

SERFF Tracking Number: SENL-125953813 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number: 41150
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: iCare (01/2009)-AR, et al
Project Name/Number: Individual Whole Life/

Filing at a Glance

Company: Security National Life Insurance Company

Product Name: iCare (01/2009)-AR, et al SERFF Tr Num: SENL-125953813 State: ArkansasLH
TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 41150
Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed
Premium - Single Life
Filing Type: Form Co Status: Approved Reviewer(s): Linda Bird
Author: Jeanine Larson Disposition Date: 12/23/2008
Date Submitted: 12/17/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual Whole Life Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 11/26/2008
Requested Filing Mode: Review & Approval Domicile Status Comments: Approved for use.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 12/23/2008 Deemer Date:
State Status Changed: 12/23/2008
Corresponding Filing Tracking Number:
Filing Description:
Re: First Submission: Form Filing iCare (01/2009)-AR, et al
Security National Life Insurance Company
NAIC Company Code: 69485 0454
Federal ID No.: 36-2610791

Dear Commissioner,

SERFF Tracking Number: SENL-125953813 State: Arkansas
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Attached, please find the above-referenced Form Filing for your review and approval; the policy, applications, riders, together with the Actuarial Memorandum, the Flesch/Readability Score Certification and Compliance Certification. We are also submitting the required Form Filing Fees of \$50.00, through EFT in SERFF

Copies of the Arkansas Guaranty Association Letter, Welcome Notice, Arkansas Notice, Important Notice and Buyer's Guide are included with all policies issued.

The following documents are included in this filing:

Form number iCare (01/2009)-AR: this Policy is a traditional whole life insurance product with coverage extending to age 120. The death benefit is a level \$1000 per unit purchased until the date of death, or age 120, at which time the policy endows for the face amount. There are 3 face amount bands. We are including 2 examples of these face amount bands, found on page 3; one showing the lowest face amount band and the other showing a high face amount band. The differences are the riders available. The issue age range is 0 – 85.

Form number iCR18 (01/2009): is a Term Insurance Rider that provides coverage on all the children of the insured who are greater than 30 days and less than 18 years old at the time of issuance of the rider. The coverage expires at age 18 of each covered child.

Form number iCR25 (01/2009): is a Term Insurance Rider that provides coverage on all the children of the insured who are greater than 30 days and less than 18 years old at the time of issuance of the rider. The coverage expires at age 25 of each covered child.

Form number iFPR (01/2009): is a Term Insurance Rider that provides coverage on all the children of the insured who are greater than 30 days and less than 18 years old at the time of issuance of the rider. The coverage expires at age 25 of each covered child. In addition, a decreasing term insurance amount is provided for the spouse of the insured until age 65. Issue ages for the spouse are between 18 and 64.

Form number iWP (01/2009): is a Waiver of Premium Benefit. The age group applying for the iWP is (18 – 55) years of age. In the event the insured becomes totally and permanently disabled before age 65, the benefit provided pays the

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premiums for the policy and its riders for as long as the insured remains disabled.

Form number iCare APP (01/2009)-AR - Home Service: is an application to be used to apply for the iCare (01/2009)-AR policy.

Form number iCare APP (01/2009)-AR - Higher Ed: is an application to be used to apply for the iCare (01/2009)-AR policy.

The iCare (01/2009) policy, riders, and applications have been approved by our domicile State of Utah through the Interstate Insurance Product Regulation Commission on November 26, 2008 and will be marketed on an individual basis by licensed agents of Security National Life Insurance Company.

We will not be filing or using any Life Illustrations with the above mentioned forms.

Thank you for your time and assistance in this matter. Should you need additional information, please feel free to contact me at (800) 574-7117 ext. 1101 or e-mail at jeanine.larson@securitynational.com.

Sincerely yours,

SECURITY NATIONAL LIFE
INSURANCE COMPANY

By: Jeanine Larson, Compliance
Legal Department

Company and Contact

Filing Contact Information

Jeanine Larson, Compliance
5300 South 360 West
Salt Lake City, UT 84123

jeanine.larson@securitynational.com
(800) 574-7117 [Phone]
(801) 265-9882[FAX]

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Filing Company Information

Security National Life Insurance Company
5300 South 360 West

CoCode: 69485
Group Code: 454

State of Domicile: Utah
Company Type: Life, Annuity,
Health and Accident

Suite 250
Salt Lake City, UT 84123
(800) 574-7117 ext. [Phone]

Group Name: N/A
FEIN Number: 36-2610791

State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 policy including applications and riders @ \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security National Life Insurance Company	\$50.00	12/17/2008	24602229

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/23/2008	12/23/2008

SERFF Tracking Number: *SENL-125953813* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41150*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *iCare (01/2009)-AR, et al*
Project Name/Number: *Individual Whole Life/*

Disposition

Disposition Date: 12/23/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Policy		Yes
Form	Application		Yes
Form	Application		Yes
Form	Rider		Yes

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Form Schedule

Lead Form Number: iCare (01/2009)-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	iCare (01/2009)-AR	Policy/Cont ract/Fraternal Certificate	Policy	Initial		66	POLICY - iCare (01-2009)-AR 12-17-08.pdf
	iCare (01/2009)-AR - Higher Ed	Application/ Enrollment Form	Application	Initial		56	APPLICATION - iCare APP (01-2009)-AR higher ed 12-17-08.pdf
	iCare (01/2009)-AR - Home Service	Application/ Enrollment Form	Application	Initial		52	APPLICATION - iCare App (01-2009)-AR HOME SERVICE 12-17-08.pdf
	iCR18 (01/2009)	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Rider	Initial		60	RIDER - iCare-iCR18 (01-2009)-12-17-08.pdf
	iCR25 (01/2009)	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page,	Rider	Initial		60	RIDER - iCare-iCR25 (01-2009)-12-17-08.pdf

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Endorsement or Rider

iFPR (01/2009)	Policy/Cont Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	73	RIDER - iCare-iFPR (01-2009)-12- 17-08.pdf
iWP (01/2009)	Policy/Cont Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	51	RIDER - iCare-iWP (01-2009) 12- 17-08.pdf



SECURITY NATIONAL LIFE INSURANCE COMPANY

5300 South, 360 West, Suite 250, P.O. Box 57220, Salt Lake City, Utah 84157
Telephone: 1-800-574-7117 or 801-264-1060
www.securitynational.com

Use these telephone numbers to present inquiries or obtain information concerning coverage or assistance in resolving complaints.

This policy is a legal contract between the Company and the Owner.

READ YOUR POLICY CAREFULLY

We will pay the Death Benefit of this policy to the beneficiary as provided herein. We must receive at Our Office due proof that the Insured died while this policy is in force. The beneficiary is as stated in the application unless changed in accordance with the provisions contained herein.

The insurance provided in this policy is granted in consideration of the application attached and the payment of the premium due on the Policy Date. The premium is shown in the Policy Data section for the period of time elected in the application. Premiums are required to be paid on or before each succeeding period to keep the policy in force.

All payments made under this policy are subject to the provisions contained herein.

NOTICE OF 30 DAY RIGHT TO EXAMINE THE POLICY

30 DAY RIGHT TO RETURN CONTRACT – If YOU are not satisfied with this Policy, YOU will get a full refund of any premium paid if YOU mail this Policy to US within 30 days of receipt. Notice by mail and return of the Policy take effect on the date postmarked or date returned to an agent of the Company. It will then be considered void from the beginning.

This Policy is signed for the Company at our office, in Salt Lake City, Utah on the Policy Date.

Secretary

President

**WHOLE LIFE INSURANCE
PROCEEDS PAYABLE AFTER THE DEATH OF THE INSURED PRIOR TO THE MATURITY DATE
PREMIUMS PAYABLE DURING THE LIFETIME OF THE INSURED
NONPARTICIPATING
NO DIVIDENDS ARE PAYABLE**

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DEFINITIONS

Age is the age as of the last birthday at the beginning of the policy year.

Maturity Date is the date the policy matures as shown on the Policy Data Page.

Policy Date is the date shown on the Policy Data Page. All policy years, months and anniversaries will be computed from the Policy Date.

We, Us, and Our mean Security National Life Insurance Company.

Written Request means a request in writing in a form satisfactory to Us and recorded at Our Home Office.

You, Your and Yourself means the Owner of this policy as shown in the application or as changed as provided herein.

POLICY DATA PAGE

POLICY NUMBER: 111111

INSURED: Sam Security
OWNER: Sam Security
BENEFICIARY: Sam Security
PAYOR: Sam Security

AGE: [35 Male Non Smoker] **POLICY DATE:** FEBRUARY 05, 2009

DEATH BENEFIT: \$50,000 **MATURITY DATE:** [FEBRUARY 05, 2094]

TOTAL PREMIUM: \$100.23 Monthly **FREQUENCY:** Pre-Authorized Check Monthly

PREMIUM CLASS: Standard **POLICY FORM:** iCare (01/2009)-AR

PLAN: WHOLE LIFE INSURANCE TO THE MATURITY DATE SPECIFIED ABOVE.

COVERAGES

<u>Coverage Description</u>	<u>Benefit</u>	<u>Annual Premium</u>	<u>Years to Pay</u>	<u>Form Number</u>
Whole Life	\$50,000	\$664.00	Lifetime	iCare (01/2009)-AR
Waiver of Premium Rider		\$33.50	25 Years	iWP (01/2009)
Accidental Death Benefit	\$50,000	\$53.00	30 Years	iADB (01/2009)
ADB Waiver of Premium Rider		\$3.00	25 Years	iWP (01/2009)
Family Insurance Rider	\$10,000	\$240.00	30 Years	iFPR (01/2009)
FPR Waiver of Premium Rider		\$12.00	25 Years	iWP (01/2009)
Dependent Child Rider	\$10,000	\$80.00	30 Years	iCR25 (01/2009)
DCR Waiver of Premium Rider		\$4.00	25 Years	iWP (01/2009)

[The Basis of Values is the 2001 Commissioner Standard Ordinary Male/Female Composite/ Smoker/ Non Smoker Mortality Tables, Age last Birthday, with interest at 5.0% per year, compounded annually.]

