

SERFF Tracking Number: SENL-125990633 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number: 41350
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al
Project Name/Number: Family Protector Plan/

Filing at a Glance

Company: Security National Life Insurance Company

Product Name: FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al
SERFF Tr Num: SENL-125990633 State: ArkansasLH

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 41350

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status: Approved

Reviewer(s): Linda Bird

Author: Jeanine Larson

Disposition Date: 01/22/2009

Date Submitted: 01/15/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Family Protector Plan

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 05/05/2008

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: 01/22/2009

Deemer Date:

State Status Changed: 01/22/2009

Corresponding Filing Tracking Number:

Filing Description:

Re: First Submission: Form Filing FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al

Security National Life Insurance Company

NAIC Company Code: 69485 0454

Federal ID No.: 36-2610791

SERFF Tracking Number: *SENL-125990633* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41350*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al*
Project Name/Number: *Family Protector Plan/*

Dear Commissioner,

Attached, please find the above-referenced Form Filing for your review and approval; the policies, application, together with the Actuarial Memorandum, the Flesch/Readability Score Certification and Compliance Certification. We are also submitting the required Form Filing Fees of \$100.00, 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 FP1 (03/2008)-AR: is a traditional whole life plan with premiums and coverage extending through age 120 at which time the policy matures for the face amount. The death benefit ranges from \$1,000 to \$25,000. The intended market is the general public, ages 0 to 90.

Form number FP3 (03/2008)-AR: is a traditional whole life plan with premiums and coverage extending through age 120 at which time the policy matures for the face amount. During the first three years, the policy provides for a graded death benefit. If the insured death occurs during the first policy year, we will pay 25% of the Death Benefit. If such death occurs during policy years 2 or 3, we will pay 50% or 75% of the Death Benefit, respectively. The death benefit ranges from \$1,000 to 25,000.00. The intended market is the general public, ages 0 to 85.

Form number FPP APP (03/2008)-AR: is an application to be used to apply for the FP1 (03/2008)-AR and FP3 (03/2008)-AR policies.

The FP1 (03/2008) and FP2 (03/2008) policies and application has been approved by our domicile State of Utah on May 5, 2008 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.

SERFF Tracking Number: SENL-125990633 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number: 41350
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al
Project Name/Number: Family Protector Plan/

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]

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:

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 2 Policies @ \$50.00 = \$100.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
---------	--------	----------------	---------------

SERFF Tracking Number: *SENL-125990633* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41350*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al*
Project Name/Number: *Family Protector Plan/*

Security National Life Insurance Company \$100.00 01/15/2009 25064672

SERFF Tracking Number: *SENL-125990633* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41350*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al*
Project Name/Number: *Family Protector Plan/*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/22/2009	01/22/2009

SERFF Tracking Number: *SENL-125990633* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41350*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al*
Project Name/Number: *Family Protector Plan/*

Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SENL-125990633 State: Arkansas
 Filing Company: Security National Life Insurance Company State Tracking Number: 41350
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al
 Project Name/Number: Family Protector Plan/

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

SERFF Tracking Number: SENL-125990633 State: Arkansas
 Filing Company: Security National Life Insurance Company State Tracking Number: 41350
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al
 Project Name/Number: Family Protector Plan/

Form Schedule

Lead Form Number: FP1 (03/2008)-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FP1 (03/2008)-AR	Policy/Cont ract/Fraternal Certificate	Policy	Initial		73	FP1-08 (03-2008)-AR 2001CSO 1-15-09.pdf
	FP3 (03/2008)-AR	Policy/Cont ract/Fraternal Certificate	Policy	Initial		72	FP3-08 (03-2008)-AR 2001CSO 1-15-09.pdf
	FPP APP (03/2008)-AR	Application/ Enrollment Form	Application	Initial		54	APPLICATION - FPP APP (03-2008)-AR 1-15-09.pdf

SECURITY NATIONAL LIFE INSURANCE COMPANY
5300 South 360 West, Suite 250 P.O. Box 57220 Salt Lake City, Utah 84157-0220
Telephone: (801) 264-1060 or (800) 574-7117

Use these telephone numbers to present inquiries or obtain information concerning coverage or assistance 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 POLICY

This policy may be cancelled by delivering or mailing it to Us with a Written Request to cancel. The Written Request must be received by Us or mailed before midnight of the thirtieth day after Your receipt of this policy. This policy will then be void from its Policy Date. Notice given by mail and return of the policy by mail effective on being postmarked, properly addressed and postage prepaid. We will return to You all payments made for this policy within thirty days after we receive notice of cancellation and the returned policy.

This policy is signed for the Company Administrative Offices, 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 OR UNTIL THE MATURITY DATE.
NON-PARTICIPATING.
NO DIVIDENDS ARE PAYABLE

SECURITY NATIONAL LIFE INSURANCE COMPANY

5300 South 360 West, Suite 250 P.O. Box 57220

Salt Lake City, Utah 84157-0220

Phones: (801) 264-1060 or (800) 574-7117

Whole Life Insurance

STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY 111111

INSURED: SAMPLE SAMPLE

AGE: 50 Female **POLICY DATE:** JANUARY 01, 2008

DEATH BENEFIT: \$5,000 **MATURITY DATE:** JANUARY 01, 2078

PREMIUM FREQUENCY: Pre-Authorized Check Monthly

PREMIUM CLASS: Non Smoker **POLICY FORM:** FP1 (03/2008)-AR

PLAN: FP1-08 – WHOLE LIFE INSURANCE TO THE MATURITY DATE SPECIFIED ABOVE.

