

State: Arkansas **Filing Company:** Security National Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: MIB (12/12)-AR
Project Name/Number: Individual Whole Life/

Filing at a Glance

Company: Security National Life Insurance Company
Product Name: MIB (12/12)-AR
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 12/13/2012
SERFF Tr Num: SENL-128809715
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Jeanine Larson
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/18/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Security National Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: MIB (12/12)-AR
Project Name/Number: Individual Whole Life/

General Information

Project Name: Individual Whole Life Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 12/11/2007
Requested Filing Mode: Review & Approval Domicile Status Comments: Approved for use.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/18/2012
State Status Changed: 12/18/2012
Deemer Date: Created By: Jeanine Larson
Submitted By: Jeanine Larson Corresponding Filing Tracking Number:

Filing Description:

Re: First Submission: Form Filing MIB (12/12)-AR, et al
Security National Life Insurance Company
NAIC Company Code: 69485 0454
Federal ID No.: 36-2610791

Dear Commissioner,

Due the change to the interest rate for valuation and non-forfeiture, and due to the fact that the change is in the policy and on the data page, it is our understanding that Arkansas requires us to re-file with a new form number. The MIB (07/07)-AR was originally approved on April 8, 2008.

Attached, please find the above-referenced Form Filing for your review and approval; the policies, 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 MIB (12/12)-AR: is a whole life, non-participating policy with a modally increasing death benefit. The premiums on the policy are payable in the following pay periods: 1 year, 3 years, 5 years or 10 years.

The MIB (07/07) policy and application was approved by our domicile State of Utah on December 11, 2007 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

State: Arkansas **Filing Company:** Security National Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: MIB (12/12)-AR
Project Name/Number: Individual Whole Life/

Legal Department

Company and Contact

Filing Contact Information

Jeanine Larson, Compliance jeanine.larson@securitynational.com
 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: 1 Policy @ \$50.00 = \$50.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Security National Life Insurance Company	\$50.00	12/13/2012	65700111

SERFF Tracking #:

SENL-128809715

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Security National Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

MIB (12/12)-AR

Project Name/Number:

Individual Whole Life/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/18/2012	12/18/2012

SERFF Tracking #:

SENL-128809715

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Security National Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

MIB (12/12)-AR

Project Name/Number:

Individual Whole Life/

Disposition

Disposition Date: 12/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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

State: Arkansas

Filing Company:

Security National Life Insurance Company

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

Product Name: MIB (12/12)-AR

Project Name/Number: Individual Whole Life/

Form Schedule

Lead Form Number: MIB (12/12)-AR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy	MIB (12/12)-AR	POL	Initial		76.000	POLICY (SNL)-MIB (07-07)-AR 12-1-12 h11.pdf POLICY - MIB (12-12)-AR List & Table Pgs 12-12-12 h11.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

SECURITY NATIONAL LIFE

Insurance Company SALT LAKE CITY, UTAH

A STOCK COMPANY

WE will pay the Proceeds of this Policy. WE will pay them to the Beneficiary once WE get the Proof Of Death. The Insured must die while this Policy is In Force.

PAYMENT OF PROCEEDS – WE will pay YOUR named Beneficiary the Proceeds after the Insured's death. If YOU named no Beneficiary, or if there is no living Beneficiary, then WE will pay YOU. If YOU are not living, WE will pay someone related by blood, adoption, or marriage. WE may pay someone who may be entitled to the Proceeds because he paid for the ongoing care, health care, or burial of the Insured.

IMMEDIATE CASH DRAFT – WE will pay an Immediate Cash Draft upon OUR receipt of Proof Of Death. WE will pay it to the person entitled to the Proceeds.

TRANSPORTATION BENEFIT – WE will pay an additional \$100 per thousand of initial face amount if death occurs more than 100 miles away from the legal residence of the Insured. WE must be notified in Writing of the location of the Insured's Legal Residence and place of death. If the location of the Insured's death or Legal Residence is unknown, then this benefit is not payable.

30 DAY RIGHT TO RETURN CONTRACT – YOU will get a full refund if YOU mail this Policy to US within 30 days of receipt. Notice by mail and return of the Policy take effect the date postmarked. It will then be as if no contract were ever made.

This Policy does not constitute a prepaid funeral contract as referenced in Ark. Code Ann. §§ 23-40-101 to 23-40-118.