Premium Schedule

<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Direct Monthly</u>	<u>PAC Monthly</u>
\$1,089.50	\$566.54	\$288.72	\$108.95	\$100.23

TABLE OF GUARANTEED VALUES

Policy Number: 11111
Male – Age 35 Non Smoker

<u>Year</u>	<u>Cash Value</u>	<u>Paid-Up Insurance</u>	<u>Extended Term</u>		<u>Year</u>	<u>Cash Value</u>	<u>Paid-Up Insurance</u>	<u>Extended Term</u>	
			<u>Years</u>	<u>Days</u>				<u>Years</u>	<u>Days</u>
1	\$0.00	\$0	0	0	21	\$10,669.50	\$31,340	23	48
2	0.00	0	0	0	22	11,434.50	32,368	22	340
3	170.50	1,038	2	241	23	12,218.50	33,346	22	252
4	595.00	3,469	7	280	24	13,024.50	34,281	22	152
5	1,037.00	5,797	11	267	25	13,849.50	35,172	22	40
6	1,497.00	8,021	14	264	26	14,691.00	36,018	21	285
7	1,974.00	10,143	16	321	27	15,544.00	36,818	21	157
8	2,468.50	12,165	18	204	28	16,406.00	37,573	21	20
9	2,979.50	14,088	19	294	29	17,275.00	38,286	20	244
10	3,507.00	15,918	20	272	30	18,152.00	38,960	20	96
11	4,052.00	17,658	21	179	31	19,038.50	39,599	19	306
12	4,615.00	19,317	22	36	32	19,937.50	40,208	19	150
13	5,199.00	20,905	22	213	33	20,850.50	40,790	18	349
14	5,807.50	22,431	22	346	34	21,779.00	41,347	18	186
15	6,440.00	23,895	23	70	35	22,721.00	41,879	18	12
16	7,095.50	25,296	23	126	36	23,673.50	42,387	17	209
17	7,773.00	26,632	23	155	37	24,628.50	42,868	17	32
18	8,470.50	27,903	23	159	38	25,580.50	43,321	16	226
19	9,187.00	29,112	23	142	39	26,531.00	43,749	16	47
20	9,920.50	30,257	23	105	40	27,480.50	44,156	15	240
					45	32,118.00	45,875	13	114
					50	36,186.00	47,096	11	48
					55	39,366.00	47,910	9	98
					60	41,623.50	48,426	7	249
					65	43,260.00	48,773	6	131
					70	44,465.50	49,015	5	30
					75	45,523.00	49,218	3	330
					80	46,424.50	49,386	2	287
					85	50,000.00	50,000	--	Paid Up --

Values not shown will be provided upon request.

PROCEEDS

Proceeds - means the amount payable on the Maturity Date, the surrender of this policy, or on the death of the Insured. Subject to the provisions contained herein, the Proceeds payable on death will be the Death Benefit shown on the Policy Data Page. Interest shall accrue and be payable from the date of death. If the policy is surrendered, the Proceeds will be the Cash Surrender Value at that time. On the Maturity Date the Proceeds will be the Cash Surrender Value at that time.

Proceeds will be reduced by any indebtedness and any premium due and unpaid if the Insured dies during the Grace Period. Indebtedness consists of any unpaid loan plus accrued interest. Proceeds will be increased by any riders that are payable, and any premium paid that applies to a period beyond the end of the month in which the Insured's death occurs.

If the Policy is in force under the Paid-up Option provision, the Proceeds payable on death will be the Death Benefit as described herein.

Payment of Proceeds

All Proceeds are payable at Our office. We may require due proof of the death of the Insured with a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds. We may

require the return of this policy before approving changes or paying Proceeds. To the extent provided by law, the Proceeds of this policy are not subject to the claims of a Beneficiary's creditors, nor to any legal process against the Beneficiary.

The Proceeds are subject first to any indebtedness to Us and then to the interest of any assignee of record. Payments to satisfy any assignment will be paid in a lump sum. Settlement will be made upon receipt of due proof not later than 15 days after receipt of such proof.

Upon the death of the Insured, proceeds payable to the Beneficiary, shall include premiums paid for any period beyond the end of the policy month in which death occurred, unless the refund of premiums is due some other person, pursuant to contract provisions.

Proceeds will be paid to the Beneficiary no later than (30) days after the proof of the death of the Insured has been furnished to US, and a reasonable period of time, sufficient to complete an investigation of the cause of death and to process the necessary claims has occurred. Unearned premiums shall be paid in a lump sum on a date no later than (30) days after the proof of the Insured's death has been furnished to the Insurer; or interest at the rate of eight percent (8%) per year, will be paid on any unpaid proceeds and any unearned premiums. Interest shall accrue from the date of the Insured's death.

GENERAL PROVISIONS

Contract

The entire contract consists of this policy including any endorsements, amendments and riders and the written application. A copy of the application is attached to and made a part of the policy on the Policy Date. In the absence of fraud, all statements in the application are deemed to be representations and not warranties. No statement shall be used to contest this policy or to defend against a claim unless it is contained in this contract. Only the President, a Senior Vice-President or the Secretary of the Company is authorized to change or waive any of the terms of this policy. Any such change must be by written agreement signed by one of the officers named above.

Incontestability

This policy will be incontestable, except for nonpayment of premium, after it has been in force during the lifetime of the Insured for two years from the Policy Date, except as provided below.

Any rider issued after the Policy Date will be incontestable, except for nonpayment of premium, only after such rider has been in force for two years during the lifetime of the Insured from the date of issue of such rider.

Error in Age or Sex

If the Age or Sex of the Insured has been misstated at the time of application, all Proceeds payable will be those, which the premiums paid, would have purchased for the correct Age and Sex.

Suicide Exclusion

If the Insured dies by suicide, while sane or insane, within two years from the date of issue of the Policy, the Proceeds payable under this policy will be limited to the premiums paid, less any indebtedness.

Termination

This policy will terminate when any one of the following events occur:

1. You make a Written Request to surrender this policy.
2. The Insured dies;
3. The policy reaches its Maturity Date;
4. The Grace period ends with a premium in default, unless the policy is continued under the Paid-up Option; or
5. The policy is over-loaned as described in the Policy Loan Provision.

OWNERSHIP AND ASSIGNMENT

Owner

This policy belongs to the Owner shown in the application, or, if applicable, to any successor, assignee or transferee of the Owner. During the lifetime of the Insured, You alone have the right to receive all proceeds and to exercise all rights provided in the policy. However, these rights are subject to the rights of any assignee of record and any irrevocable Beneficiary. The Death Benefit, however, is paid to the Beneficiary and not the Owner unless the Owner is the Beneficiary. Upon the death of the Owner, ownership of the policy will be transferred to the Insured subject to the rights of any irrevocable Beneficiary.

Assignment and Transfer of Ownership

You may transfer ownership of the policy by Written Request. Assignments, unless otherwise specified by the owner, shall take effect on the date the notice of assignment is signed by owner, subject to any payments made or actions taken by the company prior to receipt of this notice of assignment.

Subject to the rights of any irrevocable Beneficiary, You may assign the policy. The interests of the Owner and the Beneficiary are subordinate to that of any assignee. We assume no responsibility for the validity of any assignment or transfer of ownership of the policy. We will not be bound by any assignment or transfer of ownership unless it is recorded at Our office.

BENEFICIARY

Beneficiary

The Beneficiary and any Contingent Beneficiary are as named by You in the application or by later Written Request. The Beneficiary will receive any Proceeds payable at the death of the Insured, subject to the right of any assignee.

Death of Beneficiary

If any Beneficiary dies before the Insured, that person's interest will terminate. Any surviving beneficiaries or contingent beneficiaries will be entitled to any Proceeds payable thereafter upon the death of the Insured, according to their respective interests. If no Beneficiary or Contingent Beneficiary survives the Insured, the Proceeds will be paid to You, if then living or to Your estate.

Beneficiary Change

You may change the Beneficiary at any time during the lifetime of the Insured. Any change must be by Written Request signed prior to the death of the Insured. The written consent of any irrevocable Beneficiary will be required to change the Beneficiary.

Change in the Beneficiary, unless otherwise specified by the Owner, shall take effect on the date the notice of change is signed by the Owner, subject to any payments made or actions taken by the company prior to receipt of this notice of change.

PREMIUMS

Premium Payments

The initial premium for the policy is due on the Policy Date. Subsequent premiums are due in advance of the period to be covered. The premium, including any rider premiums, and the payment interval You have selected are shown on the Policy Data Page. Premiums may be paid annually, semi-annually, or quarterly, or, with Our consent, by any other method.

Payment may be made at Our Home Office, or to an authorized agent in exchange for a receipt signed by Our President, a Senior Vice President or Secretary of the Company and countersigned by the agent.

Automatic Premium Loan

If elected by owner, an automatic premium loan will be available to pay any unpaid premium by a policy loan as

long as such premium does not exceed the Maximum Loan Amount then available. When the Maximum Loan Amount available is insufficient to pay the premium then due based on the premium frequency then in effect, the premium frequency will be changed to monthly. The premium due will be paid monthly until the Maximum Loan Amount is insufficient to pay such premium. The Automatic Premium Loan provision will automatically cease at the time an unpaid premium is due and the Maximum Loan Amount is insufficient to pay the monthly premium. At such time the Nonforfeiture provisions will apply.

Such premium loan will be treated as described in the Policy Loan provision. You may elect or cancel this option at any time by Written Request.

A premium paid under this option is not a premium in default.

