Security National Life Insurance Company
P. O. Box 57220 Salt Lake City, UT 84157-0220
1-801-264-1060 1-800-574-7117 fax 1-866-666-4450

Policy Number: _____ SS #: _____

Insured Name: _____

Insured Address: _____

Date of Birth: _____ Phone #: _____

Owner Name: _____

Owner Address: _____

Phone #: _____ SS #: _____

CHANGE OF OWNERSHIP

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

New Owners Name: _____ Date of Birth: _____

SS #:_____ Relationship: _____

Address: _____ Phone: _____

This Change of Ownership revokes all prior designations made and is subject to all terms and provisions of the policy, except that I request that any applicable endorsement requirements 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 New Owner	Date

Recorded at Security National Life Insurance Company

By_____

Date_____

Please visit www.securitynationallife.com for a complete copy of our Privacy Statement.