YEAR	BENEFIT	ANNUAL PREMIUM	CASH VALUE	LOAN VALUE	PAID-UP BENEFIT
1	\$5,000	\$163.55	0.00	0.00	\$0
2	\$5,000	\$163.55	0.00	0.00	\$0
3	\$5,000	\$163.55	\$56.00	\$56.00	\$211.35
4	\$5,000	\$163.55	\$125.30	\$125.30	\$455.40
5	\$5,000	\$163.55	\$196.40	\$196.40	\$687.40
6	\$5,000	\$163.55	\$269.20	\$269.20	\$907.65
7	\$5,000	\$163.55	\$343.60	\$343.60	\$1,116.85
8	\$5,000	\$163.55	\$419.65	\$419.65	\$1,315.75
9	\$5,000	\$163.55	\$497.45	\$497.45	\$1,505.10
10	\$5,000	\$163.55	\$577.15	\$577.15	\$1,685.75
11	\$5,000	\$163.55	\$658.80	\$658.80	\$1,858.35
12	\$5,000	\$163.55	\$742.40	\$742.40	\$2,023.20
13	\$5,000	\$163.55	\$827.95	\$827.95	\$2,180.75
14	\$5,000	\$163.55	\$915.55	\$915.55	\$2,331.50
15	\$5,000	\$163.55	\$1005.15	\$1,005.15	\$2,475.70
16	\$5,000	\$163.55	\$1,096.70	\$1,096.70	\$2,613.60
17	\$5,000	\$163.55	\$1,190.20	\$1,190.20	\$2,745.40
18	\$5,000	\$163.55	\$1,285.50	\$1,285.50	\$2,871.40
19	\$5,000	\$163.55	\$1,382.50	\$1,382.50	\$2,991.70
20	\$5,000	\$163.55	\$1,481.15	\$1,481.15	\$3,106.60

INTEREST ADJUSTED INDEXES BASED ON A 5% INTEREST RATE

	10 years	20 years
Life Insurance Net Payment Cost Index	32.71	32.71
Life Insurance Surrender Index	23.97	24.18

The policy is an endowment policy with premiums payable to age 120. The death benefit is payable at the date of the death of the insured. The policy endows at age 120 for the cash value less any policy loans.

The illustration does not recognize that, because of interest, a dollar in the future has less value than a dollar today.

Premiums paid over several years may exceed the death benefit.

This Statement is not valid unless all pages are present.

FP1 (03/2008)-AR

INDEX

	Page
Index	2
Policy Data Page.....	3
Table of Guaranteed Values	4
Definitions	5
Proceeds.....	5
Payment of Proceeds.....	5
General Provisions.....	5
Contract.....	5
Error in Age or Sex	5
Suicide Exclusion... ..	5
Incontestability.....	5
Termination.....	6
Ownership and Assignment.....	6
Owner	6
Assignment and Transfer of Ownership	6
Beneficiary	6
Beneficiary.....	6
Death of Beneficiary.....	6
Beneficiary Change.....	6
Premiums	6
Premium Payments	6
Automatic Premium Loan.....	7
Grace period.....	7
Reinstatement	7
Nonforfeiture	7
Cash Surrender Value	7
Deferral of Payment.....	7
Basis of Values	8
Options on Nonpayment of Premium	8
Surrender.....	8
Paid-Up Option... ..	8
Surrender of Paid-up Insurance.....	8
Loan Provision.....	8
Policy Loan.....	8
Loan Interest	9
Settlement Options	9
Payments.....	9
Change in Payments.....	9
Claims of Creditors... ..	9
Assignment	9
Options.....	10
Option 3.....	10
Option 4.....	10

POLICY DATA PAGE

POLICY 111111

INSURED: SAMPLE SAMPLE
AGE: 50 Female **POLICY DATE:** JANUARY 01, 2008
DEATH BENEFIT: \$5,000 **MATURITY DATE:** JANUARY 01, 2078
TOTAL PREMIUM: \$163.55 **FREQUENCY:** Pre-Authorized Check Monthly
PREMIUM CLASS: Non Smoker **POLICY FORM:** FP1 - (03/2008)-AR
PLAN: WHOLE LIFE INSURANCE TO THE MATURITY DATE SPECIFIED ABOVE.