PREMIUMS – Continued

Grace Period

Except for the first premium, We allow a grace period of 31 days after its due date to pay the premium due. The policy will remain in force during the Grace Period, unless surrendered. If the Insured dies during the Grace Period, the unpaid premium will be deducted from the Proceeds under the policy and there will be no interest added to any overdue premium.

Any premium not paid on or before its due date is a premium in default. Subject to the Automatic Premium Loan provisions, if a premium in default is not paid before the end of the Grace Period, the policy will continue only as provided in the Options on Non-Payment Of Premium provisions.

Reinstatement

The policy will be reinstated during the lifetime of the Insured under the following conditions:

1. The policy was not surrendered for its cash value;
2. Requests for reinstatement must be made before the Maturity Date and within 3 years from the date of the first premium in default; and
3. Satisfactory evidence is provided to Us of the insurability of the Insured;
4. All past due premiums are paid, with interest at 6%, compounded yearly; and
5. All policy loans are either repaid or reinstated including loan interest on the policy on the due date of the first premium in default.

The effective date of reinstatement will be the date the application for reinstatement is approved by Us.

After Reinstatement, if the policy had been in force for less than 2 years prior to termination, the Suicide Exclusion and Incontestability provisions will apply for the remaining portion of such 2-year period. In addition, the policy will be contestable as to statements made in the reinstatement application for a period of 2 years during the lifetime of the Insured from the effective date of reinstatement.

NONFORFEITURE

Cash Surrender Value

The cash surrender value is the cash value shown in the TABLE OF GUARANTEED VALUES reduced by any loan on the policy. The cash value at any time other than at the end of a policy year is determined by making allowance for the part of the year that premiums are paid.

Deferral of Payment

We reserve the right to defer payment for not more than 6 months from the date of Your Written Request for a policy loan, other than to pay a premium, or the surrender of the policy for the cash value.

Basis of Values

Cash Values and net single premiums are based on the table and interest rate specified in the Policy Data Page.

The cash values and paid-up nonforfeiture benefits available under this policy are not less than the minimum values and benefits required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance. A detailed statement of the method of computing values has been filed with the insurance supervisory official of the jurisdiction in which the policy was delivered.

OPTIONS ON NONPAYMENT OF PREMIUM

If a premium is in default after the end of the grace period, and is not paid by an automatic premium loan, the insurance under the policy will lapse except as may be provided herein. If the Cash Surrender value is Zero, the insurance will end. If there is a Cash Surrender Value, You may elect one of the following options. You must provide Written Request not more than 60 days after the premium due date and prior to the Insured's death. If no other option has been elected prior to the Insured's death or prior to the end of the 60 day period, the automatic option will apply.

Automatic Option

Unless a different option has been timely elected, the Extended Term Insurance Option will be automatic, if it is available under this contract. If Extended Term Insurance is not available, then Paid-up Insurance will be the automatic option.

Should the Insured die after the end of the Grace Period and before an option is elected, but within 60 days of the due date of the unpaid premium, the amount payable will be the same as if Extended Term Insurance had been elected. If Extended Term Insurance is not available under this contract, and no different option has been elected before the Insured's death, then the Paid-Up Insurance Option will apply.

Surrender Option

You may surrender the policy for its Cash Surrender Value any time before the policy terminates. The Insured must be living at the time the request for surrender is received by Us. Any coverage under the policy will terminate on the date We receive Your Written Request to surrender. Our only obligation then will be to pay any Cash Surrender Value to You. A surrender within 30 days after the policy anniversary will be treated as a surrender on the anniversary.

While the policy is in force other than under the Paid-Up or the Extended Term Option, the Cash Surrender Value is the Value as of the current policy month, less any indebtedness. Any premium paid beyond the date of surrender will be returned.

Paid-Up Option

The policy may be continued in force for a reduced amount of paid-up insurance. The amount of paid-up insurance will be determined by applying the Cash Surrender Value as a net single premium for the Insured's sex, premium class and Age as of the date this option becomes effective. The Death Benefit is the amount of paid-up insurance less any indebtedness. This amount of reduced paid-up insurance is payable at

the same time and under the same conditions as the Death Benefit of the policy.

When the Paid-up Option becomes effective, any Accidental Death Benefit, Waiver of Premium, Term Rider or any additional benefit terminates unless provided otherwise in the policy.

Extended Term Insurance Option

You may apply the Cash Surrender Value to provide a level amount of insurance for a limited period of time. Under this option, the Death Benefit will be the Death Benefit as stated in the Policy Data Section of this policy, less any indebtedness to us. The term period begins on the due date of the unpaid premium. The insurance will continue for as long a period as the Cash Surrender Value will purchase when it is applied as a net single premium for the Insured's sex, attained age and Premium Class on the due date of the unpaid premium. If the Cash Surrender Value is more than is needed to buy Extended Term Insurance to the maturity date, the excess will be used to buy a Pure Endowment. This amount is payable on the maturity date if the Insured is then living.

Extended Term Insurance is not available if this contract is in a Rated Premium Class. If this contract is in a Rated Premium Class, this is stated in the Underwriting Class line in the Policy Data Section.

Surrender of Extended Term or Paid-up Insurance

Extended Term or Paid-up insurance may be surrendered at any time while the insured is still living. The Cash Surrender Value of such insurance will be the net single premium based on the Insured's sex, Age and premium class. Any indebtedness will be deducted from the cash value.

If a surrender is requested within 31 days after the policy anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, less any policy loan made on or after that anniversary.

When the Paid-up or the Extended Term Insurance option becomes effective, any additional benefits provided by rider will terminate unless provided otherwise in this policy.

LOAN PROVISION

Policy Loan

While the policy is in force, You may request a policy loan. The Maximum Loan Amount You may borrow is the Cash Surrender Value as of the end of the current policy year in which the loan is requested, less interest to the following policy anniversary. Any premium due and unpaid at the time the loan is made will be deducted from the loan. We will charge interest on the loan, as described in the Loan Interest provision.

The loan is made with the policy as sole security for the loan. The loan is the first lien on the policy.

We have the right to postpone making a loan, except as described in the Automatic Premium Loan provision, for up to 6 months.

Whenever the indebtedness including interest due equals or exceeds the Cash Surrender Value, the policy

will be over loaned and will terminate. We will notify You, and any assignee on record, by U.S. mail, 31 days in advance, to contact Us and make applicable payment prior to the date the policy terminates.

Loans may be repaid at any time prior to the termination of the policy.

Loan Interest

We will charge interest at the Loan Rate on any policy loan. The Loan Rate is payable in advance and is described below. Interest is payable at the beginning of each policy year, or when the policy loan is made or increased. Interest not paid when due is added to the loan amount and will bear interest at the same rate.

The Policy Loan Rate is 7.4% in advance compounded annually.

SETTLEMENT OPTIONS

In lieu of receiving a lump sum you may elect, prior to the Insured's death, that the Proceeds of the policy be paid under one of the Settlement Options. Payments may be made in any other manner agreed to, by Us. If no such election has been made prior to the Insured's death, a Beneficiary who is a natural person may elect to receive Proceeds paid under one of the Settlement Options contained in the policy. Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person may be elected only with Our consent.

Any election of a Settlement Option must be made by Written Request, which is received by Us, within 30 days in advance of the date on which payment of the Proceeds is due; or if elected by a Beneficiary, at any time prior to the payment of Proceeds.

When Proceeds become payable under one of the Settlement Options, the policy will be exchanged for a supplementary contract specifying all rights and benefits.

Payments

Payments will be made monthly, unless otherwise elected. We have the right to change the frequency of payments, in order to make a periodic payment of at least \$100.00.

Under Option 4, proof of the Age of the payee(s) will be required at the time the first payment is due. We reserve the right to require proof that the payee(s) is alive at the time of each payment.

Change in Payments

Partial withdrawal under Options 1, 2 and 3 may not be made. Payments under Options 1, 2 and 3 may be paid in a lump sum only with Our consent. The value of any lump sum payment will be the sum of any remaining guaranteed payments discounted at an interest rate of not less than 3% compounded annually.

In the event additional interest is applicable to payments under Option 1, 2, or 3, any such payments, if paid in a lump sum, will be discounted at an interest rate equal to that actually credited. Additional interest, if any, paid over the guaranteed 3%, will be in an amount and by a method determined by Us.

Claims of Creditors

To the extent permitted by law, Proceeds will not be subject to any claims of a payee's creditors.

Assignment

The Proceeds payable under one of these options may be not be assigned.

SETTLEMENT OPTIONS – Continued

Options

Amounts payable under the policy may be paid under one or more of the following options:

Option 1 – Interest Payments

The proceeds are left on deposit with Us, and We will pay interest payments as may be requested, subject to any restrictions for minimum amounts. The first interest payment will be due at the end of the period selected. The payee may elect to change options or to make withdrawals at any time.

Option 2 – Installment Payments of a Specified Amount

The proceeds are left with Us, and We will pay installments of a designated amount until the deposit is exhausted. The unpaid portion of any proceeds, while We have them, will be increased by interest. The first installment is due on the date of settlement. The final installment will include any remaining amount which is not sufficient to provide another installment payment.

Option 3 – Installment Payment – Specified Period

The proceeds are left with Us, and We will pay equal installments for a period of from one to twenty-five years. The unpaid portion of any proceeds, while We have them, will be increased by interest. The first installment is due on the date of settlement. Interest under this option will be paid at a rate not less than 3%.

Option 4 – Installment Payment – Period Certain and Life Thereafter

The proceeds are left with Us, and We will pay equal monthly payments for a specified number of months or for as long as the payee lives. We guarantee that, if the payee dies before the expiry of the specified number of months, payments will continue to a contingent payee for the remainder of the specified number of months. The first installment is due on the date of settlement. The table of rates included herein for this option are based on 3% interest and the 1983a Individual Male Annuity Mortality Table. Female rates are set back 5 years from the male rates.

