in (RED). The absolute total funeral price must be listed in the space labeled "Total Funeral Price." (RED)
- 3. Items that have been changed, scratched through or marked out MUST have the policy owner's initials beside them.
- 4. All goods and services selected that include a space for a description must be described explicitly and accurately. (e.g. "How many days will there a visitation and at what price per day" OR "What type of casket is being purchased.") Any boxes provided must be checked to accurately reflect the choices of the insured: for example the check-boxes for disposition and the casket (PURPLE).
- 5. Additional Benefit Section (GREEN):

 If the purchaser chooses to add coverage to the face amount

 of the policy/annuity contract they must initial in the space provided (GREEN). Then the total additional amount of
 coverage must be listed in the space provided (RED).
- 6. Irrevocable Assignment (GREEN) This waves the owner's right to cancel the policy and receive cash value. This is the preferred option as it prevents the policy backing the preneed contract from being viewed as an asset by any firms evaluating the owner's holdings.
- 7. Agreement and Assignment By (YELLOW) The signature of the purchaser and date must be filled out (dates on the contract and application must be the same), mailing address and the name and address of the contract insured (if other than the purchaser).
- **8.** Agreement and Acceptance By (PINK) The signature of the funeral provider's authorized representative and date must be filled out, and the funeral home's mailing address and agent's signature.



- "In consideration that" (YELLOW) is where the name of the person for whom the prearranged funeral is for and that same person is identified by the Statement of Goods and Services on the pre-paid funeral contract.
- 2. Listed as #2 on the Supplement Form and in (GREEN), the name of the funeral home that is providing the prearranged funeral must be listed here. It will also be the same funeral home that is identified on the Statement of Funeral Goods and Services of the pre-paid funeral contract.
 - Listed as #3 on the Supplement Form and in (ORANGE) is where the applicant should initial that he/she understands the specific death benefit of the Child-Grandchild-Great Grandchild Supplement. Also in (ORANGE) at the bottom of the page is where the applicant will sign to participate in the Supplement.
- 3. Identified in (PINK) is where the funeral home representative or funeral director or funeral home owner will counter-sign the Supplement.
- 4. The selling agent will sign in the space marked in (PURPLE).



Original/White: Seller/Agency Copy 1/Yellow: Funeral Home Copy 2/Pink: Purchase

The Application Page

- I. Proposed Insured/Owner (ORANGE) should include name, date of birth, age, sex, social security number and mailing address of the proposed insured. Section 1 (ORANGE) should also provide the name of the owner or payor (if different than proposed insured), relationship to insured, email address and mailing address. The premium notice will be sent to the owner/payor address if other than the proposed insured.
- 2. **Beneficiary** (ORANGE) should include the name of the beneficiary and the relationship to the insured.

☐ Individual Annuity Insurance				vice Bookmark			
Name of Proposed Insured/A					_ Age:	Gender:	_
	M	iddle Initial:	_Last:				_
Address: Telephone Number:		City: Social Secur	itu Numbor/TII	uli:	State:	Zip:	
			ity (Validoli/ I ii	ν.			
Owner (if other than Proposed Insure Address:	d/Annuitant):	City			State:	7in:	-
Telephone Number:		City:		Relationship	_ Otato	гр	
Payor (if other than Proposed Insured	d/Annuitant):						
Address:		City:			_State:	Zip:	
Telephone Number:							
Primary Beneficiary:				Relationship			
illness resulting in death within the n 2. Have you been diagnosed by a licen Complex (ARC), or tested positive fic for Alzheimer's or dementia? 3. In the past 5 years have you been o any of the following. — seizure discorders — kidney disorder or dialysis	ir HIV? Have you been diagn	osed, treated or prescribe	d medication b dication by a lio	y a licensed memb ensed member of t	er of the medical he medical profe or neurological o	Il profession ession for	□ mo
☐ heart disease or condition	☐ circulatory disorder ☐ Parkinson's disease	☐ liver disorder, inclu	ding hepatitis	☐ menta		syndrome or depre	
Dollar for Dollar Plan:	Full Bene				□ 3 Pav □ 5	Pay □8 Pay □	3 10
Answer medical question #1 only. Answ				& 2 must be "No".	□3 Pay □5	Pay □8 Pay □	
□ 1 Pay □ 3 Pay □ 5 Pay □ 10					☐ Single Pay	☐ Flexible	
Funeral Price \$		mount \$		ing Mode: El	FT* Direct FT/CC Informat	Bill Credit/De ion/Authorization be	bit olm
	Doumont Modes						
Draft Upon Approval: ☐ Yes ☐	No Payment Mode:	Quarterly Semi-An	nual 🗆 Annu	al Bill Date:	month/day (1s	t – 28 th):/	
Draft Upon Approval: ☐ Yes ☐ Electronic Funds Transfer (EFT) In	No Payment Mode: Monthly Information/Authorization	Quarterly Semi-An - Checks must be ma	nual Annu de payable to	Security Nation	al Life Insura	= - 28 ⁿ):/ nce Company.	
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3. Plan Selection:

Question 1 (PINK) This section is to be answered if the proposed insured is applying for a Single Pay, Dollar-for-Dollar or Multi-pay product. If the proposed insured answers Question 1 "YES", then an Annuity product will be issued. If the propsed insured answers Question 1 "NO" and wants to apply for an insured product, then they can proceed in answering questions 2 & 3 to determine qualifying product.

- Security National does not consider a nursing home to be a "Hospital" unless the proposed insured is there specifically for: hospital care, receiving hospice care, is bedridden, is not able to perform activities of daily living (ADL) or diagnosed with a terminal illness.
- Proposed insureds who are under age 50 or over age 90 are not eligible for the Dollar-for-Dollar singe pay product - an Annuity product will be issued.
- If the proposed insured is applying for a Dollarfor-Dollar plan, then the number of payment years needs to be selected (1, 3, 5, 10).

Questions 2 and 3 (PURPLE) These questions are to be answered (in addition to Question 1) for proposed insureds applying for an Insured Multi-Pay Product. If all questions (1, 2 and 3) are answered "NO" they will be eligible for a Fully Insured Product ("Full Benefit" should be CHECKED). If Questions 1 and 2 are "NO," but Question 3 is "YES" then the proposed insured will be eligible for a Limited Benefit Product ("Limited Benefit" should be CHECKED). If there are questions with health issues, illness or medications, they need to contact underwriting for direction.

- A selection should be made for either "Full Benefit" or "Limited Benefit". The number of payment years need to be selected. (3, 5, 8 or 10).
- Make sure to CHECK the correct plan.
- If Limited Plan is selected, please mark the appropriate ailment.

- **4. Annuity** (RED) This plan selection is for proposed insured/annuitants that answered Question 1 of this "YES". A selection should be made as either Single Pay or Flexible Pay.
- 5. Coverage Amount (GRAY) should include:
 - The Funeral Contract Amount should reflect the "Total Funeral Price" from the Goods and Services portion of the pre-paid funeral contract.
 - The Initial Face Amount of the policy is the funeral contract plus any applied BUMP from the Premium Rate Sheet or product offering.
 - The Initial Premium Collected reflects a "down payment" towards the funeral contract and insurance policy that backs the pre-paid funeral.
 - The Periodic Payment Amount is the Mode Premium the payor has agreed to pay.
- **6. Initial Payment & Billing Information (GREEN)** should include the following:
 - Billing Mode How the payor would like to pay their premiums: "EFT" (Bank Draft Electronic Funds Transfer [EFT] Information) or Direct Bill.
 *A \$3 fee will be added to the premium on applicable insured products if paid with a credit card or directly billed. A selection should be made as either "EFT", Direct Bill or Credit Card.
 - Payment Mode A selection should be made at what frequency the payor would like to pay their premiums: annual, semi-annual, quarterly or monthly.
 - Bill Date A selection should be made on what date the payor wants Security National Life to withdraw funds from the bank account for the pre-paid funeral.
 - Draft Upon Approval A selection should be made either "Yes" or "No".
 - Initial payments made with check or money order need to be made payable to Security National Life (SNL).

- 7. Electronic Funds Transfer (EFT) Information (GREEN) should be completed when the payor elects EFT as their preferred method of billing.
 - If Credit Card is selected as the preferred method of payment, the Expiration Date and CVV for the card are required.
- 8. Replacement (BLUE) should be answered Yes or No to indicate whether or not the insurance/annuity being applied for will replace any existing policy to fund their funeral. This is also asked again in Section 8 (BLUE). If the insured is replacing an existing policy, the agent must fill out replacement papers and submit it with the application. The policy cannot be issued until we have replacement papers.

9. Agreement (YELLOW)

- City and state where the application was signed and dated.
- Signature of proposed insured/annuitant.
- Proposed insured must sign. If owner is different from insured, the owner must also sign.
- 10. Agent's Statement (YELLOW) In addition to the information listed below, this section also includes another replacement question (BLUE).
 - Agent's signature, printed name and date of application.
 - Agent number and funeral home name.
- II. Lead Source (DARK GREEN) Indicate how the person found out about Security National Life. Make sure to check at least one box. Select Other if not listed.