



SC SNL Guardian Plan - Page 1

(RED) Should include name, gender, date of birth, age, height, weight, mailing address, phone number, email address, social security number, & maiden name (if applicable).

(ORANGE) If owner and/or payor is different than insured complete these sections entirely.

(YELLOW) Primary beneficiary info is required and contingent beneficiary is recommended.

(GREEN) Plan Selection. Enter Plan, Premium Payable, Amount of Premium, Face Amount, and Rider info.

(TEAL) Billing Info. Answer yes/no income question. If payor wants their premium to be drafted immediately upon underwriting approval then choose "Yes" on Draft Upon Approval, otherwise answer "No". Choose either a billing date or 2nd, 3rd, or 4th Wednesday option to coordinate with their pay date.

(LIGHT BLUE) Replacement – Answer replacement question(s) and complete additional replacement forms if required.

(DARK BLUE) Physician Name – Enter the insured's primary care physician contact information.

(PURPLE) Medical Questions – Section I – Answer all health questions.

Application for: SECURITY NATIONAL LIFE INSURANCE COMPANY GUARDIAN PLAN. Includes fields for Name of Proposed Insured, Mailing Address, Proposed Insured's Telephone Number, Email address, Social Security Number/TIN, Maiden name, Owner's Name, Payor's Name, Primary Beneficiary, Contingent Beneficiary, All Premiums are Level, Premium Payable, Base Face Amount, ADB Face Amount, Child Face Amount, Amount of premium paid with the application, Billing Option, Draft Upon Approval, Replacement, Proposed Insured's Physician's Name, and Medical Questions (Section One).

MEDICAL QUESTIONS (Section Two) - Answer all medical questions. MEDICAL QUESTIONS (Section Three) - Answer all medical questions. Includes a table for listing prescribed medications with columns for Medical Question #, Medical Condition(s), Medication(s) - including oxygen, Dosage, and Duration (from/to).

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(RED) Applicant Name and Social Security Number

(ORANGE) Medical Questions – Section 2 and 3 – Answer all health questions.

(YELLOW) Prescriptions – enter all current prescriptions taken and provide all pertinent information to any "Yes" health question(s).



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Application form for SC SNL Guardian Plan - Page 3. Includes fields for Applicant Name, Social Security Number, Prescription Authorization, AGENT'S STATEMENT, and Agent information.

(RED) Applicant Name and Social Security Number

(TEAL) Disclosures & Signatures – City & state where the application was signed, Date of signature of insured, Signature and signature date of owner, if different than insured.

(LIGHT BLUE) Agent's Statement –

Answer 2 questions

- 1. Is the proposed insured a family member of the agent?
2. An additional replacement question.

Agent's signature, printed name, and agent number.

If commissions are being split, both agents must sign the application and provide split information.

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(RED) Applicant Name and Social Security Number

(GREEN) Child Rider – If applying for a Child Rider, provide all information.

(DARK BLUE) Payor Name, Phone, and Address. Enter banking information.

(PURPLE) EFT disclosures. Date and signature of authorized account holder.

(PINK) Conditional Receipt: Payor Name, Date, Cash With App, Agent Signature and Agent Name.

Application form for SC SNL Guardian Plan - Page 4. Includes Child Rider section, PAYOR INFORMATION AND ELECTRONIC FUNDS TRANSFER (EFT) section, and CONDITIONAL RECEIPT section.