

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

Notary Signature

Recorded at Security National Life Insurance Company

By _____

Date _____