COVERAGES

Coverage Description	Death Benefit	Annual Premium	Years To Pay	Form Number
Family Protector I	\$5,000	163.55	70 Years	FP1 (03/2008)-AR

Premium Schedule

Annual	Semi-Annual	Quarterly	PAC Monthly	Monthly
\$163.55	\$85.05	\$43.34	\$13.90	\$14.72

TABLE OF GUARANTEED VALUES

Age 50 - Female – Non Smoker

Policy Number 111111

YEAR	CASH VALUE	PAID-UP INS	YEAR	CASH VALUE	PAID-UP INS
1	0.00	0			
2	0.00	0			
3	56.00	211.35			
4	125.30	455.40			
5	196.40	687.40			
6	269.20	907.65			
7	343.60	1,116.85			
8	419.65	1,315.75			
9	497.45	1,505.10			
10	577.15	1,685.75			
11	658.80	1,858.35			
12	742.40	2,023.20			
13	827.95	2,180.75			
14	915.55	2,331.50			
15	1,005.15	2,475.70			
16	1,096.70	2,613.60			
17	1,190.20	2,745.40			
18	1,285.50	2,871.40			
19	1,382.50	2,991.70			
20	1,481.15	3,106.60			

Values not shown will be provided upon request.

DEFINITIONS

1. **Age** is the age as of the last birthday at the beginning of the policy year.
2. **Maturity Date** is the date the policy matures as shown on the Policy Data Page.
3. **Policy Date** is the date shown on the Policy Data Page. All policy years, months and anniversaries will be computed from the Policy Date.
4. **We, Us, and Our** mean Security National Life Insurance Company.
5. **Written Request** means a request in writing in a form satisfactory to Us and recorded at Our Home Office.
6. **You, Your and Yourself** means the Owner of this policy as shown in the application or as changed as provided herein.

PROCEEDS

Proceeds mean 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. 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. Proceeds will be increased by any premium paid that applies to a period beyond the end of the month in which the Insured's death occurs. Indebtedness consists of any unpaid loan plus accrued interest.

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 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.

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.

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 Policy Date, the proceeds payable under this policy will be limited to the premiums paid, less any indebtedness.

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.

Termination

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

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.

Assignment and Transfer of Ownership

You may transfer ownership of the policy by Written Request. The change will take effect on the date the request was signed. However, the change will not apply to any payment made or actions We have taken before the request is received and recorded at Our office.

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.

The change will take effect on the date the request was signed. However, it will not apply to any payments made or actions taken by Us before the request was received and recorded at Our office.

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, semiannually, 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, 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.

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.

Any premium not paid on or before its due date is a premium in default. Subject to the Automatic Premium Loan provision, 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 may be reinstated during the lifetime of the Insured under the following conditions:

- The Policy was not surrendered for its cash value;
- Requests for reinstatement must be made before the Maturity Date and within three years from the date of the first premium in default; and
- Satisfactory evidence is provided to Us of the insurability of the Insured;
- All past due premiums are paid, with interest at 6%, compounded yearly; and
- 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 two years prior to termination, the Suicide Exclusion and Incontestability Provisions will apply for the remaining portion of such two year period. In addition, the Policy will be contestable as to statements made in the Reinstatement Application for a period of two 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 six 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 2001 CSO, Male/Female Composite/Smoker/Non Smoker Mortality Tables Age Last Birthday with interest at 5.0% compounded annually.

The Nonforfeiture values for the policy are equal to or greater than those required by law. A detailed statement 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. You may elect one of the options by providing Written Request not more than 60 days after the premium due date and prior to the insured's death. If no other option is elected at the end of the 60 days, the Automatic Option will be the Paid-up Option.

Surrender

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 31 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 Option, the Cash Surrender Value is the Cash 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, or any additional benefit terminates unless provided otherwise in the policy.

Surrender of Paid-up Insurance

Paid-up insurance may be surrendered at any time while the Insured is still living. While in force under the Paid-Up Option, the Cash Surrender Value of the policy is the net single premium for the amount of paid-up insurance 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 a 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 of the Paid-up Option.

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 date 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 equals or exceeds the Cash Value, the policy will be over loaned and will terminate. We will notify You and any assignee on record at Our Home Office 31 days 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 an annual 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 8% compounded annually.

SETTLEMENT OPTIONS

Prior to the Insured's death You may elect that the Proceeds of the policy be paid under one of the Settlement Options in lieu of receiving a lump sum. 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 join 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.

The option date under Options 1, 2, 3 and 5 is the date the Proceeds are payable, or the date of election, whichever is later.

Under Options 3 and 5, 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 and 2 may not be made. Payments under Options 1 and 2 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.

Payments guaranteed under Option 3 will be commuted only in the event of the death of the payee. Any guaranteed payments that remain to be paid under Option 3 at the death of the payee will be commuted at an interest rate of not less than 3%, compounded annually and paid in a lump sum.

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 not be assigned.

Options

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

A. 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.

B. 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.

C. 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.

D. Option 4 – Installment Payment – Period Certain and Life Thereafter

The proceeds are left with Us, and We will pay equal monthly payments, as long as the payee lives. We guarantee that, if the payee dies before the specified number of months, payments will continue to a contingent payee. The first installment is due on the date of settlement.

E. Option 5 – Other Settlement Options

If We have any other options available when the proceeds are payable, they may be elected period.

