

SERFF Tracking Number: SENL-128177444 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: MA (11/2011)-AR, et al
Project Name/Number: Individual Whole Life/

Filing at a Glance

Company: Security National Life Insurance Company

Product Name: MA (11/2011)-AR, et al SERFF Tr Num: SENL-128177444 State: Arkansas
TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num:
Variable Closed
Sub-TOI: A02I.002 Flexible Premium Co Tr Num: State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Jeanine Larson Disposition Date: 03/26/2012
Date Submitted: 03/16/2012 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual Whole Life Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 01/26/2012
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: 03/26/2012
State Status Changed: 03/26/2012
Deemer Date: Created By: Jeanine Larson
Submitted By: Jeanine Larson Corresponding Filing Tracking Number:
Filing Description:
Re: First Submission: Form Filing MA (11/2011)-AR, et al
Security National Life Insurance Company
NAIC Company Code: 69485 0454
Federal ID No.: 36-2610791

Dear Commissioner,

Attached, please find the above-referenced Form Filing for your review and approval; the policy, application, the Actuarial Memorandum, the Fleisch/Readability Score Certification and Compliance Certification. We are also submitting

SERFF Tracking Number: SENL-128177444 State: Arkansas
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Variable
Product Name: MA (11/2011)-AR, et al
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the required Form Filing Fees of \$100.00, through EFT in SERFF

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

The following documents are included in this filing:

Form number MA (11/2011): is a non-participating flexible premium deferred fixed annuity product. The Accumulation Value is the sum of all premiums paid, less any applicable premium tax, less an Expense Charge, accumulated at interest with a minimum Guaranteed Interest Rate which is equal to the nonforfeiture rate. Excess interest may be credited to the Accumulation Value. There is a policy charge at the start of the first policy year which will never be more than \$50. The minimum planned premium in the first policy year is \$300. The minimum premium payment is \$25. There are three plans, MA6, MA10, and MA12. No plan has Withdrawal Charges on or past the later of the 10th contract anniversary or the contract anniversary following the annuitant's 70th birthday.

The Cash Value is the greater of the Accumulation Value less any applicable Withdrawal Charge and the minimum value required by the law of the state in which this Policy is delivered. If the Annuitant dies before the Maturity Date and while this Policy is in force, the death benefit is equal to the Accumulation Value. This Policy may be surrendered at any time during the Annuitant's lifetime before the Maturity Date for the Cash Value. If this Policy is in force on the Maturity Date, the Cash Value or an annuity benefit is paid according to the Settlement Option elected. Coverage terminates on death of the Annuitant, surrender, or maturity of the contract. This Policy may also terminate by paying the Owner the Cash Value if there have been no premiums paid for a period of 2 consecutive years and the Cash Value is less than \$300. The range of issue ages for plans MA6 and MA10 is 0 – 99. The range of issue ages for plan MA12 is 0 – 58.

Form number MA APP (11/2011): is an application to be used with the MA (11/2011) policy. The application will be used in paper form.

The MA (11/2011) policy, and application were approved by our domicile State of Utah through the Interstate Insurance Product Regulation Commission on January 26, 2012 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,

SERFF Tracking Number: SENL-128177444 State: Arkansas
 Filing Company: Security National Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: MA (11/2011)-AR, et al
 Project Name/Number: Individual Whole Life/

Jeanine Larson, Compliance
 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,
 Suite 250 Group Name: N/A Health and Accident
 Salt Lake City, UT 84123 FEIN Number: 36-2610791
 (800) 574-7117 ext. [Phone] State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 1 Policy @ \$50 = \$50
 1 Application @ \$50 = \$50
 Total \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security National Life Insurance Company	\$100.00	03/16/2012	57206212

SERFF Tracking Number: SENL-128177444 State: Arkansas
Filing Company: Security National Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: MA (11/2011)-AR, et al
Project Name/Number: Individual Whole Life/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/26/2012	03/26/2012

SERFF Tracking Number: SENL-128177444 State: Arkansas
 Filing Company: Security National Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: MA (11/2011)-AR, et al
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Form Schedule