**This is a legal contract between YOU and US.
Read it with care.**

Signed for US at Salt Lake City, Utah.

Secretary

President

Countersignature

**LIMITED PAYMENT WHOLE LIFE
WITH INCREASING DEATH BENEFIT
NON-PARTICIPATING
CURRENT DEATH BENEFIT PAYABLE AT DEATH
TRANSPORTATION BENEFIT**

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DEFINITIONS

WE, US, OUR - means SECURITY NATIONAL LIFE INSURANCE COMPANY.

YOU OR YOUR - means the Owner of the Policy, as shown in the Application, unless changed as this Policy provides. The Insured need not be the Owner.

POLICY - means this legal contract. It includes the Application. Any riders or amendments are part of it, too.

INSURED - means the person whose life this Policy insures.

APPLICATION - means the form on which YOU asked US for insurance. A copy is in this Policy.

BENEFICIARY - means the one(s) who will get the Proceeds. The Beneficiary will be as named in the Application unless later changed by YOU.

IRREVOCABLE BENEFICIARY - means a Beneficiary whose rights under the Policy cannot be changed without his or her consent In Writing.

DEBT - means unpaid Policy Loans plus interest owed on them.

CURRENT DEATH BENEFIT – means the amount of insurance set out in the table of Loan and Non-Forfeiture Values. For values not at the end of a year, please refer to list sheet on page 3 for details.

ISSUE DATE - means the date, at 12:01 a.m., when coverage starts under this Policy; and the date from which Policy Anniversaries, Policy Years, Policy Months, and premium due dates are figured.

POLICY ANNIVERSARIES - means the same day and month as YOUR Issue Date for each year YOUR Policy stays In Force.

NET CASH VALUE - means the Policy's cash value less Debt.

MATURITY DATE - means the date that this Policy will mature. This will be the Policy Anniversary following the Insured's 100th birthday.

PROCEEDS – This means the sum to be paid to the Beneficiary at the Insured's death. The Proceeds may be more or less than the Death Benefit. Loans will lessen the Proceeds, as will past-due premiums. Riders on this Policy that pay a death benefit may

increase the Proceeds, as will certain additional benefits when qualified for, such as the Transportation Benefit. If premiums have been paid more than a year in advance, the excess will be added to the Proceeds.

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.

IN WRITING - means a written request signed by YOU. WE may also say that the Policy must be sent to US.

AGE - means the Insured's Age at last birthday.

IN FORCE - means when this Policy is In Force, the Insured's life is covered by this Policy.

LAPSE - means a premium payment is past due and the Grace Period has passed. The one whose life was insured is no longer insured except as the Non-Forfeiture Provisions may state.

TERMINATE - means the Policy is no longer In Force. All insurance under this Policy has stopped.

PROOF OF DEATH – Usually this will mean receipt of a Certified Death Certificate or a written statement from an attending Physician, or Funeral Director that the Insured has died. WE may require other things.

IMMEDIATE CASH DRAFT – WE will pay part of the Proceeds as a Cash Draft. This will be paid when WE receive the Completed Cash Draft and Proof Of Death. The Cash Draft cannot be greater than 10% of the Current Death Benefit or \$500. A Cash Draft will not be available if this Policy is in a Contestable Period.

GENERAL PROVISIONS

THE ENTIRE CONTRACT - YOUR Policy is a legal contract between YOU and US. This Policy, with a copy of the Application attached, is the whole contract between YOU and US. If there is no fraud, statements YOU or the Insured made in the Application will be looked on as representations, not warranties. Also, WE cannot use a statement to show this Policy is not valid or to deny a claim unless the statement is written on the attached Application.

CHANGES - Only OUR President, OUR Vice President, or OUR Secretary can change or waive any part of this Policy. They must do so In Writing. No one else can change or waive any part of YOUR Policy.

INCONTESTABILITY - After this Policy has been In Force, while the Insured lives, for two years from the Issue Date, WE cannot contest it unless YOU fail to pay premiums. This does not apply to any benefits to be paid under any Waiver of Premium or Accidental Death Rider.

SUICIDE EXCLUSION - Suicide by the Insured, whether sane or insane, for two years from the Issue Date is not covered. Suicide is also not covered during the Policy's Contestable period. In that event, WE must pay only the sum of premiums paid, less Debt.

