

SERFF Tracking Number: SENL-126082050 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number: 41872
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: iLife (01/2009)-AR, et al
Project Name/Number: Individual Whole Life/

Filing at a Glance

Company: Security National Life Insurance Company

Product Name: iLife (01/2009)-AR, et al

TOI: L071 Individual Life - Whole

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

Filing Type: Form

SERFF Tr Num: SENL-126082050 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 41872

Co Tr Num:

State Status: Approved-Closed

Author: Jeanine Larson

Date Submitted: 03/19/2009

Reviewer(s): Linda Bird

Disposition Date: 03/20/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: Individual Whole Life

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/20/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/28/2008

Domicile Status Comments: Approved for use.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/20/2009

Created By: Jeanine Larson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jeanine Larson

Filing Description:

Re: First Submission: Form Filing iLife (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-126082050 State: Arkansas
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Attached, please find the above-referenced Form Filing for your review and approval; the policy, application, rider, 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 iLife (01/2009)-AR: this Policy is a limited payment, 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. The issue age range is 0 – 25.

Form number iPayor (01/2009)-AR: is a Term Insurance Rider with Accidental Death Benefit. The age group applying for the iPayor is (18 – 55) years of age and the Rider expires 10 years from issue date.

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

The iLife (01/2009) policy, rider, and application has been approved by our domicile State of Utah through the Interstate Insurance Product Regulation Commission on October 28, 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,

Jeanine Larson, Compliance
Legal Department
Security National Life Insurance Company

Company and Contact

Filing Contact Information

Jeanine Larson, Compliance

jeanine.larson@securitynational.com

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 Product Name: iLife (01/2009)-AR, et al
 Project Name/Number: Individual Whole Life/

5300 South 360 West 800-574-7117 [Phone] 1101 [Ext]
 Suite 250 801-265-9882 [FAX]
 Salt Lake City, UT 84123

Filing Company Information

Security National Life Insurance Company CoCode: 69485 State of Domicile: Utah
 5300 South 360 West Group Code: 454 Company Type: Life, Annuity,
 Health and Accident
 Suite 250 Group Name: N/A State ID Number:
 Salt Lake City, UT 84123 FEIN Number: 36-2610791
 (800) 574-7117 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per policy (includes application & rider) = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security National Life Insurance Company	\$50.00	03/19/2009	26549183

SERFF Tracking Number: SENL-126082050 State: Arkansas
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Product Name: iLife (01/2009)-AR, et al
Project Name/Number: Individual Whole Life/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/20/2009	03/20/2009

SERFF Tracking Number: *SENL-126082050* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41872*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *iLife (01/2009)-AR, et al*
Project Name/Number: *Individual Whole Life/*

Disposition

Disposition Date: 03/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *SENL-126082050* *State:* *Arkansas*
Filing Company: *Security National Life Insurance Company* *State Tracking Number:* *41872*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single Life*

Product Name: *iLife (01/2009)-AR, et al*
Project Name/Number: *Individual Whole Life/*

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

SERFF Tracking Number: SENL-126082050 State: Arkansas
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 Product Name: iLife (01/2009)-AR, et al
 Project Name/Number: Individual Whole Life/

Form Schedule

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

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	iLife (01/2009)-AR	Policy/Contract/Fraternal Certificate	Initial		65.000	POLICY - iLife (01-2009)-AR 3-19-09.pdf
	iLife APP (01/2009)-AR	Application/Enrollment Form	Initial		54.000	APPLICATION - ilife application (01-2009)-AR 3-19-09.pdf
	iPayor (01/2009)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		55.000	RIDER - iPayor (01-2009) 3-19-08.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 Date 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

**LIMITED PAYMENT WHOLE LIFE INSURANCE
PROCEEDS PAYABLE AFTER THE DEATH OF THE INSURED PRIOR TO THE MATURITY DATE
PREMIUMS PAYABLE DURING THE PREMIUM PAYMENT PERIOD
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 Jr.
OWNER: Sam Security
BENEFICIARY: Sam Security
PAYOR: Sam Security

AGE: [16 Male]

POLICY DATE: FEBRUARY 05, 2009

DEATH BENEFIT: \$25,408

MATURITY DATE: [FEBRUARY 05, 2114]

TOTAL PREMIUM: \$83.33 Monthly

FREQUENCY: Pre-Authorized Check Monthly

PREMIUM CLASS: Standard

POLICY FORM: iLife (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>
10 Pay Whole Life	\$25,408	\$543.48	10 Years	iLife (01/2009)-AR
* Term Insurance Rider with ADB	\$543.48	\$362.28	1 Year	iPayor (01/2009)

* Term Insurance Rider with ADB Expiry date: FEBRUARY 5, 2019

[The Basis of Values is the 2001 Commissioner Standard Ordinary Male/Female 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>
\$905.76	\$471.00	\$240.03	\$90.58	\$83.33