Lead Form Number: MA (11/2011)-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	MA (11/2011)-AR	Policy/Contract/Fraternal Certificate	Initial		55.000	POLICY - MA (11-2011)-AR 3-16-12.pdf
	MA APP (11/2011)-AR	Application/ Enrollment Form	Initial		63.000	APPLICATION - MA APP (11-2011)-AR 3-16-12.pdf

SECURITY NATIONAL LIFE Insurance Company

5300 South 360 West, Salt Lake City, Utah 84123 • Mailing Address: PO Box 57220, Salt Lake City, Utah 84157-0220
Telephone: (801) 264-1060 • Toll Free Number: 1 (800) 574-7117 • Fax Number: (801) 264-8430 • www.securitynational.com

This is a legal contract between Security National Life Insurance Company and the Owner of this Policy. The terms "We", "Our", and "Us" refer to Security National Life Insurance Company. The terms "You" and "Your" refer to the Owner of the Policy. We will pay the benefits provided by this Policy subject to its terms and conditions.

Entire Contract: This Policy and the attached Riders, Endorsements, and Applications (including any amendments and supplemental applications) form the entire contract. All statements made in an Application will be deemed representations and not warranties. We will not contest the validity of this Policy.

Modifications Of The Contract: Any change to Your Policy must be approved by an officer of Our company. No agent may do this. Any approved change must be endorsed on or attached to this Policy.

Policy Issue Date: Coverage starts on the Policy Issue Date or when the first premium is paid, whichever is later. Policy months and years are measured from the Policy Issue Date.

Ownership Rights: You may exercise all rights and receive all benefits under this Policy while the Annuitant is living and before the Maturity Date. You may transfer ownership of this Policy. To do this, send Us a signed notice of the change on a form approved by Us. The change, unless otherwise specified, shall take effect on the date the notice is signed, subject to any payments made or actions taken by Us before We receive and record it at Our home office.

Assignment: During the Annuitant's life, You may assign this Policy. The Beneficiary may assign the Beneficiary interest at any time. To do this, send Us a signed notice of the assignment on a form approved by Us. The assignment, unless otherwise specified, shall take effect on the date the notice is signed, subject to any payments made or actions taken by Us before We receive and record it at Our home office. We are not responsible for the validity of any assignment.

Death of Owner: If You die before the annuity starting date, the Annuitant will become the Owner.

Death of Annuitant: If the Annuitant dies before the Maturity Date and while this Policy is in force, We will pay to the Beneficiary a death benefit equal to the Accumulation Value. If a Beneficiary is not living, We will pay the death benefit to the Owner. If the Annuitant dies after the Maturity Date, any death benefit will be paid according to the terms of the Settlement Option elected. We must first receive due proof of death and the surrendered Policy. We will pay interest on death benefits from the date of death to the date of settlement at a rate determined by Us and not less than any rate required by law.

Annuity Benefit: If this Policy is in force and the Annuitant is living on the Maturity Date, We will pay an annuity according to the Settlement Option elected. The amount of the Policy proceeds shall be equal to the Cash Value, less any applicable premium tax, and any withdrawal charges may be waived. The annuity will be paid to the Annuitant unless you designate a different Payee.

Nonparticipation: This Policy is nonparticipating. This means that it does not share in Our earnings and You will not receive dividends.

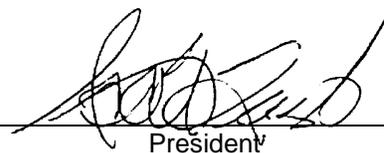
30 Day Right To Examine - You may cancel this Policy within 30 days after You receive it by delivering or mailing the Policy and a written statement that You want it canceled to Our home office or to an agent of Our company. If this is a replacement policy, this period is extended an additional ten days. Upon receipt of Your notice, the Policy will be void and deemed to have never been issued. We will promptly refund any premiums You may have paid.

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

Please read Your Policy carefully.