MISSTATEMENT OF AGE - The Insured's Age may be stated wrong in the Application. The Proceeds will then be those which the premiums paid would have bought at the true Age.

ASSIGNMENT - YOU may assign or transfer to someone else all or some of YOUR rights in this Policy. The transfer will take effect when WE get it In Writing. WE will record the transfer. WE are not liable for its being valid or its effect.

SETTLEMENT AND INDEBTEDNESS - All sums WE owe under the Policy are payable at OUR Home Office. WE may say YOU must surrender the Policy. In a settlement, WE will first deduct Debt on the policy.

If YOU ask for a Loan, or for the Net Cash Value, WE do not have to pay it at once. WE can wait for the length of time allowed by law. WE cannot wait more than six months. WE must make YOU a Loan at once if YOU want it to pay premiums on this Policy.

PREMIUM PROVISIONS

PREMIUM PAYMENTS - YOUR first premium is due on the Issue Date. YOU must pay all premiums on or before their due dates. They may be paid at OUR Home Office. A receipt will be furnished upon request. The amount and frequency of your premiums are shown on page 3.

The rate YOU pay is the rate WE state on the Issue Date.

GRACE PERIOD - The Grace Period is 31 days. It starts on the premium due date and ends 31 days later. A premium may be paid in the Grace Period. This Policy will be In Force during the Grace Period. If the Insured dies in the Grace Period, WE will take the past due premium out of any Proceeds.

YOU might be able to keep YOUR Policy In Force past the end of the Grace Period by the use of an Automatic Premium Loan. (See the Loan Provisions of this Policy.) If not, and if a due premium is not paid by the end of the Grace Period, a Lapse will occur and no more premium payments may be made. If YOUR Policy has a Net Cash Value when Lapse occurs, the Non-Forfeiture Sections state YOUR options.

REINSTATEMENT - If a premium was not paid by the end of the Grace Period, Lapse occurs. YOU may then be able to reinstate it. To reinstate means to put back In Force. To do so these six things must be true:

1. It has not been Lapsed more than 3 years.
2. It has not been surrendered for its Net Cash Value.
3. The Insured is insurable. WE may ask about the Insured's health and habits. A physical exam may be required.
4. YOU must pay all past due premiums.
5. YOU must pay or reinstate any Debt on the Policy.
6. YOU must pay 6% interest per year on the past due premiums and Debt.

If YOU reinstate after incontestability, then WE can only contest a claim based upon material misstatements in the reinstatement application.

OWNERSHIP AND BENEFICIARY

OWNERSHIP - As long as the Insured lives, YOU can use all contract rights. YOUR rights include these:

1. YOU may change Owners or name a person who is to become Owner when YOU die.
2. YOU may name or change the Beneficiary.
3. YOU may get any amount to be paid while the Insured lives.
4. YOU may assign YOUR Policy to help get a Loan.

These rights are subject to the terms of this Policy. YOU must have consent In Writing of an Assignee or Irrevocable Beneficiary to use these rights. If the Insured is not the Owner, then upon the death of the Owner the Insured becomes the Owner. Of course, YOU can make a different agreement with US.

CHANGE OF OWNER - YOU may name a new Owner of this policy while the Insured lives. YOU must tell US In Writing. The change will take place the date YOU sign the notice. This is true even if the Insured dies before WE get it. The change would not affect what WE do before WE get the notice.

CHANGE OF BENEFICIARY - WE will pay the Proceeds to the Beneficiary YOU name in the Application if YOU have not since changed the Beneficiary. If YOU have made a change, WE will pay the Proceeds in keeping with YOUR last request to change the Beneficiary.

Unless YOU have named an Irrevocable Beneficiary, YOU may change the Beneficiary while the Insured lives by notifying US In Writing. To change an Irrevocable Beneficiary, WE need his or her consent In Writing. The change will take effect on the date WE record YOUR written request. The request would not affect Proceeds WE have paid before YOUR request was recorded in OUR Home Office.

Only those who are living at the Insured's death may share in the Proceeds. If YOU named no Beneficiary, or no Beneficiary survives that Insured, WE will pay the Proceeds to YOU. If YOU are not living, WE will pay someone related by blood, adoption or marriage. WE may pay someone who may be entitled to the Proceeds because he paid for the ongoing care, health care or burial of the Insured.

