

# Security National Life Insurance Company

P. O. Box 57220 Salt Lake City, UT 84157-0220  
1-801-264-1060 1-800-574-7117 fax 1-866-397-9668

Policy Number \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

## CHANGE OF OWNERSHIP

I hereby authorize the ownership for the policy referenced above to be changed to:

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

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

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

This Change of Ownership revokes all prior designations made and is subject to all terms and provisions of the policy, except that I request that any applicable endorsement requirements be waived. This change is to become effective on the date shown below, once the change has been recorded in the Home Office of Security National Life Insurance Company, but without prejudice to the Company on account of any action taken or permitted by the company before such recording.

\_\_\_\_\_ **IRREVOCABLE**, if checked.

Dated at \_\_\_\_\_, this day \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of New Owner

## Recorded at Security National Life Insurance Company

By \_\_\_\_\_

Date \_\_\_\_\_