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

Period Years	Monthly Payment						
1	85.21	6	15.99	11	9.77	16	7.49
2	43.64	7	14.02	12	9.16	17	7.20
3	29.80	8	12.56	13	8.64	18	6.94
4	22.89	9	11.42	14	8.20	19	6.71
5	18.74	10	10.51	15	7.82	20	6.51

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

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

Age of Payee

Male	Female	10 Years Certain	15 Years Certain	20 Years Certain	Male	Female	10 Years Certain	15 Years Certain	20 Years Certain
*20	*25	2.93	2.92	2.91	50	55	4.50	4.37	4.18
21	26	2.95	2.95	2.93	51	56	4.60	4.44	4.24
22	27	2.98	2.97	2.96	52	57	4.69	4.52	4.30
23	28	3.01	3.00	2.99	53	58	4.79	4.60	4.36
24	29	3.04	3.03	3.02	54	59	4.90	4.69	4.41
25	30	3.08	3.07	3.05	55	60	5.01	4.77	4.47
26	31	3.11	3.10	3.08	56	61	5.12	4.86	4.53
27	32	3.14	3.13	3.11	57	62	5.23	4.94	4.59
28	33	3.18	3.17	3.15	58	63	5.35	5.03	4.64
29	34	3.22	3.20	3.18	59	64	5.48	5.12	4.70
30	35	3.26	3.24	3.22	60	65	5.61	5.21	4.75
31	36	3.30	3.28	3.25	61	66	5.74	5.30	4.80
32	37	3.34	3.32	3.29	62	67	5.87	5.39	4.85
33	38	3.39	3.36	3.33	63	68	6.01	5.48	4.90
34	39	3.43	3.41	3.37	64	69	6.16	5.56	4.94
35	40	3.48	3.45	3.41	65	70	6.30	5.65	4.98
36	41	3.53	3.50	3.45	66	71	6.45	5.73	5.02
37	42	3.59	3.55	3.50	67	72	6.60	5.82	
38	43	3.64	3.60	3.54	68	73	6.76	5.90	
39	44	3.70	3.65	3.59	69	74	6.91	5.97	
40	45	3.76	3.71	3.64	70	75	7.07	6.05	
41	46	3.82	3.77	3.69	71	76	7.23	6.12	
42	47	3.88	3.82	3.84	72	77	7.38	6.18	
43	48	3.95	3.88	3.79	73	78	7.54	6.24	
44	49	4.02	3.95	3.84	74	79	7.69	6.30	
45	50	4.09	4.01	3.90	75	80	7.84	6.35	
46	51	4.17	4.08	3.95	76	81	7.98	6.39	
47	52	4.25	4.15	4.01	77	82	8.13		
48	53	4.33	4.22	4.07	78	83	8.26		
49	54	4.42	4.29	4.12	79	84	8.39		
					+80	+85	8.51		

* And Under

+ And Over

SECURITY NATIONAL LIFE Insurance Company

**P.O. Box 57220
Salt Lake City, UT 84157-0220**

Arkansas Insurance Department

**Consumer Services Department
1200 West Third Street
Little Rock, AR 72201
1-501- 371-2640
Toll Free: 1-800-852-5494**

**WHOLE LIFE INSURANCE
PROCEEDS PAYABLE AFTER THE DEATH OF THE INSURED PRIOR TO THE MATURITY DATE.
PREMIUMS PAYABLE DURING THE LIFETIME OF THE INSURED OR UNTIL THE MATURITY DATE.
NON-PARTICIPATING.
NO DIVIDENDS ARE PAYABLE**

SECURITY NATIONAL LIFE INSURANCE COMPANY
5300 South 360 West, Suite 250 P.O. Box 57220 Salt Lake City, Utah 84157-0220
Telephone: (801) 264-1060 or (800) 574-7117

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 POLICY

This policy may be cancelled by delivering or mailing it to Us with a Written Request to cancel. The Written Request must be received by Us or mailed before midnight of the thirtieth day after Your receipt of this policy. This policy will then be void from its Policy Date. Notice given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We will return to You all payments made for this policy within thirty days after we receive notice of cancellation and the returned policy.

This policy is signed for the Company Administrative Offices, Salt Lake City, Utah on the Policy Date.

Secretary

President

**GRADED DEATH BENEFIT
WHOLE LIFE INSURANCE
LIMITED BENEFIT PAYABLE IN THE FIRST THREE POLICY YEARS.
PROCEEDS PAYABLE AFTER THE DEATH OF THE INSURED PRIOR TO THE MATURITY DATE.
PREMIUMS PAYABLE DURING THE LIFETIME OF THE INSURED OR UNTIL THE MATURITY DATE.
NON-PARTICIPATING.
NO DIVIDENDS ARE PAYABLE**

SECURITY NATIONAL LIFE INSURANCE COMPANY
5300 South 360 West, Suite 250 – Salt Lake City, Utah 84157-0220
Phones: (800) 574-7117 or (801) 264-1060
WHOLE LIFE INSURANCE

STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY 111111

INSURED: Sample Sample
AGE: 50 Male **POLICY DATE:** January 01, 2008
DEATH BENEFIT: \$5,000 **MATURITY DATE:** January 01, 2078
PREMIUM FREQUENCY: Pre-Authorized Check Monthly
PREMIUM CLASS: Non Smoker **POLICY FORM:** FP3 (03/2008)-AR
PLAN: FP2-08 – WHOLE LIFE INSURANCE TO THE MATURITY DATE SPECIFIED ABOVE.

