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: 866-666-4450

REQUEST FOR SERVICE

Policy Number	Insured	Owner (if other than insured)	Date

☐ 1. CHANGE NAME OF ☐ INSURED ☐ OWNER ☐ PAYOR ☐ BENEFICIARY

From (Former Name)	To (New Name - Please Print)
Reason for Change	If reason is other than a correction, such as marriage or divorce, please attach copy of legal evidence.
Social Security Number	Date of Birth

☐ 2. CHANGE MAILING ADDRESS

☐ Change all SNL Policies ☐ Change only these Policy numbers →	
From (Former Address - Please Print)	To (New Address - Please Print)

☐ 3. CHANGE MODE OF PAYMENT OF PREMIUM TO:

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually In amount of $_____

_____ _____
Representing Company Signature of Owner

SIGN HERE FOR ABOVE REQUEST

I direct that any amendment of the policy requested above be effected by return of this request with the Company's acknowledgement. I agree that the Company may waive any policy provisions requiring presentation of the policy for endorsement, but may require such presentation if desired.

_____ _____
Name of Policy Owner Signature of Policy Owner

The undersigned agrees to the above requests and changes:

_____ _____ _____
Signature of Assignee (If any) Signature of Owner's Spouse Signature of Irrevocable Beneficiary (If any)

-- FOR HOME OFFICE USE ONLY --
ADKNOWLEDGEMENT OF REQUEST FOR CHANGE -- PLEASE ATTACH TO POLICY

The Security National Life Insurance Company has recorded the change requested and retained the original of the request.

Dated at Salt Lake City, Utah _____ By _____