OPTION 3 – AMOUNT OF EACH MONTHLY PAYMENT PER \$1,000 OF PROCEEDS

<u>Period Years</u>	<u>Monthly Payment</u>	<u>Period Years</u>	<u>Monthly Payment</u>	<u>Period Years</u>	<u>Monthly Payment</u>
1	\$84.47	8	\$11.68	15	\$6.87
2	42.86	9	10.53	16	6.53
3	28.99	10	9.61	17	6.23
4	22.06	11	8.86	18	5.96
5	17.91	12	8.24	19	5.73
6	15.14	13	7.71	20	5.51
7	13.16	14	7.26		

OPTION 4 – AMOUNT OF EACH MONTHLY PAYMENT PER \$1,000 OF PROCEEDS

(Based on the payee's Age nearest birthday on the date the proceeds are settled under the option)

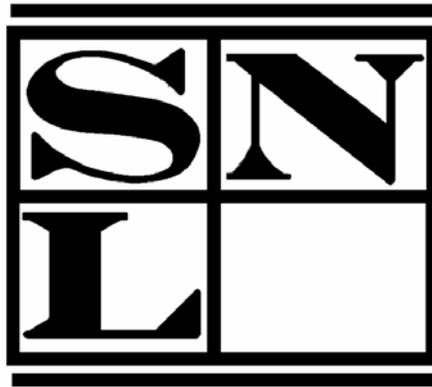
<u>Age of Payee</u>		<u>10 Years Certain</u>	<u>15 Years Certain</u>	<u>20 Years Certain</u>
<u>Male</u>	<u>Female</u>			
20*	25*	3.05	3.05	3.05
21	26	3.07	3.07	3.07
22	27	3.09	3.09	3.09
23	28	3.11	3.11	3.11
24	29	3.13	3.13	3.13
25	30	3.16	3.16	3.16
26	31	3.18	3.18	3.18
27	32	3.21	3.21	3.21
28	33	3.23	3.23	3.23
29	34	3.26	3.26	3.26
30	35	3.29	3.29	3.29

OPTION 4 – CONTINUED ...

Age of Payee		10	15	20
Male	Female	Years Certain	Years Certain	Years Certain
31	36	3.32	3.32	3.32
32	37	3.35	3.35	3.35
33	38	3.39	3.38	3.38
34	39	3.42	3.42	3.41
35	40	3.46	3.45	3.44
36	41	3.50	3.49	3.48
37	42	3.54	3.53	3.52
38	43	3.58	3.57	3.55
39	44	3.62	3.61	3.59
40	45	3.67	3.66	3.64
41	46	3.72	3.70	3.68
42	47	3.77	3.75	3.72
43	48	3.82	3.80	3.77
44	49	3.87	3.85	3.82
45	50	3.93	3.91	3.87
46	51	3.99	3.96	3.92
47	52	4.05	4.02	3.97
48	53	4.12	4.08	4.02
49	54	4.18	4.14	4.08
50	55	4.26	4.21	4.14
51	56	4.33	4.28	4.20
52	57	4.41	4.35	4.26
53	58	4.49	4.43	4.32
54	59	4.58	4.50	4.39
55	60	4.67	4.58	4.45
56	61	4.75	4.67	4.52
57	62	4.86	4.76	4.59
58	63	4.97	4.85	4.66
59	64	5.08	4.94	4.73
60	65	5.20	5.04	4.80
61	66	5.33	5.14	4.87
62	67	5.46	5.24	4.94
63	68	5.60	5.35	5.01
64	69	5.75	5.46	5.08
65	70	5.90	5.57	5.14
66	71	6.06	5.68	5.20
67	72	6.22	5.79	5.26
68	73	6.39	5.90	5.32
69	74	6.57	6.01	5.37
70	75	6.75	6.12	5.42
71	76	6.94	6.22	5.46
72	77	7.13	6.32	5.50
73	78	7.32	6.42	5.53
74	79	7.52	6.51	5.57
75	80	7.72	6.59	5.59
76	81	7.92	6.67	5.62
77	82	8.11	6.75	5.64
78	83	8.31	6.82	5.66
79	84	8.50	6.88	5.67
80+	85+	8.68	6.93	5.68

*And Under
+And Over

SECURITY NATIONAL **LIFE INSURANCE COMPANY**



WHOLE LIFE INSURANCE
PROCEEDS PAYABLE AFTER THE DEATH OF THE INSURED PRIOR TO THE MATURITY DATE PREMIUMS
PAYABLE DURING THE LIFETIME OF THE INSURED
NONPARTICIPATING
NO DIVIDENDS ARE PAYABLE.

Arkansas Insurance Department

Consumer Services Department

1200 West 3rd Street

Little Rock, AR 72201

1-501- 371-2640

Toll Free: 1-800-852-5494

POLICY DATA PAGE

POLICY NUMBER: 111111

INSURED: Sam Security
OWNER: Sam Security
BENEFICIARY: Sam Security
PAYOR: Sam Security

AGE: [35 Male Non Smoker] **POLICY DATE:** FEBRUARY 05, 2009

DEATH BENEFIT: \$20,000 **MATURITY DATE:** [FEBRUARY 05, 2094]

TOTAL PREMIUM: \$32.98 Monthly **FREQUENCY:** Direct Monthly

PREMIUM CLASS: Standard **POLICY FORM:** iCare (01/2009)-AR

PLAN: WHOLE LIFE INSURANCE TO THE MATURITY DATE SPECIFIED ABOVE.

COVERAGES

<u>Coverage Description</u>	<u>Benefit</u>	<u>Annual Premium</u>	<u>Years to Pay</u>	<u>Form Number</u>
Whole Life	\$20,000	\$286.40	Lifetime	iCare (01/2009)-AR
Accidental Death Benefit	\$20,000	\$30.00	30 Years	iADB (01/2009)
Dependent Child Rider	\$ 5,000	\$50.00	30 Years	iCR18 (01/2009)

[The Basis of Values is the 2001 Commissioner Standard Ordinary Male/Female Composite/ Smoker/ Non Smoker Mortality Tables, Age last Birthday, with interest at 5.0% per year, compounded annually.]

Premium Schedule

<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Direct Monthly</u>	<u>PAC Monthly</u>
\$366.40	\$186.86	\$97.10	\$32.98	\$31.14

Security National Life Insurance Company

5300 South 360 West • Salt Lake City, Utah 84123 or P.O. Box 57220 • Salt Lake City, Utah 84157-0220

Phone: 1 (801) 264-1060 • Toll Free: 1 (800) 574-7117

1. Proposed Primary Insured Name: First _____ Middle _____ Last _____			2. Birthday (Mo-Day-Yr) / /	3. Age	4. Sex M [] F []	5. Smoker [] Non-Smoker [] <small>*No Tobacco Used In Any Form In Last 2 Years.</small>
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6. Place of Birth State:	7. Height Ft./In. /	Weight (lbs)	8. Social Security Number	9. Face Amount \$ _____
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10. Residence Address: Street _____			City _____ State _____ Zip Code _____ E-Mail Address: _____	Telephone Number Home: () _____ Work: () _____
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11. Occupation and Name and Address of Employer:	12. Annual Income
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If applying for Family Rider the Spouse must answer the questions on page 2.	<input type="checkbox"/> Family Rider	Birth date / /	Age	Sex (M or F)	Relationship to Applicant	Units of Coverage
	<input type="checkbox"/> Child Rider					

In reference to the children's health please answer the following question for each child:

13. Have you ever been treated or diagnosed with Cancer, Diabetes, Sickle Cell Anemia, Cerebral Palsy, Downs Syndrome, Heart Problems or Disease, Kidney or Organ Failure; Any disorder of the nerves, motor-skills or of the brain, tested positive for HIV?

Please list all Children and answer question #13 for each child.	#13 Health Question:		Birth date	Age	Sex (M or F)	Relationship to Applicant	Units of Coverage
	Yes	No					
1.			/ /				\$
2.			/ /				\$
3.			/ /				\$
4.			/ /				\$

14. Annual Premium Calculations Base Plan \$ _____ ADB \$ _____ Face Amount \$ _____ Family Insurance Rider \$ _____ Child Rider \$ _____ Total iCare Plan Premium Amount Including Selected Riders \$ _____	15. Waiver of Premium Rider Amount Per benefit: \$ _____ \$ _____ \$ _____ \$ _____ Waiver of Premium Grand Total: \$ _____	17. Billing Instructions: A. Method: <input type="checkbox"/> PAC <input type="checkbox"/> Direct Bill (no monthly) B. Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly C. Alternate Billing Address: _____ _____ D. Designated Billing Day: _____	18. Modal Premium \$ _____ Cash With Application \$ _____ 19. Requested Policy Date: _____ Month Day Year
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16. Total Combined Annual Premium (Add premium amounts from lines 14 and 15): \$ _____
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20. Owner: Name: _____ Address: _____ Relationship (If Other Than Insured) _____ Age _____ Social Security # _____ / / Email Address: _____

21. Beneficiary Information: Name: _____ Address: _____ Telephone: _____ SNN#: _____	22. Contingent Beneficiary Information: Name: _____ Address: _____ Telephone: _____ SNN#: _____
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HOME OFFICE ENDORSEMENTS OR SPECIAL REQUESTS:

ADDITIONAL INFORMATION ON ALL PROPOSED INSUREDS

The Primary Insured must answer all "Primary Insured" questions. If applying for the Family Rider, the spouse of the Primary Insured must answer the Spouse health questions.	Primary Insured		Family Rider Spouse	
	Yes	No	Yes	No
If "Yes" to any questions give complete details and specify whom they apply to:				
23. Do you have an existing life insurance policy or annuity policy? a. If yes, will proposed insurance replace any existing life policy or annuity?	<input type="checkbox"/>	<input type="checkbox"/>		
24. Have you ever had life or health insurance rated, declined, modified, cancelled or renewal refused? If yes, give company name, date and reason. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. In the last 5 years have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any of the following: a. Cancer, stroke, epilepsy, disease or disorder of the brain, nervous system, mental disorder or depression? b. Gout, goiter or any disorder of the thyroid or other glands? c. High blood pressure, heart murmur, chest pain, rheumatic fever, heart attack, angina or other heart or circulatory disorders? d. Ulcers, colitis or any disorder of the stomach, rectum, gallbladder, liver or intestines, Hepatitis? e. Kidney stones, kidney disease, diabetes, or trouble with urinary system, prostate, uterus or reproductive organs? f. Alcohol or drug abuse or dependency? g. Asthma, emphysema, tuberculosis, COPD, CHF, pleurisy, shortness of breath or any disorder of the lungs or respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or tested positive for HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. In the past 3 years, have you been hospitalized, treated, examined or consulted any physician? a. Have you been advised by a physician to receive treatment for any illness or to be hospitalized and chosen not to follow this advice? b. Have you had any abnormal laboratory or blood tests that have not been explained to you by the physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you taken prescription medication in the past 24 months? (if yes please list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. In the last 2 years, have you engaged in any kind of scuba or sky diving, hang-gliding, para-sailing, racing, rodeo, rock climbing, or as a private pilot or in flight training?	<input type="checkbox"/>	<input type="checkbox"/>		
30. In the last 5 years have you ever had a driver's license revoked or suspended or been convicted of a felony or misdemeanor? If so, give the date and state it occurred in: _____	<input type="checkbox"/>	<input type="checkbox"/>		
31. Have you ever claimed or received indemnity or payments due to an injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>		
32. Are you currently pregnant? If yes, when is your anticipated delivery date? _____	<input type="checkbox"/>	<input type="checkbox"/>		
33. Have you had a change in weight during the past year? If yes by how much?	<input type="checkbox"/>	<input type="checkbox"/>		
If any Yes answers please specify insured or Spouse and explain:				

34. Name and address of Personal Physician? (if none, so state) _____

Date and reason last consulted? _____

Owner Initials _____ Spouse Initials _____ Agent Initials _____

I hereby apply to Security National Life Insurance Company, Salt Lake City, Utah, for insurance to be issued upon the truth and completeness of the answers to the above questions to the best of my knowledge, and agree that: (1) No agent has the authority to waive the answer to any question in the application; (2) no insurance will be effective until the Premium for the Mode selected has been paid in full and the policy delivered; and (3) the policy effective date will be the date this application is received by the company at the above address.

MEDICAL INFORMATION BUREAU (MIB) AND PRESCRIPTION AUTHORIZATION

I hereby authorize any health care provider, including any physician, practitioner, pharmacy, prescription vendor, pharmacy benefit manager, hospital or medically-related facility, and any insurance company, the Medical Information Bureau (MIB) or other consumer reporting agency, institution or person that has my records or knowledge of me or my dependent(s) to disclose to Security National Life Insurance Company (SNL), or its authorized representative, any such records or information. Records or information may include medical records in their entirety, which may contain mental health records, (excluding psychotherapy notes), prescription drug records, use of alcohol, or use of controlled or prohibited substances and driving records. Such records or information will be used by Company personnel to determine eligibility for insurance and/or benefits. SNL may disclose such information to its reinsurer(s) or any other organization which performs services in connection with the insurance relationship, including but not limited to, the insurance agent, or as lawfully required. There may be certain circumstances under which the information received may be disclosed to third parties who are not subject to the regulations under federal health privacy law. We contractually require such persons to agree to protect the confidentiality of the information. I understand that I have the right to request access to all personal information collected and, upon written request, I may ask SNL to correct, amend or delete any incorrect personal information. A copy of the Company's "Privacy Notice and Notice of Insurance Information Practices" is available upon request.

This authorization shall be valid for a period of (2) years from the date signed to determine eligibility for insurance. A photocopy of this authorization shall be as valid as the original. I understand that I, or my authorize representative may receive a copy of this authorization upon request. This authorization may be revoked upon submission of a written notice to the Home Office. If this authorization was obtained as a condition of obtaining insurance coverage, your right to revoke also is subject to the rights of the Company under any law granting the Company the right to contest a claim under the policy or the policy itself.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at _____ City State	Date: _____ (MM/DD/YY)
_____ Signature of Primary Applicant	_____ Date
_____ Signature of Family Rider Spouse	_____ Date
_____ Signature of Owner	_____ Date
_____ Signature of Agent Agent #	_____ Date

AGENT'S STATEMENT- I certify that to the best of my knowledge:

1. I correctly asked all the Health Questions in this application and correctly recorded all the answers given; and
2. All answers given in this application are true and complete; and
3. **This insurance** **WILL** **WILL NOT change or replace any existing insurance or annuity; and**
4. The signature of the Proposed Insured(s) and/or the Applicant/Policyowner (Parent/Legal Guardian) is what they are represented to be and were signed in my presence; and
5. I know of no factor affecting the insurability of the Proposed Insured (s) except as stated in this application.

Agents Signature: _____

Note: If "Will" is checked in number 3 above, complete required replacement forms.

**ELECTRONIC FUNDS TRANSFER (EFT)
AUTHORIZATION AGREEMENT TO
SECURITY NATIONAL LIFE INSURANCE COMPANY (SNL)**

Customer Name: _____
Name of Bank: _____
Address of Bank: _____
Checking Account #: _____ or Savings Account #: _____
Nine digit Bank Transit #: _____
Credit Card #: _____ Exp. _____ CCU# _____

I authorize SNL to initiate debit entries to my checking or savings account, indicated above, and authorize the financial institution (bank) named to debit my account for payment of my SNL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.

TERMS AND CONDITIONS

1. This arrangement may be terminated with respect to any or all contracts listed below by SNL or by me upon written notice to the other party. Until such notice is actually received by SNL, SNL shall be fully protected in drawing the EFT.
2. I understand that if any EFT is dishonored by my bank and if any monthly amount due SNL is not paid within the time stipulated on the contract, the contract shall lapse except as otherwise provided therein.
3. During the continuance of this arrangement SNL shall not be required to send payment notices on any contract I have authorized to be included hereunder.
4. If I change banks or bank accounts and I want to continue using EFT, I must sign a new Authorization Agreement.
5. This Authorization shall not be effective for any contract for which an application is pending, unless and until such contract is actually issued and the down payment there under paid in cash to SNL.
6. I will pay a returned-item fee as specified by the bank or SNL for any debit entry that is returned to SNL for insufficient funds.
7. The EFT will apply to the following contract(s):

Name: _____ Contract # _____

Name: _____ Contract # _____

Date: _____ Signature: _____

Authorized Account Holder

This authorization must be accompanied by a voided check or deposit slip

NOTICE TO APPLICANT: Federal law requires that notice of investigation be given to persons applying for insurance. In making this application for insurance to Security National Life Insurance Company, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Information regarding your insurability will be treated as confidential. Security National Life Insurance Company or its re-insurers may, however, make a brief report thereon to the Medical Information Bureau, a membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. (Medical Information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112, telephone (617) 426-3660.

Security National Life Insurance Company or its re-insurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

CONDITIONAL AND LIMITED RECEIPT For Life Insurance

CONDITIONAL INSURANCE WILL NOT BE PROVIDED BY YOUR PAYMENT UNLESS ALL THE CONDITIONS STATED ON THIS RECEIPT ARE FULFILLED. NO AGENT OF THE COMPANY OR BROKER MAY WAIVE ANY OF THESE CONDITIONS.

The First Check/Payment will be drafted from your Financial Institution immediately! I agree that the Premium amounts to be drafted from my account are as follows:

Premium Payment Breakdown: iCare Insurance: \$ _____ Additional Riders \$ _____ Waiver of Premium \$ _____

Total Premium Contribution: \$ _____

CONDITIONS UNDER WHICH PAYMENT SHALL CAUSE CONDITIONAL COVERAGE TO TAKE EFFECT:

1. Any check or payment must be honored on the first presentation and result in funds equal to the amount shown on this receipt being transferred immediately to SNLIC upon presentation.
2. All representations made on the application must be true and complete in all material respects.
3. All telephone or other interviews, medical examinations or other tests required by SNLIC must be completed no later than 60 days from the date the application was signed.
4. All persons proposed for insurance must be acceptable to SNLIC under its rules, standards and practices for the exact policy, amount and premium class applied for, without modification.

SNLIC's liability for insurance on the proposed insured under this conditional receipt can never exceed the lesser of 1) the Face Amount for life insurance applied for; or 2) \$10,000 reduced by any life insurance or accidental death benefits then in force or pending with SNLIC.

The time for which SNLIC can be liable under this Conditional Receipt can never exceed the EARLIEST of: 1) the date the policy was applied for; or 2) a period of 60 days from the date this receipt was signed; or 3) the date the Applicant receives notice from SNLIC of its rejection of the application.

