

IRREVOCABLE ASSIGNMENT OF OWNERSHIP

1. **IRREVOCABLE ASSIGNMENT TO FUNERAL HOME/MORTUARY.** The undersigned hereby irrevocably assigns, (**Note:** This form does not assign death benefits to the funeral home.)

transfers, and delivers to _____ the
(Funeral Home/Mortuary)
ownership rights under the policy/certificate insuring the life of _____.
(Insured Name)

Said assignment shall be contingent upon the Funeral Home/Mortuary assigning ownership rights to the Funeral Trust in accordance with paragraph 2 below. I retain the right to change the beneficiary/assignee of the policy/certificate to the funeral home of my choice.

I UNDERSTAND THAT, BY ASSIGNING MY OWNERSHIP RIGHTS TO THE FUNERAL HOME/MORTUARY, I CANNOT SURRENDER MY POLICY/CERTIFICATE FOR THE CASH VALUE OR RECEIVE ANY REFUND FOR ANY PREMIUMS PAID, EXCEPT PRIOR TO THE EXPIRATION OF THE 30 DAY RIGHT-TO-CANCEL PROVISION DESCRIBED IN THE POLICY/CERTIFICATE.

X _____
Signature of Policy/Certificate Owner Date

BOTH SECTIONS MUST BE COMPLETED

2. **IRREVOCABLE ASSIGNMENT TO FUNERAL TRUST.** In accordance with paragraph 1 above and as a representative of the Funeral Home/Mortuary listed above, the undersigned hereby irrevocably assigns, transfers, and delivers to the Funeral Trust, as Nominee, under the Trust Agreement dated March 1, 2008, (conformed copy of which appears on the reverse side hereof), the ownership rights under the policy/certificate insuring the life of the insured as specified above. This Assignment shall be irrevocable and will not be altered, amended, revoked, or terminated, in whole or in part, by the undersigned. The undersigned hereby renounces for himself any interest, either vested or contingent, including any reversionary right or possibility of reverter in and to the policy/certificate assigned to the Funeral Trust, and any power to determine or control, by alteration, amendment, revocation, or termination, or otherwise the beneficial ownership or control, by alteration, amendment, revocation, or termination, or otherwise, the beneficial ownership or control of the policy/certificate.

X _____
Signature of Funeral Home/Mortuary Representative Date

Policy/Certificate Number (to be filled in by Security National Life Insurance Company)

ACCEPTANCE. The Funeral Trust has agreed to accept ownership of the policy/certificate assigned herein. The Funeral Trust shall be deemed to have accepted this assignment upon receipt by the Funeral Trust of a properly executed assignment in the Home Office of Security National Life Insurance Company and upon issuance of the policy/certificate assigned hereunder.