LOANS

POLICY LOAN - YOU may get a Loan from US if YOUR Policy has a Loan value. The Loan cannot be more than the Loan value at the end of the Policy Year in which YOU ask for the Loan. The Loan value is the Net Cash Value. The Loan will be made on the sole security of this Policy. Interest on the Loan must be paid in advance each year after the first Policy Year. The first interest payment will be taken out of the amount loaned to YOU.

AUTOMATIC PREMIUM LOANS - WE will make YOU a Loan to pay a premium YOU owe; YOU need not ask first. WE will make such a Loan when YOUR Policy has a Net Cash Value at the end of the period for which the premium is due. The Net Cash Value must be large enough to pay the premium. It must also be large enough to pay Loan interest to the end of the Policy Year in which WE make the Loan. If the sum of a month's premium plus advance interest and any Debt is more than the Net Cash Value, WE would not make a Loan. The Non-Forfeiture Options will then apply.

Interest on the Loan must be paid in advance to the end of the Policy Year in which WE make the Loan. It must also be paid in advance each year after that.

This Automatic Premium Loan provision shall take effect if one of these is true:

1. YOU asked for it on YOUR Application.
2. YOU asked for it In Writing before the Grace Period ends.

This provision may be stopped at any time if YOU tell US In Writing.

Interest on any Loan for a full year shall be 7.4% of the Loan amount (8% Annual Effective Rate). All Loan interest shall be paid in advance. Interest for less than a full year shall be figured on a pro rata basis. If interest is not paid when due, one of two things will occur:

1. If the Debt is not more than the Net Cash Value, Interest will be added to the Debt; the new Debt will bear interest at the same rate as the old Debt.
2. If the Debt is more than the Net Cash Value, the Policy terminates. This will happen immediately. YOU will have 31 days after WE have sent YOU a written notice to contact US about reinstatement. WE will send it to YOUR last known address.

The word PREMIUM as used in these Loan Sections includes premiums for any riders attached to this Policy.

NON-FORFEITURE OPTIONS

Lapse will occur if the premium due is not paid before the Grace Period ends. If this Policy then has a Net Cash Value YOU may choose one of the options shown here. To get the option YOU want, YOU must tell US In Writing. Tell US no later than 60 days after the due date of such premium.

Options:

1. **Cash Value** - YOU may surrender the Policy to US and WE will send YOU its Net Cash Value. The BASIS OF VALUES tells YOU how to figure cash values.
2. **Reduced Paid-Up Insurance** - The Policy may be changed to reduced paid-up life insurance. The amount will be what the Net Cash Value will buy when paid as a net single premium. This will depend on the Insured's attained Age on the premium due date.

AUTOMATIC OPTION - At the end of the Grace Period, YOU might not have picked one of the options shown. If the Automatic Premium Loan provision was not then in effect, Option 2 will apply automatically. YOU will have 60 days from the premium date to choose another option.

SURRENDER OF PAID-UP INSURANCE - This Policy may be changed to paid-up life insurance. YOU may then surrender it at any time for its Net Cash Value. This is the net single premium for such insurance at the Insured's attained Age, less any debt. If surrendered within 31 days after a Policy Anniversary, the value would not be less than the value on such Policy Anniversary.

LOAN AND NON-FORFEITURE VALUES

The Table of Loan and Non-Forfeiture Values shows the cash or Loan values and reduced paid-up values. They are shown for the ends of finished years. It is assumed all past due premiums have been paid.

Debt on this Policy will reduce the Net Cash Value. YOU can also figure values within a Policy Year. YOU must allow for time elapsed and premium mode, if not annual. Values for years not shown shall be figured as it says in the Basis of Values. If YOU ask US, WE will do it for YOU.

BASIS OF VALUES - The Cash Values, Reserves and Net Single Premiums are computed using the Commissioners 1980 Standard Ordinary Mortality

Table. Reserves are computed with interest at 3.5% per year. Cash Values and Net Single Premiums are computed with interest at 4.5% per year. The method of computation is the Commissioners Reserve Valuation Method at age last birthday and curtate functions. Non-Forfeiture values and Cash Values are computed according to the Standard Non-Forfeiture Law.

All values are at least as great as those required by the laws of the state where the Policy was delivered.

Other benefits or riders in this Policy do not change Policy values unless the benefit or rider says that it does.