Signed at Salt Lake City, Utah


Secretary


President

Flexible Premium Deferred Annuity • Income Options Available • Nonparticipating

Misstatement of Age: If the age of the Annuitant or any Payee has been misstated, the amounts of the annuity benefit and settlement payments will be those which result using the correct age. If the misstatement results in an overpayment, We will reduce or discontinue future payments until the overpayment, accumulated with interest at 5% per year, is recaptured. If the misstatement results in an underpayment, We will pay the amount of the underpayment, accumulated with interest at 5% per year, to the Annuitant or other Payee.

Termination: This Policy terminates when any of the following occurs: (a) You request in writing on a form approved by Us to surrender this Policy, (b) the Annuitant dies before the Maturity Date, or (c) We fulfill the terms of the Settlement Option elected. In addition, We may terminate this Policy and pay You the Accumulation Value if there have been no premiums paid for a period of 2 consecutive years and the Accumulation Value is less than the amount that would provide lifetime income of \$20 monthly with payments guaranteed for 10 years.

Annual Report: We will send You annually and without charge a status report containing: the beginning and end dates of the current report period; the account value at the beginning of the current report period and at the end of the current report period; the cash surrender value, if any, at the end of the current report period; the amount of outstanding loans, if any, at the end of the current report period; the amount of the death benefit at the end of the current report period; and the amounts that have been credited or debited to the account value during the current report period. The credited and debited amounts will be identified by type; for example, premium payments, interest credits, persistency credits, expense charges, partial withdrawal amounts, withdrawal charges and cost of rider(s). Upon request We will send You additional status reports for a charge not to exceed \$50 each. Status reports will provide current information as of a date not more than four months prior to the date of mailing.

Premium Payments: The benefits provided by this Policy are granted in exchange for Your premium payments. The first premium is due on the Issue Date and is payable in advance to Us at Our home office or to Our authorized agent. All other premiums must be paid to Us at Our home office. We will furnish a receipt for Your premium payments upon request. This Policy will take effect only after it has been delivered to You and You have paid the first premium.

Planned Premiums: The minimum planned premium in the first policy year is shown on the Policy Data Page. We will send premium notices to you upon request. You may discontinue payments or change the amount or frequency of Your payments at any time. To make a change, write to Us at Our home office. The frequency must be annual, semi-annual, quarterly, or monthly.

Premium Limitations: You may pay additional premiums. The Minimum Premium Payment Limit is shown on the Policy Data Page.

Accumulation Value: The Accumulation Value at any time is equal to the sum of all premiums paid, plus credited interest, less any applicable premium tax, less an Expense Charge. Credited interest will be compounded daily, from the day We receive Your premium payment, at the annual effective rate of the Guaranteed Interest Rate. We will deduct an expense charge of no more than \$50 at the start of the first policy year. Excess interest may be credited to the Accumulation Value at Our discretion and at such rate and in such manner as We determine.

Cash Value: The Cash Value is equal to the greater of (1) the Accumulation Value less any applicable Withdrawal Charge and (2) the minimum value required by the state in which this Policy is delivered. A detailed statement of the method of computing cash values and reserves has been filed with the state in which this Policy is delivered. You may withdraw the Cash Value before the Maturity Date and during the Annuitant's lifetime. Each time YOU make a withdrawal WE will deduct a Withdrawal Charge from the amount withdrawn. If YOU make more than one partial withdrawal in a policy year, WE will charge \$25 for each additional withdrawal. No Withdrawal Charge will apply to the first 10% of the Accumulation Value (as of the date of YOUR first withdrawal in the policy year) withdrawn in any policy year. We reserve the right to defer payment of the Cash Value for the period permitted by law, but for no more than six months. If We defer payment We will pay interest on the Cash Value at the Guaranteed Interest Rate. Contract Values are not less than the minimum benefits required by the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities, model #805.

Beneficiary: The Beneficiary is the person You name to receive payment on the death of the Annuitant. The Beneficiary is as named in the Application, unless later changed.

Change of Beneficiary: You can change a Beneficiary unless named irrevocably. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. To make a Beneficiary change, send Us a signed notice on a form approved by Us. The change, unless otherwise specified, shall take effect on the date the notice is signed, subject to any payments made or actions taken by Us before We receive and record it at Our home office.