YEAR	BENEFIT	ANNUAL PREMIUM	CASH VALUE	LOAN VALUE	PAID-UP BENEFIT
1	\$1250	\$208.30	\$0.00	\$0.00	\$0.00
2	\$2500	\$208.30	\$26.90	\$26.90	\$69.35
3	\$3750	\$208.30	\$113.90	\$113.90	\$375.25
4	\$5,000	\$208.30	\$198.25	\$198.25	\$628.25
5	\$5,000	\$208.30	\$284.55	\$284.55	\$867.80
6	\$5,000	\$208.30	\$372.65	\$372.65	\$1,094.55
7	\$5,000	\$208.30	\$462.65	\$462.65	\$1,309.60
8	\$5,000	\$208.30	\$554.90	\$554.90	\$1,514.45
9	\$5,000	\$208.30	\$649.70	\$649.70	\$1,710.05
10	\$5,000	\$208.30	\$746.80	\$746.80	\$1,896.50
11	\$5,000	\$208.30	\$845.80	\$845.80	\$2,073.60
12	\$5,000	\$208.30	\$946.15	\$946.15	\$2,241.10
13	\$5,000	\$208.30	\$1,047.55	\$1,047.55	\$2,399.15
14	\$5,000	\$208.30	\$1,149.80	\$1,149.80	\$2,548.20
15	\$5,000	\$208.30	\$1,253.00	\$1,253.00	\$2,689.25
16	\$5,000	\$208.30	\$1,357.30	\$1,357.30	\$2,823.05
17	\$5,000	\$208.30	\$1,463.05	\$1,463.05	\$2,950.55
18	\$5,000	\$208.30	\$1,570.50	\$1,570.50	\$3,072.30
19	\$5,000	\$208.30	\$1,679.70	\$1,679.70	\$3,188.85
20	\$5,000	\$208.30	\$1,790.55	\$1,790.55	\$3,300.30

INTEREST ADJUSTED INDEXES BASED ON A 5% INTEREST RATE

	10 Years	20 Years
Life Insurance Net Payment Cost Index	50.76	46.86
Life Insurance Surrender Index	36.98	35.26

The policy is an endowment policy with premiums payable to age 120. The death benefit is payable at the date of the death of the insured. The policy endows at age 120 for the cash value less any policy loans.

* The death benefit in the first three years is graded.

The illustration does not recognize that, because of interest, a dollar in the future has less value than a dollar today.

Premiums paid over several years may exceed the death benefit.

This Statement is not valid unless all pages are present.

INDEX

	Page
Index	2
Policy Data Page.....	3
Table of Guaranteed Values	4
Definitions	5
Proceeds.....	5
Payment of Proceeds.....	5
General Provisions.....	6
Contract.....	6
Error in Age or Sex	6
Suicide Exclusion... ..	6
Incontestability.....	6
Termination.....	6
Ownership and Assignment.....	6
Owner	6
Assignment and Transfer of Ownership	6
Beneficiary	7
Beneficiary.....	7
Death of Beneficiary	7
Beneficiary Change.....	7
Premiums	7
Premium Payments	7
Automatic Premium Loan.....	7
Grace period.....	7
Reinstatement	8
Nonforfeiture	8
Cash Surrender Value	8
Deferral of Payment.....	8
Basis of Values	8
Options on Nonpayment of Premium	8
Surrender.....	8
Paid-Up Option... ..	9
Surrender of Paid-up Insurance.....	9
Loan Provision.....	9
Policy Loan.....	9
Loan Interest	9
Settlement Options	9
Payments.....	10
Change in Payments.....	10
Claims of Creditors... ..	10
Assignment	10
Options.....	10
Option 3.....	11
Option 4.....	11

POLICY DATA PAGE

POLICY 111111

INSURED: Sample Sample

AGE: 50 **Male**

POLICY DATE: January 01, 2008

DEATH BENEFIT: \$5,000

MATURITY DATE: January 01, **2078**

TOTAL PREMIUM: **\$208.30**

FREQUENCY: Pre-Authorized Check Monthly

PREMIUM CLASS: Non Smoker

POLICY FORM: **FP3 (03/2008-AR)**

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

COVERAGES

Coverage Description	Death Benefit	Annual Premium	Years To Pay	Form Number
Family Protector II	\$5,000	\$208.30	70 Years	FP3 (03/2008)-AR

Premium Schedule

Annual	Semi-Annual	Quarterly	PAC Monthly	Monthly
\$208.30	\$108.32	\$55.20	\$17.71	\$18.75

TABLE OF GUARANTEED VALUES

Age 50 – Male – Non Smoker

Policy Number 111111

YEAR	CASH VALUE	PAID-UP INS	YEAR	CASH VALUE	PAID-UP INS
1	0.00	0.00			
2	26.90	69.35			
3	113.90	375.25			
4	198.25	628.25			
5	284.55	867.80			
6	372.65	1,094.55			
7	462.65	1,309.60			
8	554.90	1,514.45			
9	649.70	1,710.05			
10	746.80	1,896.50			
11	845.80	2,073.60			
12	946.15	2,241.10			
13	1,047.55	2,399.15			
14	1,149.80	2,548.20			
15	1,253.00	2,689.25			
16	1,357.30	2,823.05			
17	1,463.05	2,950.55			
18	1,570.50	3,072.30			
19	1,679.70	3,188.85			
20	1,790.55	3,300.30			

Values not shown will be provided upon request.