TABLE OF GUARANTEED VALUES

Policy Number: 11111
Male – Age 16

<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	\$4,258.94			
2	0.00	0	0	0	22	4,441.88			
3	280.25	3,446	14	116	23	4,652.19			
4	578.80	6,853	31	25	24	4,830.12			
5	892.09	10,167	40	225	25	5,035.42			
6	1,221.12	13,391	46	250	26	5,248.34			
7	1,566.68	16,526	51	229	27	5,468.63			
8	1,929.51	19,573	55	355	28	5,695.78			
9	2,310.38	22,533	60	190	29	5,930.04			
10	2,710.05	25,408	-- Paid-Up --		30	6,171.42			
11	2,819.05				31	6,420.42			
12	2,929.51				32	6,678.57			
13	3,052.81				33	6,947.14			
14	3,179.09				34	7,226.12			
15	3,312.23				35	7,515.01			
16	3,452.48				36	7,813.05			
17	3,599.34				37	8,119.48			
18	3,753.57				38	8,433.78			
19	3,914.91				39	8,754.68			
20	4,083.37				40	9,081.94			
					45	10,830.80			
					50	12,705.67			
					55	14,693.11			
					60	16,734.41			
					65	18,689.58			
					70	20,373.14			
					75	21,644.82			
					80	22,552.92			
					85	23,208.45			
					90	23,719.41			
					95	24,167.87			
					100	24,547.47			

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)

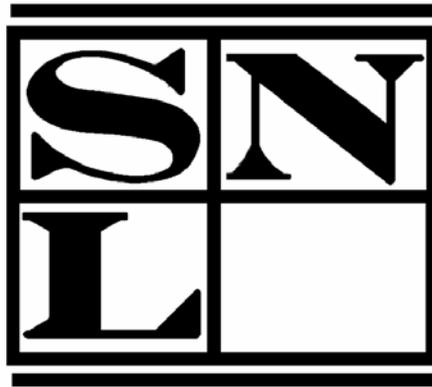
Age of Payee		10	15	20
		Years	Years	Years
<u>Male</u>	<u>Female</u>	<u>Certain</u>	<u>Certain</u>	<u>Certain</u>
20*	25*	3.05	3.05	3.05
21	26	3.07	3.07	3.07
22	27	3.09	3.09	3.09
23	28	3.11	3.11	3.11
24	29	3.13	3.13	3.13
25	30	3.16	3.16	3.16
26	31	3.18	3.18	3.18
27	32	3.21	3.21	3.21
28	33	3.23	3.23	3.23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



LIMITED PAYMENT WHOLE LIFE INSURANCE
PROCEEDS PAYABLE AFTER THE DEATH OF THE INSURED PRIOR TO THE MATURITY DATE
PREMIUMS PAYABLE DURING THE PREMIUM PAYMENT PERIOD
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

15. Beneficiary Information: iLife Plan Name: _____ Address: _____ Telephone: _____ SNN#: _____			16. Contingent Beneficiary Information: iLife Plan Name: _____ Address: _____ Telephone: _____ SNN#: _____		
Roth IRA or Annuity	<u>Beneficiary</u> _____ _____	<u>Relationship/Age</u> _____/_____ _____/_____	Roth IRA or Annuity	<u>Beneficiary</u> _____ _____	<u>Relationship/Age</u> _____/_____ _____/_____
HOME OFFICE ENDORSEMENTS OR SPECIAL REQUESTS: 					

When applying for the iLife Plan, please answer the "INSURED ONLY" (Child) questions. For the iPayor Rider, applicant must answer the "iPayor ONLY" health questions.	INSURED ONLY Child		iPayor ONLY	
If "Yes" to any questions give complete details and specify whom they apply to:	Yes	No	Yes	No
17. 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"/>		
18. 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"/>
19. 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 a disease or disorder such as: a. Cancer, stroke, epilepsy, disease or disorder of the brain, nervous system, mental disorder or depression? b. Asthma, emphysema or any disorder of the lungs or respiratory system? 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?	<input type="checkbox"/>	<input type="checkbox"/>		
20. 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"/>
21. In the past 3 years, have you been hospitalized, treated, examined or consulted any physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you taken prescription medication in the past 24 months? (If yes, list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever claimed or received indemnity or payments due to an injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you currently pregnant? If yes, when is your anticipated delivery date? _____	<input type="checkbox"/>	<input type="checkbox"/>		
If any Yes answers please specify insured or payor and explain:				

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

Date and reason last consulted? _____

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	(MM/DD/YY)
_____ Signature of Applicant		_____ Date
_____ Signature of Owner		_____ Date
_____ Signature of Agent		_____ Date
Agent #		

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

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: iLife Insurance: \$ _____ iPayor Rider: \$ _____ iRoth/Annuity: \$ _____

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 _____
Signature of Owner

X _____
Signature of Proposed Insured

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

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

Term Insurance Rider with Accidental Death Benefit

Made a part of the Policy to which it is attached

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 Person. For the Insurance Benefit to be payable, such death must occur while the Policy and this Rider are in full force. Termination of this Rider shall not prejudice the payment of benefits for any accident that occurred while this Rider was in force. 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 Death Benefit is the sum of the Term Insurance Death Benefit and the Accidental Death Benefit, if any. This benefit is in addition to any other benefits payable under the Policy.