Death of Beneficiary: Unless You state otherwise, all rights of the Beneficiary will end if the Beneficiary dies or ceases to exist before You or the Annuitant die. At the death of the Annuitant, if there is no Beneficiary living or existing, the death benefit shall be paid to one of the following classes of persons, to the exclusion of other classes, in the following priority: (a) Owner if living, (b) Owner's surviving spouse, (c) Owner's surviving children, (d) Owner's surviving grandchildren, (e) Owner's surviving parents, (f) Owner's surviving siblings, or (g) Owner's estate. Payments to a class consisting of more than one person will be made in equal shares.

Policy Data

Policy Number: [123456]
Plan Code: [MA6/MA10/MA12]
Issue Date: [08/01/2011]
Initial Premium: [\$5000.00]

Planned Premiums [Blank/Single Premium]
[Annual Premium [\$1200.00]
Billing Mode: [Monthly]
Billing Form: [EFT]
Billing Amount: [\$100.00]

Owner: [Sam A. Security]

Annuitant: [Sally R. Security]
Annuitant Age/Sex: [60] [Female]

Maturity Date: [08/01/2041]

First Year Interest Rate: [3.00%]
Guaranteed Interest Rate: [1.00%]

Expense Charge: [\$50]

Premium Limitations
Minimum Planned First Year Premium: [\$300]
Minimum Premium Payment: [\$25]

[Withdrawal Charge:	Duration	Charge
	0	6%
	1	6%
	2	6%
	3	5%
	4	4%
	5	3%
	6	2%
	7+	0%

Additional Charge for Multiple Withdrawals in a Policy Year: [\$25]

The Withdrawal Charge applicable to this Policy is a percentage of the Accumulation Value depending upon how long the Policy has been in effect. If more than one partial withdrawal is made during a policy year, there is a [\$25] charge for each additional withdrawal. There is no Withdrawal Charge if the Policy has been in effect for more than [6/10/12] years. As stated in the Annuity Benefit, the Withdrawal Charges may be waived under a Settlement Option.

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COPY OF THE APPLICATION FOLLOWS THIS PAGE

Settlement Options: You may elect to have Us pay the Proceeds of this Policy in one lump sum or according to one of the Options shown below. You may change Your Option choice for the Beneficiary at any time before the death of the Annuitant, and for the Annuitant at any time before the Maturity Date. To make such a change, notify Us in writing at Our home office on a form approved by Us. If You do not elect an Option for the Beneficiary, he or she may choose an Option. The person designated to receive payments is called the Payee. If no Option is elected, We shall pay the Proceeds as Option 3 – Lifetime Income with Payments Guaranteed for ten (10) years.

Options 1, 2, and 3 may provide for the payment of a final amount at the Payee's death. If You have not named a Contingent Payee, the Payee may name a Contingent Payee to receive this final payment instead of the Payee's estate. To name or change a Contingent Payee, You (or the Payee) must send a signed notice of the change to Our home office, on a form approved by Us, prior to Our making such final payment. Options 1 and 2 may be used only if the income payments will be \$200 or more and the Proceeds are at least \$5,000.

Option 3 is based on the age of the Payee. We may require proof of the Payee's age. We may also require evidence that the Payee is alive at the time any payment is due.

The annuity factors on which payment amounts are based are calculated using an interest rate of 2.50% per year and, when applicable, the female A2000 mortality table. The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the cash surrender value to purchase a single premium immediate annuity contract at purchase rates offered by Us at that time to the same class of annuitants.

Option 1 - Left at Interest. We will make periodic payments, at least annually, of the interest earned on the amount of Proceeds left on deposit with Us. The interest paid will be at the rate of 2.50% per year. The Payee may elect another Option within 5 years after the Proceeds are first left on deposit. At the Payee's death, We will pay the unpaid Proceeds plus interest accrued to the date of death in one lump sum to the Payee's estate or the Contingent Payee.