If the application is not approved and accepted within 60 days from the date it was signed, the application will be deemed to have been rejected, and SNLIC shall have no liability except for the refund of any collected payment. **ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO SECURITY NATIONAL LIFE INSURANCE COMPANY. DO NOT MAKE YOUR CHECK PAYABLE TO ANY AGENT OR LEAVE THE PAYEE BLANK.**

DATED AND SIGNED AT _____ THIS _____ DAY OF _____ YEAR _____

X _____ X _____ X _____
Signature of Owner Signature of Proposed Insured Signature of Spouse

X _____ _____
Signature of Licensed Agent Agent Printed Name Agent License Number

LEAVE ORIGINAL WITH PROPOSED INSURED - SEND DUPLICATE TO HOME OFFICE
SECURITY NATIONAL LIFE INSURANCE COMPANY, P.O. BOX 57220, Salt Lake City, Utah 84157
Telephone: 801-264-1060 or Toll Free: 1-800-574-7117



SECURITY NATIONAL LIFE INSURANCE COMPANY

Home Office: PO BOX 57220 • Salt Lake City, Utah 84157-0220 • Toll Free: 800-574-7117

Home Service Administrative Office: P.O. Box 721089, Jackson, MS 39272-1089 Telephone: 1-800-826-6803

1. Name of Proposed Insured (Print) Sex Birthdate Age FACE AMOUNT
Last First Initial MM/DD/YYYY
Street Address City State Zip Birth State Social Security No.
2. Tobacco Question. Have you used tobacco in any form within the last 2 years?
3. Height Weight
iCare Plan-Whole Life Plan Options
4. Annual Premium \$ Mode Premium \$
Premium Mode:
5. Primary Beneficiary Relationship Social Security No.
6. Contingent Beneficiary Relationship Social Security No.
7. Owner, if other than the Proposed Insured
8. In reference to the children's health please answer the following question for each child:
9. Do you have an existing life insurance policy or annuity policy?
10. Have you ever had life or health insurance rated, declined, modified, cancelled or renewal refused?
11. In the last 5 years have you ever been diagnosed, treated, tested positive for, or taken medication for, or been given medical advice by a member of the medical profession for any of the following disorders:
12. Have you been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or tested positive for HIV?
13. In the past 3 years, have you been hospitalized, treated, examined or consulted any physician?
14. Have you taken prescription medication in the past 24 months?
15. In the last 2 years, have you engaged in any kind of scuba or sky diving, hang-gliding, para-sailing, racing, rodeo, rock climbing, or as a private pilot or in flight training?
16. In the last 5 years have you ever had a driver's license revoked or suspended or been convicted of a felony or misdemeanor?
17. In the past 3 years, have you been hospitalized, treated, examined or consulted any physician?
18. Are you currently pregnant?
19. Name and address of Personal Physician?

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CONDITIONAL RECEIPT
THIS RECEIPT DOES NOT PROVIDE ANY INSURANCE UNTIL AFTER ITS CONDITIONS ARE MET.

Received from on the sum of \$, the correct first premium specified in the application, subject to the following conditions:

FIRST: If each Proposed Insured would be acceptable and approved by Security National Life Insurance Company, Salt Lake City, Utah, as insurable under the Company's underwriting rules for insurance on the plan, at the rate and in the amount applied for the insurance on all Proposed Insured(s) shall become effective as of the application date.

SECOND: If any Proposed Insured be not acceptable to and approved by Security National Life Insurance Company, Salt Lake City, Utah, as above specified, then no insurance shall become effective on any Proposed Insured except as stated in the application and the Company shall incur no liability hereunder except to return the amount shown by this receipt.

If you do not receive your policy or hear from the Company within 60 days, please write us.

Agent's Signature

Agent's Name (Please Print)

FOR OFFICE USE ONLY

I hereby apply to Security National Life Insurance Company, Salt Lake City, Utah, for insurance to be issued upon the truth and completeness of the answers to the above questions to the best of my knowledge, and agree that: (1) No agent has the authority to waive the answer to any question in the application; (2) no insurance will be effective until the Premium for the Mode selected has been paid in full and the policy delivered; and (3) the policy effective date will be the date this application is received by the company at the above address.

MEDICAL INFORMATION BUREAU (MIB) AND PRESCRIPTION AUTHORIZATION

I hereby authorize any health care provider, including any physician, practitioner, pharmacy, prescription vendor, pharmacy benefit manager, hospital or medically-related facility, and any insurance company, the Medical Information Bureau (MIB) or other consumer reporting agency, institution or person that has my records or knowledge of me or my dependent(s) to disclose to Security National Life Insurance Company (SNL), or its authorized representative, any such records or information. Records or information may include medical records in their entirety, which may contain mental health records, (excluding psychotherapy notes), prescription drug records, use of alcohol, or use of controlled or prohibited substances and driving records. Such records or information will be used by Company personnel to determine eligibility for insurance and/or benefits. SNL may disclose such information to its reinsurer(s) or any other organization which performs services in connection with the insurance relationship, including but not limited to, the insurance agent, or as lawfully required. There may be certain circumstances under which the information received may be disclosed to third parties who are not subject to the regulations under federal health privacy law. We contractually require such persons to agree to protect the confidentiality of the information. I understand that I have the right to request access to all personal information collected and, upon written request, I may ask SNL to correct, amend or delete any incorrect personal information. A copy of the Company's "Privacy Notice and Notice of Insurance Information Practices" is available upon request.

This authorization shall be valid for a period of (2) years from the date signed to determine eligibility for insurance. A photocopy of this authorization shall be as valid as the original. I understand that I, or my authorize representative may receive a copy of this authorization upon request. This authorization may be revoked upon submission of a written notice to the Home Office. If this authorization was obtained as a condition of obtaining insurance coverage, your right to revoke also is subject to the rights of the Company under any law granting the Company the right to contest a claim under the policy or the policy itself.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at _____ City _____ State _____ Date: _____ (MMDDYY)

Signature of Applicant: _____ Date: _____

Signature of Owner (if other than proposed insured): _____ Date: _____

AGENT'S STATEMENT- I certify that to the best of my knowledge:

1. I correctly asked all the Health Questions in this application and correctly recorded all the answers given; and
2. All answers given in this application are true and complete; and
3. **This insurance** **WILL** **WILL NOT change or replace any existing insurance or annuity; Note: if "Wil is checked Please complete required replacement forms.**
4. The signature of the Proposed Insured(s) and/or the Applicant/Policyowner (Parent/Legal Guardian) is what they are represented to be and were signed in my presence; and
5. I know of no factor affecting the insurability of the Proposed Insured (s) except as stated in this application.

Agents Signature: _____

Arkansas Insurance Department Consumer Services Department
1200 West 3rd Street, Little Rock, AR 72201
1-501- 371-2640 • Toll Free: 1-800-852-5494

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT – Please include voided Check

Customer Name: _____ Name of Bank: _____

Address of Bank: _____

Checking **Savings** Account #: _____ Nine Digit Bank Transit #: _____

I authorize SNL to initiate debit entries to my checking or savings account, indicated above, and authorize the financial institution (bank) named to debit my account for payment of my SNL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.

TERMS AND CONDITIONS

1. This arrangement may be terminated with respect to any or all contracts listed below by SNL or by me upon written notice to the other party. Until such notice is actually received by SNL, SNL shall be fully protected in drawing the EFT.
2. I understand that if any EFT is dishonored by my bank and if any monthly amount due SNL is not paid within the time stipulated on the contract, the contract shall lapse except as otherwise provided therein.
3. I will pay a returned-item fee as specified by the bank or SNL for any debit entry that is returned to SNL for insufficient funds.

Name: _____ Name _____ Name: _____

Date: _____ Signature: _____

Authorized Account Holder

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SECURITY NATIONAL LIFE INSURANCE COMPANY
P.O. Box 57220 • Salt Lake City, Utah 84157-0220
Office: (801) 264-1060 • Toll Free: (800) 574-7117



SECURITY NATIONAL LIFE INSURANCE COMPANY

5300 South, 360 West, Suite 250, P.O. Box 57220, Salt Lake City, Utah 84157
Telephone: 1-800-574-7117 or 801-264-1060

DEPENDENT CHILD RIDER PROVIDING TERM INSURANCE ON CHILDREN

We will pay a benefit as stated on the Policy Data Page of the Policy. We will pay upon receipt of due proof of death of an Insured Child. We will pay the benefit subject to the provisions of the Policy and this Rider. Payment of the benefit will be made to the Beneficiary of this Rider. This benefit is payable upon the death of an Insured Child, if that death occurs before the 18th birthday of that child, or before this Rider terminates, whichever comes first.

DEFINITIONS

Beneficiary of this Rider - Will be the Insured, if living; otherwise, We will pay the Beneficiary of the Policy at the time of death.

Insured - Means the person listed as Insured on the Policy to which this Rider is attached.

Insured Child - Means each of the Insured's children named on the application for this Rider. An infant child

is covered when he or she becomes 30 days old. For coverage to apply to an individual child, he or she may not have reached age 18 at the time of application. Also, coverage would be extended to each child born to, or legally adopted by, the Insured after the date of application for this Rider when he or she becomes 30 days old or is under the age of 18 at the time of adoption.

GENERAL PROVISIONS

This Rider is issued in consideration of the application for this Rider, and the payment of premiums specified on the Policy Data Page of the Policy. This Rider is made a part of the Policy to which it is attached. The effective date of this Rider shall be the Issue Date of the Policy unless a different date is shown on the Policy Data Page of the Policy. The annual premium and number of years payable for the Rider are stated on the Policy Data Page of the Policy.

This Rider shall be subject to all the terms and conditions stated in the Policy and this Rider. There are no additional nonforfeiture values generated by this Rider, except as provided in the Continuation of Term Insurance in the Event of the Death of the Insured provision.

Non-Participating – This Rider does not participate in Our profits or surplus.

Misstatement of Age - If the age of an Insured Child has been misstated, any benefit payable under this Rider will be paid in accordance with the correct age.

Reinstatement - If the Policy is to be reinstated with this Rider, evidence of insurability on each Insured Child must be provided for the Rider to be in effect on that child.

Termination of Rider - This Rider shall cease to be in force when the first of the following conditions occur:

- a. Any premium is not paid before the expiration of the grace period;
- b. Upon the Policy anniversary following the Insured's 65th birthday;
- c. When the Policy becomes paid-up, matures, or expires, or the Policy is placed on a nonforfeiture option;
- d. Upon request in writing of the Owner for cancellation with the submission of this Rider and the Policy for endorsement;
- e. For an individual Insured Child, coverage ceases on the 18th birthday of that child.

If a premium is accepted by Us for this Rider after termination, We shall not be liable nor will it be a waiver of termination. Any premium accepted under those conditions will be refunded.

