



Security National Life Insurance Company

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

Phone (801) 264-1060 | Toll Free (800) 574-7117 | Fax (866) 403-5365

COVID-19 Questionnaire

Name of Proposed Insured (please print): _____

Name of Owner (please print): _____

Application Date: _____

If the answer to any of these questions is “Yes”, submission of the insurance application will be postponed for 25 days and subjected to further review.

Yes No

1. Within the past 30 days has the proposed insured been examined, diagnosed, treated or tested, or been given medical advice, regarding COVID-19 by a member of the medical profession? ...
2. Within the past 30 days has anyone in the proposed insured’s household been diagnosed or treated by a member of the medical profession for COVID-19?.....
3. Within the past 30 days has the proposed insured been examined, treated or advised by a member of the medical profession regarding fever, cough, shortness of breath, chills, sore throat, muscle pain, a new loss of taste or smell, or persistent pressure or pain in the chest?.....
4. Within the past 30 days has the proposed insured been quarantined or self-isolated after being treated, examined or advised by a member of the medical profession regarding COVID-19?

To the best of my knowledge, the answers to the above questions are true and complete. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Proposed Insured’s Signature

Date

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 MA6 (01/2015) (\$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 checked="" type="checkbox"/> NON-QUALIFIED		22. Premium Information: Initial Premium Amount \$ _____ Planned Annual Premium \$ _____			
25. Indicate source of funds for this Annuity: <input checked="" type="checkbox"/> NON-QUALIFIED		24. Scheduled Maturity Date: <u> AGE 110 </u> If unspecified this date will be age 95 or 10 years after the Policy Issue Date whichever is longer.			
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 statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. 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 # _____					

ICC14-MA APP (01/2015)

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

Date: _____ Signature: _____
Authorized Account Holder

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

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