Option 2 - Installment Payments for a Fixed Period of Years. We will make equal periodic payments, at least annually, for the payment period selected. For example, the amount of monthly payments per \$1,000 of Proceeds would be: \$17.70 for 5 years, \$9.39 for 10 years, \$6.64 for 15 years, \$5.27 for 20 years, \$4.46 for 25 years, or \$3.93 for 30 years.

Option 3 - Lifetime Income with Payments Guaranteed for a Fixed Period. We will make equal periodic payments, at least annually, to the Payee for as long as he or she lives. For example, the amount of monthly payments per \$1,000 of Proceeds for the longer of 10 years or the Payee's life would be: \$4.36 for age 60, \$4.93 for age 65, \$5.67 for age 70, \$6.60 for age 75, \$7.62 for age 80, or \$8.50 for age 85. For additional ages and guaranteed minimum years of payments see the Rate Tables.

We may provide additional alternative Options at the time of settlement. Contact Our home office for available Options.

Rate Tables – Rate tables are available upon request.

SECURITY NATIONAL LIFE Insurance Company

5300 South 360 West, Salt Lake City, Utah 84123

Arkansas Insurance Department

Consumer Services Department

1200 West Third Street

Little Rock, AR 72201

1-501- 371-2640

Toll Free: 1-800-852-5494

Flexible Premium Deferred Annuity • Income Options Available • Nonparticipating

SECURITY NATIONAL LIFE Insurance Company
 5300 South 360 West • PO BOX 57220 • Salt Lake City, Utah 84157-0220

Contract Number: _____

INDIVIDUAL ANNUITY APPLICATION
 Please print all information. Print using dark blue or black ink.
 Any changes must be initialed by the Proposed Owner.

Proposed Annuitant					
1. Proposed Annuitant (Please print full name)		(First)	(Middle)	(Last)	
2. Address (Street)			(City)	(State)	(Zip Code)
3. Social Security Number	4. Telephone Number	5. Date Of Birth (Month/Day/Year)		6. Age	7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Owner & Beneficiary					
8. Owner (If other than Proposed Annuitant)		(First)	(Middle)	(Last)	
9. Address (Street)			(City)	(State)	(Zip Code)
10. Social Security #	11. Relationship to Annuitant	12. Telephone Number	13. Date Of Birth (Month/Day/Year)	14. Age	15. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
16. Primary Beneficiary Name: _____ Address: _____ Telephone: _____ SNN#: _____			17. Contingent Beneficiary Name: _____ Address: _____ Telephone: _____ SNN#: _____		
Plan Details					
18. Plan Applied For: Flexible Premium Deferred Annuity <input type="checkbox"/> MA6 (11/2011) ([\$50] First Year Policy Fee) <input type="checkbox"/> MA10 (11/2011) ([\$50] First Year Policy Fee) <input type="checkbox"/> MA12 (11/2011) ([\$50] First Year Policy Fee) I understand the Insurer will deduct for its expenses the percentages of premium according to the policy data page of the selected annuity.		19. Cash Collected With Application: <input type="checkbox"/> Check <input type="checkbox"/> Cash	20. Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly	21. Billing Form: <input type="checkbox"/> Direct <input type="checkbox"/> EFT	
23. Contract Status of this Annuity: <input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA (Regular) <input type="checkbox"/> Qualified (pre-tax funds) <input type="checkbox"/> Roth IRA		22. Premium Information: Initial Premium Amount \$ _____ Planned Annual Premium \$ _____			
25. Indicate source of funds for this Annuity: (Check all applicable) <input type="checkbox"/> IRA (Regular) <input type="checkbox"/> 1035 <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____ <input type="checkbox"/> Rollover*		24. Scheduled Maturity Date: _____ If unspecified this date will be age 95 or 10 years after the Policy Issue Date whichever is longer or age 70 if qualified.			
26. Special Instructions: _____					
27. E-mail Addresses: Owner _____ Annuitant _____					
Replacement					
28. Do you have an existing life insurance policy or annuity contract? <input type="checkbox"/> YES <input type="checkbox"/> NO Will this Annuity change or replace any existing life insurance policy or annuity contract you have now? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete the information on reverse side as to the coverage that is to be replaced. (Use and sign separate sheet if needed.)					
HOME OFFICE ENDORSEMENTS OR CHANGES					
I have read the application and all statements and answers are true and complete to the best of my knowledge and belief. I agree that: 1. This application and any amendments will be the basis of any annuity granted. 2. If proof of age is not given with this application, the Annuitant will furnish the Company with such proof before annuity payments begin. 3. Acceptance of any contract issued will constitute agreement to its terms and ratification of any changes specified under Home Office Endorsements. However, any change of plan will be made only with the Owner's consent. 4. Only an Officer of the Company can make, modify, alter, or discharge contracts or waive any of the Company's rights or requirements. 5. The company will have no liability until the contract is issued on this application and delivered to and accepted by the owner and the first premium due is paid in full while each proposed owner and annuitant is alive. 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.					
Signed at _____ this _____ day of _____, 20_____.					
Signature of Proposed Annuitant (or Parent if Juvenile)			Signature of Proposed Owner (if other than Annuitant)		
Signature of Agent		Company Agent #		Agent License #	