GENERAL PROVISIONS – Continued

Incontestability - The incontestability provisions of the Policy shall apply to this Rider and to the Insured Child. The period of time shall be from the Issue Date of this Rider.

Suicide - If the Insured or the Insured Child commits suicide, while sane or insane, within two years after the Issue Date of this Rider, or as may be permitted in such cases by the laws of the state in which this Rider is delivered, the amount payable in lieu of benefits stated will be equal to the amount of premiums paid, less any indebtedness under this Rider.

CONTINUATION OF TERM INSURANCE IN THE EVENT OF DEATH OF THE INSURED

Upon receipt by Us of due proof of death of the Insured while the Policy and this Rider are in full force, the term insurance benefit provided under this Rider will automatically become paid-up to the date it would normally have expired. This will require the names and birth dates of all children who would be covered under this Rider to be provided to Us. Upon receipt by Us, We will send written notification of the benefits and when they will expire.

While this Rider is on paid-up term, it has a cash value equal to the net single premium for term insurance at the attained age of the Insured Child, calculated using the mortality table and interest defined in the Policy for cash values. This paid-up term insurance may be surrendered at any time for its net cash value. If surrender occurs within 30 days of a benefit anniversary, the cash value will not be less than the cash value on such anniversary. Cash value information on the paid-up term insurance will be furnished upon request.

Signed for the Company at Salt Lake City, Utah

Secretary

President



SECURITY NATIONAL LIFE INSURANCE COMPANY

5300 South, 360 West, Suite 250, P.O. Box 57220, Salt Lake City, Utah 84157
Telephone: 1-800-574-7117 or 801-264-1060

DEPENDENT CHILD RIDER PROVIDING TERM INSURANCE ON CHILDREN

We will pay a benefit as stated on the Policy Data Page of the Policy. We will pay upon receipt of due proof of death of an Insured Child. We will pay the benefit subject to the provisions of the Policy and this Rider. Payment of the benefit will be made to the Beneficiary of this Rider. This benefit is payable upon the death of an Insured Child, if that death occurs before the 25th birthday of that child, or before this Rider terminates, whichever comes first.

DEFINITIONS

Beneficiary of this Rider - Will be the Insured, if living; otherwise, We will pay the Beneficiary of the Policy at the time of death.

Insured - Means the person listed as Insured on the Policy to which this Rider is attached.

Insured Child - Means each of the Insured's children named on the application for this Rider. An infant child

is covered when he or she becomes 30 days old. For coverage to apply to an individual child, he or she may not have reached age 18 at the time of application. Also, coverage would be extended to each child born to, or legally adopted by, the Insured after the date of application for this Rider when he or she becomes 30 days old or is under the age of 18 at the time of adoption.

GENERAL PROVISIONS

This Rider is issued in consideration of the application for this Rider, and the payment of premiums specified on the Policy Data Page of the Policy. This Rider is made a part of the Policy to which it is attached. The effective date of this Rider shall be the Issue Date of the Policy unless a different date is shown on the Policy Data Page of the Policy. The annual premium and number of years payable for the Rider are stated on the Policy Data Page of the Policy.

This Rider shall be subject to all the terms and conditions stated in the Policy and this Rider. There are no additional nonforfeiture values generated by this Rider, except as provided in the Continuation of Term Insurance in the Event of the Death of the Insured provision.

Non-Participating – This Rider does not participate in Our profits or surplus.

Misstatement of Age - If the age of an Insured Child has been misstated, any benefit payable under this Rider will be paid in accordance with the correct age.

Reinstatement - If the Policy is to be reinstated with this Rider, evidence of insurability on each Insured Child must be provided for the Rider to be in effect on that child.

Termination of Rider - This Rider shall cease to be in force when the first of the following conditions occur:

- a. Any premium is not paid before the expiration of the grace period;
- b. Upon the Policy anniversary following the Insured's 65th birthday;
- c. When the Policy becomes paid-up, matures, or expires, or the Policy is placed on a nonforfeiture option;
- d. Upon request in writing of the Owner for cancellation with the submission of this Rider and the Policy for endorsement;
- e. For an individual Insured Child, coverage ceases on the 25th birthday of that child.

If a premium is accepted by Us for this Rider after termination, We shall not be liable nor will it be a waiver of termination. Any premium accepted under those conditions will be refunded.

GENERAL PROVISIONS – Continued

Incontestability - The incontestability provisions of the Policy shall apply to this Rider and to the Insured Child. The period of time shall be from the Issue Date of this Rider.

Suicide - If the Insured or the Insured Child commits suicide, while sane or insane, within two years after the Issue Date of this Rider, or as may be permitted in such cases by the laws of the state in which this Rider is delivered, the amount payable in lieu of benefits stated will be equal to the amount of premiums paid, less any indebtedness under this Rider.

CONTINUATION OF TERM INSURANCE IN THE EVENT OF DEATH OF THE INSURED

Upon receipt by Us of due proof of death of the Insured while the Policy and this Rider are in full force, the term insurance benefit provided under this Rider will automatically become paid-up to the date it would normally have expired. This will require the names and birth dates of all children who would be covered under this Rider to be provided to Us. Upon receipt by Us, We will send written notification of the benefits and when they will expire.

While this Rider is on paid-up term, it has a cash value equal to the net single premium for term insurance at the attained age of the Insured Child, calculated using the mortality table and interest defined in the Policy for cash values. This paid-up term insurance may be surrendered at any time for its net cash value. If surrender occurs within 30 days of a benefit anniversary, the cash value will not be less than the cash value on such anniversary. Cash value information on the paid-up term insurance will be furnished upon request.

Signed for the Company at Salt Lake City, Utah

Secretary

President



SECURITY NATIONAL LIFE INSURANCE COMPANY

5300 South, 360 West, Suite 250, P.O. Box 57220, Salt Lake City, Utah 84157
Telephone: 1-800-574-7117 or 801-264-1060

FAMILY INSURANCE RIDER PROVIDING TERM INSURANCE ON SPOUSE AND CHILDREN

We will pay the Death Benefit as stated in the Insurance Benefit of this Rider. We will pay upon receipt of due proof of death of the Insured Spouse or an Insured Child. We will pay the benefit subject to the provisions of the Policy and this Rider. Payment of the benefit will be made to the Beneficiary of this Rider.

INSURANCE BENEFIT

The Insurance Benefit for the Insured Spouse will be determined by multiplying the Units of Coverage times the Benefit Amount shown in the Spouse Benefit Table for the attained age of the Insured Spouse at date of death. Such death must occur while the Policy and this Rider are in full force and before the Insured Spouse's 65th birthday.

The Insurance Benefit for an Insured Child will be determined by multiplying the Units of Coverage times \$1,000. For a benefit to be payable, an Insured Child's death must occur while the Policy and this Rider are in full force and before that Insured Child's 25th birthday.

Spouse Benefit Table

Attained Age	Benefit Amount								
		26	2,450	36	1,950	46	1,450	56	1,000
		27	2,400	37	1,900	47	1,400	57	1,000
18	2,500	28	2,350	38	1,850	48	1,350	58	1,000
19	2,500	29	2,300	39	1,800	49	1,300	59	1,000
20	2,500	30	2,250	40	1,750	50	1,250	60	1,000
21	2,500	31	2,200	41	1,700	51	1,200	61	1,000
22	2,500	32	2,150	42	1,650	52	1,150	62	1,000
23	2,500	33	2,100	43	1,600	53	1,100	63	1,000
24	2,500	34	2,050	44	1,550	54	1,050	64	1,000
25	2,500	35	2,000	45	1,500	55	1,000		

DEFINITIONS

Beneficiary of this Rider - Will be the Insured, if living; otherwise, the Insured Spouse, if living; otherwise, We will pay the Beneficiary of the Policy at the time of death.

Insured - Means the person listed as Insured on the Policy to which this Rider is attached.

Insured Spouse - Means the Insured's Spouse named on the application for this Rider. He or she must be at least 18 years old and may not have reached age 60 at the time of application.

Insured Child - Means each of the Insured's children named on the application for this Rider. An infant child

is covered when he or she becomes 30 days old. For coverage to apply to an individual child, he or she may not have reached age 18 at the time of application. Also, coverage would be extended to each child born to, or legally adopted by, the Insured after the date of application for this Rider when he or she becomes 30 days old or is under the age of 18 at the time of adoption.

Units of Coverage - Means the Benefit for the Family Insurance Rider as stated on the Policy Data Page of the Policy, divided by 1,000.

GENERAL PROVISIONS

This Rider is issued in consideration of the application for this Rider, and the payment of premiums specified on the Policy Data Page of the Policy. This Rider is made a part of the Policy to which it is attached. The effective date of this Rider shall be the Issue Date of the Policy unless a different date is shown on the Policy Data Page of the Policy. The annual premium and number of years payable for the Rider are stated on the Policy Data Page of the Policy.

This Rider shall be subject to all the terms and conditions stated in the Policy and this Rider. There are no additional nonforfeiture values generated by this Rider, except as provided in the Continuation of Term Insurance in the Event of the Death of the Insured provision.

Non-Participating – This Rider does not participate in Our profits or surplus.

Misstatement of Age - If the age of the Insured Spouse or an Insured Child has been misstated, any benefit payable under this Rider will be paid in accordance with the correct age.

Reinstatement - If the Policy is to be reinstated with this Rider, evidence of insurability on the Insured Spouse and each Insured Child must be provided for the Rider to be in effect on that insured.

Suicide - If the Insured, Insured Spouse, or the Insured Child commits suicide, while sane or insane, within two years after the Issue Date of this Rider, or as may be permitted in such cases by the laws of the state in which this Rider is delivered, the amount payable in lieu of benefits stated will be equal to the amount of premiums paid, less any indebtedness under this Rider.

Incontestability - The incontestability provisions of the Policy shall apply to this Rider and to the Insured Spouse and to the Insured Child. The period of time shall be from the Issue Date of this Rider.

