



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
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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

<input type="checkbox"/> Change all SNL Policies	<input type="checkbox"/> Change only these Policy numbers →	
From (Former Address - Please Print)	To (New Address - Please Print)	

3. CHANGE MODE OF PAYMENT OF PREMIUM TO:

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> 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 _____