MA APP (11/2011)-AR

**DO NOT DETACH unless premium is paid with application
 RECEIPT**

Security National Life received from _____ on this _____ day of _____, 20_____
 the sum of \$_____ for the annuity contract applied for with the application which bears the same date as this receipt.

This receipt is not valid unless it is signed by an agent of the Company and the amount paid with the application, if paid by check or draft, is honored on first presentation for payment.

 Signature of Agent

**All premium checks must be made payable to Security National Life.
 DO NOT MAKE CHECK PAYABLE TO AGENT OR LEAVE THE PAYEE BLANK.**

Replacement Information				
Name Of Company	Policy Number	Amount	Purpose Business / Personal	Replacement Yes No
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Agent Report

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

- All answers given in this application are true and complete; and
- This insurance WILL WILL NOT change or replace any existing insurance or annuity; and**
- The signature of the Proposed Annuitant and/or the Owner (Parent/Legal Guardian) is what they are represented to be and were signed in my presence.

Agent Signature: _____

Note: If "Will" is checked in number 2 above, complete required replacement forms.

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

Customer Name: _____
 Name of Bank: _____
 Address of Bank: _____

 Checking Account #: _____
 or
 Savings Account #: _____
 Nine digit Bank Transit #: _____

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

- 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.
- I understand that if any EFT 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.
- 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.
- If I change banks or bank accounts and I want to continue using EFT, I must sign a new Authorization Agreement.
- 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 thereunder paid in cash to SNL.
- 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.
- The EFT will apply to the following contract(s):

Name: _____ Contract # _____
 Name: _____ Contract # _____

Date: _____ Signature: _____
Authorized Account Holder

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

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

SECURITY NATIONAL LIFE Insurance Company
 5300 South 360 West, Suite 250
 P.O. Box 57220
 Salt Lake City, Utah 84157-0220
 Telephone Number: (801) 264-1060
 Toll-Free Number: (800) 574-7117
 Fax Number: (801) 264-8430

SERFF Tracking Number: SENL-128177444 State: Arkansas
 Filing Company: Security National Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: MA (11/2011)-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 5-2011.pdf		
ARKANSAS NOTICE FOR POLICIES - SNL ONLY 1-15-09.pdf		
CERTIFICATIONS FOR MA (11-2011)-AR.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: We have attached the application that will be used with this policy under the "Form Schedule" tab, but we will be also using an application, form number LPWL-MIB-BA APP (10/10)-AR, which was previously approved by the Arkansas Insurance Department through SERFF on 11/01/2010. The SERFF Tracking Number is SENL-126881857.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Actuarial Memo		
Comments:		
Attachment:		
MA (11-2011) Actuarial Memorandum with Exhibits.pdf		

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

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

DISCLAIMER

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

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

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

The Arkansas Life and Health Insurance Guaranty Association
% The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Guaranty Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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

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 MA (1/2011)-AR 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 16, 2012
Date

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number MA APP (11/2011)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 63.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel
Legal Department



Signature

March 16, 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, General Counsel
Legal Department



Signature

March 16, 2012

Date