DEFINITIONS

1. **Age** is the age of the last birthday at the beginning of the policy year.
2. **Maturity Date** is the date the policy matures as shown on the Policy Data Page.
3. **Policy Date** is the date shown on the Policy Data Page. All policy years, months and anniversaries will be computed from the Policy Date.
4. **We, Us, and Our** mean Security National Life Insurance Company.
5. **Written Request** means a request in writing in a form satisfactory to Us and recorded at Our Home Office.
6. **You, Your** and **Yourself** mean the Owner of this policy as shown in the application or as changed as provided herein.

PROCEEDS

***Proceeds means the amount payable on the Maturity Date, the surrender of this policy, or on the death of the Insured. On the Maturity Date the Proceeds will be the Cash Surrender Value at that time. If the policy is surrendered, the Proceeds will be the Cash Surrender Value at that time. At the time of death, the proceeds will be payable in accordance with the following:

1. If such death occurs during the first policy year, We will pay 25% of the Death Benefit shown on Page 3, Policy Data Page. If such death occurs during policy years 2 or 3, we will pay 50% or 75% of the Death Benefit, respectively.

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

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 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.

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.

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 Policy Date, the Proceeds payable under this policy will be limited to the premiums paid, less any indebtedness.

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.

Termination

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

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.

Assignment and Transfer of Ownership

You may transfer ownership of the policy by Written Request. The change will take effect on the date the request was signed. However, the change will not apply to any payment made or actions We have taken before the request is received and recorded at Our office.

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.

The change will take effect on the date the request was signed. However, it will not apply to any payments made or actions taken by Us before the request was received and recorded at Our office.

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, semiannually, 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, 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.

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.

Any premium not paid on or before its due date is a premium in default. Subject to the Automatic Premium Loan provision, 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 may 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 2001 CSO, Male/Female Composite/Smoker/Non Smoker Mortality Tables, Age Last Birthday with interest at 5.0% compounded annually.

The Non-forfeiture values for the policy are equal to or greater than those required by law. 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. You may elect one of the options by providing Written Request not more than 60 days after the premium due date and prior to the Insured's death. If no other option is elected at the end of the 60 days, the Automatic Option will be the Paid-up Option.

Surrender

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 31 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 Option, the Cash Surrender Value is the Cash 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. 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, or any additional benefit terminates unless provided otherwise in the policy.

Surrender of Paid-Up Insurance

Paid-up insurance may be surrendered at any time while the Insured is still living. While in force under the Paid-Up Option, the Cash Surrender Value of the policy is the net single premium for the amount of paid-up insurance 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 a 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 of the Paid-Up Option.

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 date 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 equals or exceeds the Cash Value, the policy will be over loaned and will terminate. We will notify You and any assignee on record at Our Home Office 31 days 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 an annual 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 8% compounded annually.

SETTLEMENT OPTIONS

Prior to the Insured's death You may elect that the Proceeds of the Policy be paid under one of the Settlement Options in lieu of receiving a lump sum. 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.

The option date under Options 1, 2, 3 and 5 is the date the Proceeds are payable, or the date of election, whichever is later.

Under Options 3 and 5, 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 and 2 may not be made. Payments under Options 1 and 2 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.

Payments guaranteed under Option 3 will be commuted only in the event of the death of the payee. Any guaranteed payments that remain to be paid under Option 3 at the death of the payee will be commuted at an interest rate of not less than 3%, compounded annually and paid in a lump sum.

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 not be assigned.

Options

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

A. 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.

B. 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.

C. 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.

D. Option 4 – Installment Payment – Period Certain and Life Thereafter

The proceeds are left with Us, and We will pay equal monthly payments, as long as the payee lives. We guarantee that, if the payee dies before the specified number of months, payments will continue to a contingent payee. The first installment is due on the date of settlement.

E. Option 5 – Other Settlement Options

If We have any other options available when the proceeds are payable, they may be elected period.