TABLE OF LOAN AND CASH VALUES FOLLOWS THIS PAGE

SECURITY NATIONAL LIFE Insurance Company

Salt Lake City, Utah

Immediate Cash Draft Endorsement

We, the undersigned Beneficiary and Attending Physician, do hereby affirm that the Insured named on the face of this draft died on the _____ day of _____, _____ at, (city) _____ from (cause of death) _____.

Signature of Beneficiary

Signature of Attending Physician

Address

Address

Instructions to Bank

Before making payment please wire or telephone US at OUR expense at OUR Home Office giving the Policy Number and name of the Insured and Beneficiary under this Policy. Be assured of the following facts: (1) That the Insured is actually dead; (2) Whether this Policy has been In Force more than two years from the Issue Date; (3) That the claimant is the Beneficiary under the policy; (4) That the claimant has the Policy in his possession; and (5) The cause of death is stated above.

Name of Bank

By

Address

Title

NOTE

**No Payment is available if this Policy has not been In Force for more than two years.
WE reserve the right to deny payment by the Bank according to OUR current records.**

Immediate Cash Draft

WE will pay a sum equal to 10% of the Face Amount, but not greater than \$500, to the Beneficiary immediately upon receipt of Proof Of Death of the Insured. This Policy must be In Force. This Benefit will be subject to the terms, conditions and limitations of the Policy to which it is attached. This Benefit is not available if this Policy has not been In Force two years. WE will accept as Proof Of Death the completed Immediate Cash Draft Endorsement signed by the Beneficiary and the Attending Physician.

Date _____,

PAY TO THE ORDER OF _____

the sum of _____

Dollars, which sum I, the undersigned drawer, hereby declare is due me by reason of the death of the Insured named _____

under Policy Number _____ issued by Security National Life Insurance Company, and in consideration of the statements contained in the Immediate Cash Draft Endorsement.

Beneficiary

Security National Life Insurance Company
Salt Lake City, Utah

SECURITY NATIONAL LIFE Insurance Company

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

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

**LIMITED PAYMENT WHOLE LIFE
WITH INCREASING DEATH BENEFIT
NON-PARTICIPATING
CURRENT DEATH BENEFIT PAYABLE AT DEATH
TRANSPORTATION BENEFIT**

LIST

INSURED: Sam Security CONTRACT NUMBER: 123456
AGE: 35 ISSUE DATE: January 05, 2013
OWNER: Sam Security PREMIUM CLASS: Standard
BENEFICIARY: Sally Security PREMIUM PAYMENT MODE: Monthly
ULTIMATE FACE AMOUNT: \$6,000 MATURITY DATE: January 05, 2078

AGENT NAME: See front of policy for address and telephone number of contact agent.

SCHEDULE OF PREMIUMS AND ADDITIONAL BENEFITS

Description of Benefits	Number of Years Payable	Total Annual Premium Amount
TEN PAY WHOLE LIFE	10 Years	\$420.00
INITIAL FACE AMOUNT	50.00	
INCREASING MONTHLY BY	50.00	
TO ULTIMATE FACE AMOUNT OF	6,000.00	

TOTAL PREMIUMS

The total premiums below include the charge for additional benefits:

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
420.00	210.00	105.00	35.00

To present inquiries or obtain information about coverage and to provide assistance in resolving complaints, please contact us at 801-264-1060 or toll free 1-800-574-7117.

COPY OF APPLICATION AND ANY RIDER BENEFITS FOLLOW THIS PAGE

Table of loan and non-forfeiture values

Issue Age: 35
Pay Type: 10 Pay

End of Year	Current Death Benefit	Cash Value	Paid Up Insurance
1	600.00	0.00	0.00
2	1,200.00	154.85	665.80
3	1,800.00	341.55	1,416.31
4	2,400.00	535.25	2,141.05
5	3,000.00	736.10	2,841.07
6	3,600.00	944.20	3,517.31
7	4,200.00	1,159.65	4,170.68
8	4,800.00	1,382.50	4,801.74
9	5,400.00	1,612.80	5,411.26
10	6,000.00	1,850.55	Paid-Up
11	6,000.00	1,914.50	Paid-Up
12	6,000.00	1,980.10	Paid-Up
13	6,000.00	2,047.30	Paid-Up
14	6,000.00	2,116.25	Paid-Up
15	6,000.00	2,186.85	Paid-Up
16	6,000.00	2,259.10	Paid-Up
17	6,000.00	2,332.75	Paid-Up
18	6,000.00	2,407.80	Paid-Up
19	6,000.00	2,484.05	Paid-Up
20	6,000.00	2,561.45	Paid-Up

