



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

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: _____

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