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

Period Years	Monthly Payment						
1	85.21	6	15.99	11	9.77	16	7.49
2	43.64	7	14.02	12	9.16	17	7.20
3	29.80	8	12.56	13	8.64	18	6.94
4	22.89	9	11.42	14	8.20	19	6.71
5	18.74	10	10.51	15	7.82	20	6.51

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

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

Age of Payee

Male	Female	10 Years Certain	15 Years Certain	20 Years Certain	Male	Female	10 Years Certain	15 Years Certain	20 Years Certain
*20	*25	2.93	2.92	2.91	50	55	4.50	4.37	4.18
21	26	2.95	2.95	2.93	51	56	4.60	4.44	4.24
22	27	2.98	2.97	2.96	52	57	4.69	4.52	4.30
23	28	3.01	3.00	2.99	53	58	4.79	4.60	4.36
24	29	3.04	3.03	3.02	54	59	4.90	4.69	4.41
25	30	3.08	3.07	3.05	55	60	5.01	4.77	4.47
26	31	3.11	3.10	3.08	56	61	5.12	4.86	4.53
27	32	3.14	3.13	3.11	57	62	5.23	4.94	4.59
28	33	3.18	3.17	3.15	58	63	5.35	5.03	4.64
29	34	3.22	3.20	3.18	59	64	5.48	5.12	4.70
30	35	3.26	3.24	3.22	60	65	5.61	5.21	4.75
31	36	3.30	3.28	3.25	61	66	5.74	5.30	4.80
32	37	3.34	3.32	3.29	62	67	5.87	5.39	4.85
33	38	3.39	3.36	3.33	63	68	6.01	5.48	4.90
34	39	3.43	3.41	3.37	64	69	6.16	5.56	4.94
35	40	3.48	3.45	3.41	65	70	6.30	5.65	4.98
36	41	3.53	3.50	3.45	66	71	6.45	5.73	5.02
37	42	3.59	3.55	3.50	67	72	6.60	5.82	
38	43	3.64	3.60	3.54	68	73	6.76	5.90	
39	44	3.70	3.65	3.59	69	74	6.91	5.97	
40	45	3.76	3.71	3.64	70	75	7.07	6.05	
41	46	3.82	3.77	3.69	71	76	7.23	6.12	
42	47	3.88	3.82	3.84	72	77	7.38	6.18	
43	48	3.95	3.88	3.79	73	78	7.54	6.24	
44	49	4.02	3.95	3.84	74	79	7.69	6.30	
45	50	4.09	4.01	3.90	75	80	7.84	6.35	
46	51	4.17	4.08	3.95	76	81	7.98	6.39	
47	52	4.25	4.15	4.01	77	82	8.13		
48	53	4.33	4.22	4.07	78	83	8.26		
49	54	4.42	4.29	4.12	79	84	8.39		
					+80	+85	8.51		

* And Under

+ And Over

SECURITY NATIONAL LIFE Insurance Company

**P.O. Box 57220
Salt Lake City, UT 84157-0220**

Arkansas Insurance Department

**Consumer Services Department
1200 West Third Street
Little Rock, AR 72201
1-501- 371-2640
Toll Free: 1-800-852-5494**

**GRADED DEATH BENEFIT
WHOLE LIFE INSURANCE**

LIMITED BENEFIT PAYABLE IN THE FIRST THREE POLICY YEARS.

**PROCEEDS PAYABLE AFTER THE DEATH OF THE INSURED PRIOR TO THE MATURITY DATE.
PREMIUMS PAYABLE DURING THE LIFETIME OF THE INSURED OR UNTIL THE MATURITY DATE.
NON-PARTICIPATING.
NO DIVIDENDS ARE PAYABLE**



FAMILY PROTECTOR PLAN

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.		3. Premium \$ _____ Premium Payable: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> EFT				
<input type="checkbox"/> Family Protector Plan <input type="checkbox"/> Graded Benefit Plan 2 year ROP + 10%		Amount of Premium Submitted with the Application: \$ _____ (Check must be made payable to Security National Life Insurance Company). Requested Bill Date: _____				
4. Primary Beneficiary			Relationship	Contingent Beneficiary		Relationship
5. Owner, if other than the Proposed Insured					Social Security No.	
Name:					Relationship:	
Address:						
6. Replacement						
Do you have an existing life insurance policy or annuity policy? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will proposed insurance replace any existing policy? <input type="checkbox"/> Yes <input type="checkbox"/> No						
7. Telephone Verification of Your Application						
To assure that we have all the information needed to process your application, you will be contacted by telephone shortly after your agent submits your application. We will ask you a number of questions to be sure that all information on your application is complete and correct.						
Please indicate the best day/time to call you: _____ Telephone Number: _____						
Dr. Name: _____ Dr. Address _____ Dr. Phone: _____						
8. Tobacco Question. Have you used tobacco in any form within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					9. Height _____ Weight _____	

Medical Questions- When applying for either the Family Protector Plan or Graded Benefit Plan answer questions 10-15 below. If any Question is answered Yes, the Proposed Insured will not be eligible for either plan. (If applying for Family Protector Plan, questions 15- 22 must also be answered.)

	Yes	No
10. Are you now confined in a hospital, rest home, nursing home, hospice or convalescent home?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you now being treated for any type of Cancer or any terminal illness?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you now being treated for Alzheimer's Disease, Dementia, ALS-Lou Gehrig's Disease or any other Brain Disorder ?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Within the past 2 years have you had Renal or Kidney Failure, any internal organ failure, or any organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
14. Within the past 5 years have you received medical advice, treatment, been advised to have treatment or surgery, or taken medication for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or have you tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Within the past 2 years have you been diagnosed with or treated for a terminal illness?.....	<input type="checkbox"/>	<input type="checkbox"/>

Family Protector Plan Medical Questions continued on next page.