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

January 05, 2013

POLICY NUMBER: 111111

INSURED: Sam Security

AGE: 35

PLAN: Monthly Increasing Benefit 10 Pay

<u>YEAR</u>	<u>GUARANTEED DEATH BENEFIT</u>	<u>ANNUAL PREMIUM</u>	<u>CASH VALUE</u>
1	\$600.00	\$420.00	0.00
2	\$1,200.00	\$420.00	\$154.85
3	\$1,800.00	\$420.00	\$341.55
4	\$2,400.00	\$420.00	\$535.25
5	\$3,000.00	\$420.00	\$736.10
10	\$6,000	\$420.00	\$1,850.55
15	\$6,000	0.00	\$2,186.85
20	\$6,000	0.00	\$2,561.45
Age 65	\$6,000		\$3,388.60

Effective policy loan interest rate is 7.4% per annum payable in advance.

	<u>10 Years</u>	<u>20 Years</u>
Life Insurance Net Payment Cost Index	\$70.00	Not Applicable
Life Insurance Surrender Cost Index	\$46.65	Not Applicable

An explanation of the intended use of the indexes is provided in the Life Insurance Buyer's Guide.

If you have any questions, please write to:

Security National Life Insurance Company
P.O. Box 57220
Salt Lake City, Utah 84157-0220

This policy may be returned to the company within 30 days after receipt by the owner. The policy will be deemed void from the date of the application and any premium paid will be returned.

Agent: Home Office Agency
5300 South 360 West
Suite 250
Salt Lake City, Utah 84123
Telephone: (800) 574-7117

LIST

INSURED: Sam Security CONTRACT NUMBER: 123456
AGE: 35 ISSUE DATE: January 05, 2013
OWNER: Sam Security PREMIUM CLASS: Standard
BENEFICIARY: Sally Security PREMIUM PAYMENT MODE: Quarterly
ULTIMATE FACE AMOUNT: \$6,000 MATURITY DATE: January 05, 2078
AGENT NAME: See front of policy for address and telephone number of contact agent.

SCHEDULE OF PREMIUMS AND ADDITIONAL BENEFITS

Description of Benefits	Number of Years Payable	Total Annual Premium Amount
Monthly Increasing Benefit 5 Pay	5 Years	\$840.00
INITIAL FACE AMOUNT	300.00	
INCREASING QUARTERLY BY	300.00	
TO ULTIMATE FACE AMOUNT OF	6,000.00	

TOTAL PREMIUMS

The total premiums below include the charge for additional benefits:

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
840.00	420.00	210.00	70.00

To present inquiries or obtain information about coverage and to provide assistance in resolving complaints, please contact us at 801-264-1060 or toll free 1-800-574-7117.

COPY OF APPLICATION AND ANY RIDER BENEFITS FOLLOW THIS PAGE

Table of loan and non-forfeiture values

Issue Age: 35
Pay Type: 5 Pay

End of Year	Current Death Benefit	Cash Value	Paid Up Insurance
1	1,200.00	53.45	238.34
2	2,400.00	408.10	1,754.67
3	3,600.00	776.30	3,219.07
4	4,800.00	1,158.35	4,633.50
5	6,000.00	1,554.45	Paid-Up
6	6,000.00	1,610.60	Paid-Up
7	6,000.00	1,668.25	Paid-Up
8	6,000.00	1,727.45	Paid-Up
9	6,000.00	1,788.20	Paid-Up
10	6,000.00	1,850.55	Paid-Up
11	6,000.00	1,914.50	Paid-Up
12	6,000.00	1,980.10	Paid-Up
13	6,000.00	2,047.30	Paid-Up
14	6,000.00	2,116.25	Paid-Up
15	6,000.00	2,186.85	Paid-Up
16	6,000.00	2,259.10	Paid-Up
17	6,000.00	2,332.75	Paid-Up
18	6,000.00	2,407.80	Paid-Up
19	6,000.00	2,484.05	Paid-Up
20	6,000.00	2,561.45	Paid-Up

