Security National Life Insurance Company

5300 South 360 West, SLC UT 84123 | P. O. Box 57220, SLC UT 84157-0220

(801) 264-1060 | Toll Free: (800) 574-7117 | Fax: (866) 666-4450

Policy Number: _____ Soc. Sec. #: _____

Insureds Name and Address: _____

Date of Birth: _____ Phone: _____

Owners Name and Address: _____

Soc. Sec. #: _____ Phone: _____

CHANGE OF BENEFICIARY- (Please Mark Primary or Contingent)

I hereby authorize the beneficiary for the policy referenced above to be changed to:

☐ **Primary Beneficiary**

Name: _____ Date Of Birth: _____

Soc. Sec. #: _____ Relationship: _____

Address: _____

Phone #: _____

☐ **Contingent Beneficiary**

Name: _____ Date Of Birth: _____

Soc. Sec. #: _____ Relationship: _____

Address: _____

Phone #: _____

Equally or to the Survivor(s) if more than one is named. This Change of Beneficiary revokes all prior designations made and is subject to all the terms and provisions of the policy, except that I request that any applicable endorsement requirement be waived. This change is to become effective on the date shown below, once the change has been recorded in the Home Office of Security National Life Insurance Company, but without prejudice to the Company on account of any action taken or permitted by the Company before such recording.

☐ **IRREVOCABLE, if checked.**

_____	_____	_____
Signature of Owner	Signature of Witness	Date

RECORDED AT SECURITY NATIONAL LIFE INSURANCE COMPANY

By: _____ Date: _____