FOR OFFICE USE ONLY

Medical Questions – When applying for coverage answer questions 16-22 below in addition to Questions 10-15 above. If any of the following questions are answered Yes, the Proposed Insured will not be eligible for the Family Protector Plan but may be eligible for the Graded Benefit Plan. If more than 3 questions in section 16-22 are answered “yes” the proposed insured will not be eligible for coverage.

	Yes	No
16. Have you been hospitalized within the last 30 days or been hospitalized two or more times in the last two years or been confined to a nursing facility in the last two years? (please explain below).....	<input type="checkbox"/>	<input type="checkbox"/>
17. Within the past 2 years have you had or been diagnosed as having:		
a) Angina, Heart Attack, Angioplasty, Stent Implant, Bypass Surgery, Heart Valve Surgery, or Pacemaker or Defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>
b) Stroke, Mini Stroke.....	<input type="checkbox"/>	<input type="checkbox"/>
c) Internal Cancer or Melanoma, Leukemia, Lymphoma & Tumors?.....	<input type="checkbox"/>	<input type="checkbox"/>
d) Epilepsy, Epileptic Seizure or any other seizure disorders?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have now, or within the past 2 years, have you received medical advice, treatment, been advised to have treatment or surgery, or taken medication for:		
a) Cardiomyopathy or Congestive Heart Failure (CHF) or other heart disorders?.....	<input type="checkbox"/>	<input type="checkbox"/>
b) Chronic Lung Disease, Emphysema, or Chronic Obstructive Pulmonary Disease (COPD)? Or any type of other Chronic Pulmonary Disease that requires the use of oxygen?	<input type="checkbox"/>	<input type="checkbox"/>
c) Chronic Kidney Disease, Renal Failure, Renal Insufficiency, Chronic Liver Disease, Hepatitis, Cirrhosis, Disease of the Pancreas?	<input type="checkbox"/>	<input type="checkbox"/>
d) Diabetes associated with Eye problems, Circulatory disorder, Neuropathy, Amputation, or Insulin Dependent Diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
e) Parkinson’s Disease, Paralysis, Multiple Sclerosis, Lupus, or Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
f) Paranoia, Schizophrenia, Bi-Polar disorder, or a Major Depressive Disorder?	<input type="checkbox"/>	<input type="checkbox"/>
g) Have you ever been diagnosed, tested, treated for, or told that you abuse or use in excess: Alcohol, Drugs (including prescription drugs), Narcotics or any other substance.....	<input type="checkbox"/>	<input type="checkbox"/>
19. Within the last 5 years, have you ever been advised by a medical professional to have tests, surgery, treatment, or further medical evaluation that have not been performed, or do you have any medical test results pending?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you use a medical appliance such as a wheelchair, walker or hospital bed, or do you need assistance or supervision by another individual with dressing, eating, personal hygiene (bathing or toilet), walking, or transferring to or from bed or chair?	<input type="checkbox"/>	<input type="checkbox"/>
21. Within the last 90 days have you had undiagnosed chest pain, paralysis, fainting, bleeding moles, coughed or vomited blood, or passed blood through the bowels?	<input type="checkbox"/>	<input type="checkbox"/>
22. Within the past 1 year have you had any application for life insurance declined or postponed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: Please list all medications you are taking

Question #	Date	Treatment	Medication Given	Results

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 _____ Date: _____
City State (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; 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.



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

**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

Arkansas Insurance Department Consumer Services Department

1200 West Third Street, Little Rock, AR 72201
1-501- 371-2640 • Toll Free: 1-800-852-5494

CONDITIONAL RECEIPT

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

Received from _____ on _____ date

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.

SERFF Tracking Number: *SENL-125990633* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41350*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al*
Project Name/Number: *Family Protector Plan/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SENL-125990633 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number: 41350
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: FP1 (03/2008)-AR & FP3 (03/2008)-AR, et al
Project Name/Number: Family Protector Plan/

Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification

01/15/2009

Comments:

Attachments:

Arkansas Guaranty Association Letter (9-08).pdf
CERTIFICATIONS FOR FP1 & FP3 (03-2008)-AR.pdf
ARKANSAS NOTICE FOR POLICIES - SNL ONLY 1-15-09.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 for 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 72201-1904

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.

C E R T I F I C A T I O N

Security National Life Insurance Company hereby certifies that form number FP1 (03/2008)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 73.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel
Legal Department



Signature

January 15, 2009
Date

C E R T I F I C A T I O N

Security National Life Insurance Company hereby certifies that form number FP3 (03/2008)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 72.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel
Legal Department



Signature

January 15, 2009
Date

C E R T I F I C A T I O N

Security National Life Insurance Company hereby certifies that form number FPP APP (03/2008)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 54.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel
Legal Department



Signature

January 15, 2009
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, General Counsel
Legal Department



Signature

January 15, 2009

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 Third Street
Little Rock, AR 72201-1904
1-501- 371-2640
Toll Free: 1-800-852-5494