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

January 05, 2013

POLICY NUMBER: 111111

INSURED: Sam Security

AGE: 35

PLAN: Monthly Increasing Benefit 5 Pay

<u>YEAR</u>	<u>GUARANTEED DEATH BENEFIT</u>	<u>ANNUAL PREMIUM</u>	<u>CASH VALUE</u>
1	\$1,200.00	\$840.00	\$53.45
2	\$2,400.00	\$840.00	\$408.10
3	\$3,600.00	\$840.00	\$776.30
4	\$4,800.00	\$840.00	\$1,158.35
5	\$6,000.00	\$840.00	\$1,554.45
10	\$6,000	0.00	\$1,850.55
15	\$6,000	0.00	\$2,186.85
20	\$6,000	0.00	\$2,561.45
Age 65	\$6,000		\$3,388.60

Effective policy loan interest rate is 7.4% per annum payable in advance.

	<u>10 Years</u>	<u>20 Years</u>
Life Insurance Net Payment Cost Index	Not Applicable	Not Applicable
Life Insurance Surrender Cost Index	Not applicable	Not Applicable

An explanation of the intended use of the indexes is provided in the Life Insurance Buyer's Guide.

If you have any questions, please write to:

Security National Life Insurance Company
P.O. Box 57220
Salt Lake City, Utah 84157-0220

This policy may be returned to the company within 30 days after receipt by the owner. The policy will be deemed void from the date of the application and any premium paid will be returned.

Agent: Home Office Agency
5300 South 360 West
Suite 250
Salt Lake City, Utah 84123
Telephone: (800) 574-7117

LIST

INSURED: Sam Security CONTRACT NUMBER: 123456
AGE: 35 ISSUE DATE: January 05, 2013
OWNER: Sam Security PREMIUM CLASS: Standard
BENEFICIARY: Sally Security PREMIUM PAYMENT MODE: Semi-Annual
ULTIMATE FACE AMOUNT: \$6,000 MATURITY DATE: January 05, 2078
AGENT NAME: See front of policy for address and telephone number of contact agent.

SCHEDULE OF PREMIUMS AND ADDITIONAL BENEFITS

Description of Benefits	Number of Years Payable	Total Annual Premium Amount
Monthly Increasing Benefit 3 Pay	3 Years	\$1,400.00
INITIAL FACE AMOUNT	1,000.00	
INCREASING SEMI-ANNUALLY BY	1,000.00	
TO ULTIMATE FACE AMOUNT OF	6,000.00	

TOTAL PREMIUMS

The total premiums below include the charge for additional benefits:

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
1,400.00	700.00	350.00	116.66

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COPY OF APPLICATION AND ANY RIDER BENEFITS FOLLOW THIS PAGE

Table of loan and non-forfeiture values

Issue Age: 35
Pay Type: 3 Pay

End of Year	Current Death Benefit	Cash Value	Paid Up Insurance
1	2,000.00	244.05	1,088.21
2	4,000.00	834.15	3,586.51
3	6,000.00	1,446.80	Paid-Up
4	6,000.00	1,499.85	Paid-Up
5	6,000.00	1,554.45	Paid-Up
6	6,000.00	1,610.60	Paid-Up
7	6,000.00	1,668.25	Paid-Up
8	6,000.00	1,727.45	Paid-Up
9	6,000.00	1,788.20	Paid-Up
10	6,000.00	1,850.55	Paid-Up
11	6,000.00	1,914.50	Paid-Up
12	6,000.00	1,980.10	Paid-Up
13	6,000.00	2,047.30	Paid-Up
14	6,000.00	2,116.25	Paid-Up
15	6,000.00	2,186.85	Paid-Up
16	6,000.00	2,259.10	Paid-Up
17	6,000.00	2,332.75	Paid-Up
18	6,000.00	2,407.80	Paid-Up
19	6,000.00	2,484.05	Paid-Up
20	6,000.00	2,561.45	Paid-Up

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

January 05, 2013

POLICY NUMBER: 111111

INSURED: Sam Security

AGE: 35

PLAN: Monthly Increasing Benefit 3 Pay

<u>YEAR</u>	<u>GUARANTEED DEATH BENEFIT</u>	<u>ANNUAL PREMIUM</u>	<u>CASH VALUE</u>
1	\$2,000.00	\$1,400.00	\$244.05
2	\$4,000.00	\$1,400.00	\$834.15
3	\$6,000.00	\$1,400.00	\$1,446.80
4	\$6,000.00	0.00	\$1,499.85
5	\$6,000.00	0.00	\$1,554.45
10	\$6,000	0.00	\$1,850.55
15	\$6,000	0.00	\$2,186.85
20	\$6,000	0.00	\$2,561.45
Age 65	\$6,000		\$3,388.60

Effective policy loan interest rate is 7.4% per annum payable in advance.

