



# Security National Life Insurance Company

P. O. Box 57220, SLC UT 84157-0220

(801) 264-1060 | Toll Free: (800) 574-7117 | Fax: (866) 666.4450

## Assignment of Beneficiary Interest

Policy Number: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

New Beneficiary Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Soc. Sec.#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**New Funeral Home:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I the undersigned, being the designated Owner of the above life insurance policy, issued by Security National Life Insurance Company, do assign the interest of the Beneficiary to the above Funeral Service Provider:

**IRREVOCABLE**, if checked.

Signed at \_\_\_\_\_ In \_\_\_\_\_  
Time Place

\_\_\_\_\_  
Signature of Owner Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of New Beneficiary (Required if Irrevocable) Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of New Funeral Home Date: \_\_\_\_\_

**Recorded at Security National Life Insurance Company**

By: \_\_\_\_\_ Date: \_\_\_\_\_

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