Termination of Rider - This Rider shall cease to be in force when the first of the following conditions occur:

- a. Any premium is not paid before the expiration of the grace period;
- b. Upon the Policy anniversary following the Insured's 65th birthday;
- c. When the Policy becomes paid-up, matures, or expires, or the Policy is placed on a nonforfeiture option;
- d. Upon request in writing of the Owner for cancellation with the submission of this Rider and the Policy for endorsement;
- e. For the Insured Spouse, coverage ceases on their 65th birthday.
- f. For an individual Insured Child, coverage ceases on the 25th birthday of that child.

If a premium is accepted by Us for this Rider after termination, We shall not be liable nor will it be a waiver of termination. Any premium accepted under those conditions will be refunded.

CONTINUATION OF TERM INSURANCE IN THE EVENT OF DEATH OF THE INSURED

Upon receipt by Us of due proof of death of the Insured while the Policy and this Rider are in full force, the term insurance benefit provided under this Rider will automatically become paid-up to the date it would normally have expired. This will require the names and birth dates of the Insured Spouse and all children who would be covered under this Rider to be provided to Us. Upon receipt by Us, We will send written notification of the benefits and when they will expire.

While this Rider is on paid-up term, it has a cash value equal to the net single premium for term insurance at the attained age of the Insured Spouse or the Insured Child, calculated using the mortality table and interest defined in the Policy for cash values. This paid-up term insurance may be surrendered at any time for its net cash value. If surrender occurs within 30 days of a benefit anniversary, the cash value will not be less than the cash value on such anniversary. Cash value information on the paid-up term insurance will be furnished upon request.

Signed for the Company at Salt Lake City, Utah

Secretary

President



SECURITY NATIONAL LIFE INSURANCE COMPANY

5300 South, 360 West, Suite 250, P.O. Box 57220, Salt Lake City, Utah 84157
Telephone: 1-800-574-7117 or 801-264-1060

WAIVER OF PREMIUM RIDER TOTAL AND PERMANENT DISABILITY

This Rider is Attached to and Made a Part of the Policy

Effective Date – Unless otherwise shown on the Policy Data Page, the Effective Date of this Rider shall be the Policy Date.

Premium – The premium for this Rider and the years to be paid are stated on the Policy Data Page. This Rider is issued due to the attached application and the payment of the first premium for this Rider.

Non-Participating – This Rider does not share in Our profits or surplus.

General Provisions – This Rider shall be subject to all the terms and conditions stated in the Policy and this Rider. There are no nonforfeiture values provided by this Rider.

Incontestability – The incontestability provisions of the Policy shall apply to this Rider using the Effective Date of this form. The incontestability period will exclude any period when the Insured is totally disabled.

Benefit – We agree that upon receipt of Notice and Proof of Claim that the Insured has become Totally and Permanently Disabled by bodily injury or disease that We will waive the payment of all premiums falling due under this Policy during the continuance of such disability. Such disability must have been incurred after the Effective Date of this Rider and while the Policy and Rider were in full force. Premiums will be waived starting with the premium due after the date of disability. The premium waived shall be the premium payable according to the premium payment mode in effect on the date of disability. The amount payable under any Policy proceeds will not be reduced by any premium waived under this Rider. The Cash and Loan values will be the same as if the waived premium had been paid in cash.

Total and Permanent Disability

Disability shall be deemed to be total when:

- 1) during the first 24 months of disability the Insured is unable to perform the main duties of their job due to sickness or accidental bodily injury; and;
- 2) after the first 24 months the Insured, is unable to perform any of the main duties of their job, or any other job for which they become reasonably suited by education, training or experience.

Such total disability shall be presumed to be permanent, but only for the purpose of determining the start of liability, when it is present and has existed continuously for not less than 180 days. Until We approve the claim, payment of the premiums when due is required to avoid a lapse of insurance. If We approve the claim for the waiver benefit, We shall refund the premiums which fell due and were paid after the date of the Insured's disability. While premiums are waived, all benefits included under the Policy will stay in force according to their terms.

The entire and irrevocable loss of sight of both eyes or the total and permanent loss of the use of both hands or both feet, or of one hand and one foot, shall be considered as total and permanent disability.

Exclusions: Risks Not Assumed – This benefit is not payable if the Insured's disability is caused or contributed to by any of the following:

- 1) Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- 2) War, declared or undeclared, any act of war, or any type of military conflict;
- 3) Active participation in a riot, insurrection or terrorist activity;
- 4) Committing or attempting to commit a felony, or participation in an illegal occupation or activity;
- 5) Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or of any poison, gas or fumes, unless a direct result of an occupational accident;
- 6) Intoxication as defined by the jurisdiction where the accident occurred; and/or
- 7) Disability starting prior to the Insured's 18th birthday;
- 8) Disability starting after the benefit anniversary on which the Insured attains age 65;
- 9) Any condition disclosed in the application and explicitly excluded in a form attached to the Policy.

Notice and Proof of Claim – Written notice of claim and satisfactory proof of Total and Permanent Disability of the Insured must be provided to Us. Proof must be provided while the Insured is alive and totally disabled and before the Policy anniversary of the Insured's 65th birthday. If it is not reasonably possible to give such notice and proof within such time, such notice and proof ,must be given as soon as reasonably possible.

If any premium on the Policy is in default before receipt by Us of Notice and Proof of Claim,, the disability benefit shall be allowed only if such notice and proof are received within one year of the due date of the first premium in default. The disability for which the claim is made must have commenced prior to the due date of such premium in default or within the grace period allowed for payment of such premium. If total disability begins during a grace period, payment of the overdue premium is required before We will approve a claim for the waiver benefit. In any event, no premium shall be waived where the due date is more than 180 days prior to receipt of such proof. You shall be liable for any premiums in default that are not waived.

Upon the approval of such claim, We will refund any premium which fell due and was paid after the date of disability. However no premium shall be refunded, when the due date of the premium was more than 180 days prior to the date of receipt of written notice and proof by Us.

We shall have the right and opportunity to have one or more physicians chosen by Us examine the Insured when and as often as We may reasonably require.

Proof of Continuance of Disability and Recovery from Disability – Even though proof of disability has been accepted by Us, the Insured shall, when required by Us, provide due proof of the continuance of such

disability. During the first two years after claim approval, We will not require such proof more often than once every 30 days. After this two-year period, We will not require such proof more often than once per year. If the Insured fails to provide such proof, or on request fails to submit to an examination by physicians of Our choice at Our expense, the waiver benefit will cease. Also, if the Insured recovers as to be able to work in any occupation or to perform work for pay or profit, the waiver benefit will cease. When the benefit ceases, all premiums falling due must then be paid as provided in the Policy. The Insured agrees to give Us notice as soon as such disability ceases to be total and permanent.

Termination of Rider - This Rider shall cease to be in force when the first of the following occurs:

- a. Any premium is not paid before the end of the grace period;
- b. When the Policy becomes paid-up, matures, or expires, or is placed on a nonforfeiture option, or the Policy otherwise terminates;
- c. Upon request in writing of the Owner for cancellation and the submission of this Rider and the Policy for endorsement;
- d. Upon the Policy anniversary following the Insured's 65th birthday.

If a premium is accepted by Us for this Rider after termination, We shall not be liable nor will it be a waiver of termination. Any premium accepted under those conditions will be refunded.

Signed for the Company at Salt Lake City, Utah

Secretary

President

SERFF Tracking Number: *SENL-125953813* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41150*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *iCare (01/2009)-AR, et al*
Project Name/Number: *Individual Whole Life/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SENL-125953813 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number: 41150
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: iCare (01/2009)-AR, et al
Project Name/Number: Individual Whole Life/

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

12/17/2008

Comments:

Attachments:

Arkansas Guaranty Association Letter (9-2005).pdf
CERTIFICATIONS FOR iCare (01-2009) 12-17-08.pdf
ARKANSAS NOTICE FOR POLICIES - SNL ONLY 3-25-08.pdf

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies of the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers’ care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association % The Liquidation Division 1023 West Capitol Little Rock, Arkansas 72201	Arkansas Insurance Department 1200 West Third Street Little Rock, Arkansas 72201
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The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change

anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;

- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iCare (01/2009)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 66.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 17, 2008
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iCare APP (01/2009)-AR – Higher Ed complies with the Flesch reading ease requirement achieving a Flesch score of 56.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 17, 2008
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iCare APP (01/2009)-AR – Home Service complies with the Flesch reading ease requirement achieving a Flesch score of 52.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 17, 2008
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iCR18 (01/2009) complies with the Flesch reading ease requirement achieving a Flesch score of 60.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 17, 2008
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iCR25 (01/2009) complies with the Flesch reading ease requirement achieving a Flesch score of 60.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 17, 2008
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iFPR (01/2009) complies with the Flesch reading ease requirement achieving a Flesch score of 73.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 17, 2008
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iWP (01/2009) complies with the Flesch reading ease requirement achieving a Flesch score of 51.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 17, 2008

Date

CERTIFICATE OF COMPLIANCE

Security National Life Insurance Company hereby certifies that the Company has reviewed the enclosed policy forms and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of rule and Regulation 19, § 10 B, and all applicable requirements of the Arkansas Insurance Department, State of Arkansas, and Regulations promulgated pursuant thereto.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 17, 2008
Date

ARKANSAS NOTICE

Policyholder Service Office of Company: Security National Life Insurance Company

Address: 5300 South 360 West, Suite 250 • Salt Lake City, Utah 84123
P.O. Box 57220 • Salt Lake City, Utah 84157

Telephone: 1-801-264-1060 **Toll Free:** 1-800-574-7117

Name of Agent: _____

Address: _____

Telephone Number: _____

If we at Security National Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Department
1200 West 3rd Street
Little Rock, AR 72201
1-501- 371-2640
Toll Free: 1-800-852-5494