	<u>10 Years</u>	<u>20 Years</u>
Life Insurance Net Payment Cost Index	Not Applicable	Not Applicable
Life Insurance Surrender Cost Index	Not applicable	Not Applicable

An explanation of the intended use of the indexes is provided in the Life Insurance Buyer's Guide.

If you have any questions, please write to:

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

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Agent: Home Office Agency
5300 South 360 West
Suite 250
Salt Lake City, Utah 84123
Telephone: (800) 574-7117

LIST

INSURED: Sam Security CONTRACT NUMBER: 123456
AGE: 35 ISSUE DATE: January 05, 2013
OWNER: Sam Security PREMIUM CLASS: Standard
BENEFICIARY: Sally Security PREMIUM PAYMENT MODE: Annual
ULTIMATE FACE AMOUNT: \$6,000 MATURITY DATE: January 05, 2078

AGENT NAME: See front of policy for address and telephone number of contact agent.

SCHEDULE OF PREMIUMS AND ADDITIONAL BENEFITS

Description of Benefits	Number of Years Payable	Total Annual Premium Amount
ONE PAY WHOLE LIFE	Paid in Full	\$5,818.20
INITIAL FACE AMOUNT	6,000.00	
TO ULTIMATE FACE AMOUNT OF	6,000.00	

To present inquiries or obtain information about coverage and to provide assistance in resolving complaints, please contact us at 801-264-1060 or toll free 1-800-574-7117.

COPY OF APPLICATION AND ANY RIDER BENEFITS FOLLOW THIS PAGE

Table of loan and non-forfeiture values

Issue Age: 35
Pay Type: 1 Pay

End of Year	Current Death Benefit	Cash Value	Paid Up Insurance
1	6,000.00	1,345.50	Paid-Up
2	6,000.00	1,395.35	Paid-Up
3	6,000.00	1,446.80	Paid-Up
4	6,000.00	1,499.85	Paid-Up
5	6,000.00	1,554.45	Paid-Up
6	6,000.00	1,610.60	Paid-Up
7	6,000.00	1,668.25	Paid-Up
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17	6,000.00	2,332.75	Paid-Up
18	6,000.00	2,407.80	Paid-Up
19	6,000.00	2,484.05	Paid-Up
20	6,000.00	2,561.45	Paid-Up

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

January 05, 2013

POLICY NUMBER: 111111

INSURED: Sam Security

AGE: 35

PLAN: Monthly Increasing Benefit Single Pay

<u>YEAR</u>	<u>GUARANTEED DEATH BENEFIT</u>	<u>ANNUAL PREMIUM</u>	<u>CASH VALUE</u>
1	\$6,000.00	\$5,818.20	\$1,345.50
2	\$6,000.00	0.00	\$1,395.35
3	\$6,000.00	0.00	\$1,446.80
4	\$6,000.00	0.00	\$1,499.85
5	\$6,000.00	0.00	\$1,554.45
10	\$6,000.00	0.00	\$1,850.55
15	\$6,000.00	0.00	\$2,186.85
20	\$6,000.00	0.00	\$2,561.45
Age 65	\$6,000.00	0.00	\$3,388.60

Effective policy loan interest rate is 7.4% per annum payable in advance.

	<u>10 Years</u>	<u>20 Years</u>
Life Insurance Net Payment Cost Index	Not Applicable	Not Applicable
Life Insurance Surrender Cost Index	Not applicable	Not Applicable

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Agent: Home Office Agency
5300 South 360 West
Suite 250
Salt Lake City, Utah 84123
Telephone: (800) 574-7117

SERFF Tracking #:

SENL-128809715

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Security National Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

MIB (12/12)-AR

Project Name/Number:

Individual Whole Life/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
CERTIFICATIONS FOR MIB (12-12)-AR.pdf			

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number MIB (12/12)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 76.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 12, 2012

Date

CERTIFICATE OF COMPLIANCE

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

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, Legal Counsel
Legal Department



Signature

December 12, 2012

Date