The Term Insurance Death Benefit will be determined by multiplying the Units of Coverage times the Term Insurance Benefit shown in the Table of Benefits for the Rider Year in which the Insured Person died.

The Accidental Death Benefit will be determined by multiplying the Units of Coverage times the Accident Insurance Benefit shown in the Table of Benefits for the Rider Year in which the Insured Person died. For the Accidental Death Benefit to be payable, the death of the Insured Person must be the result of Accidental Death.

Table of Benefits			
Male Age 35			
Rider Year	Term Insurance Benefit	Accident Insurance Benefit	Cash Value
1	200	1,800	8.02
2	400	1,400	7.89
3	600	1,000	7.44
4	800	600	6.61
5	1,000	200	5.31
6	1,000	0	3.82
7	800	0	2.49
8	600	0	1.35
9	400	0	0.49
10	200	0	0.00

Signed for the Company at Salt Lake City, Utah

Secretary

President

DEFINITIONS

Insured Person – Means the Insured Person named on the application for this Rider.

Units of Coverage – Means the Benefit amount on the Policy Data Page for this Rider divided by 100.

Accidental Death – Means only a death resulting from accidental bodily injury. Such accidental bodily injury must be sustained by the Insured Person as the direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and the accident must have occurred while this Rider was in force. To be an Accidental Death, death must occur within 180 days after the date such injury was sustained and must not result from any exclusion set forth in this Rider.

Autopsy - The Company has the right, and shall be given the opportunity, to examine the body of the Insured Person and to perform an autopsy, at Our expense, unless forbidden by law.

Exclusions: Risks Not Assumed – The Accidental Death Benefit is not payable if the Insured Person's death occurs while the Insured Person is incarcerated or if the Insured Person's death is caused or contributed to by any of the following:

- 1) Disease, or mental infirmity of mind or body, or medical or surgical treatment for such disease or

infirmity, or an infection not occurring as a direct result or consequence of the accidental bodily injury;

- 2) Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- 3) Travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- 4) War, declared or undeclared, any act of war, or any type of military conflict;
- 5) Active participation in a riot, insurrection or terrorist activity, committing or attempting to commit a felony, or participation in an illegal occupation or activity;
- 6) 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;
- 7) Intoxication as defined by the jurisdiction where the accident occurred; and/or
- 8) Riding or driving an air, land or water vehicle in a race, speed or endurance contest, bungee jumping, rock or mountain climbing, or aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

GENERAL PROVISIONS

The consideration for this Rider is the application and the premium shown on the Policy Data Page. The issue date of this Rider is the issue date of the Policy unless otherwise stated. Rider Years are measured from the issue date of this Rider.

POLICY PROVISIONS APPLICABLE – This Rider is subject to all the conditions and provisions of the Policy except as otherwise stated, including but not limited to the non-participating, nonforfeiture, loan, reinstatement, suicide, and incontestability provisions.

Misstatement of Age or Sex – If the Age or Sex of the Insured Person 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.

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

Suicide - If the Insured or the Insured Person 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 Person. 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. When the Policy becomes paid-up, matures, or expires, or the Policy is placed on a nonforfeiture option;
- c. Upon request in writing of the Owner for cancellation or surrender and the submission of this Rider and the Policy for endorsement;
- d. Upon Death of the Insured of the Policy to which this Rider is attached;
- e. Upon the Expiry Date for this Rider shown on the Policy Data Page.

We will pay the net cash value of this Rider upon termination unless the Policy is terminated due to the death of the Policy's Insured, in which event We will pay the greater of the net cash value or a pro rata portion of the Rider premium.

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.

SERFF Tracking Number: SENL-126082050 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number: 41872
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: iLife (01/2009)-AR, et al
Project Name/Number: Individual Whole Life/

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Arkansas Guaranty Association Letter (9-08).pdf
ARKANSAS NOTICE FOR POLICIES - SNL ONLY 1-15-09.pdf
CERTIFICATIONS FOR iLife (01-2009)-AR 3-19-09.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Not Applicable.

Comments:

**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.

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

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iLife (01/2009)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 65.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel
Legal Department



Signature

March 19, 2009
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iLife APP (01/2009)-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

March 19, 2009
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number iPayor (01/2009) complies with the Flesch reading ease requirement achieving a Flesch score of 55.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel
Legal Department



Signature

March 19, 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

March 19, 2009

Date