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(RED) Should include name, gender, date of birth, age, height, weight, mailing address, phone number, social security number, & birth state.

(ORANGE) If owner and/or payor is different than insured complete these sections entirely.

(YELLOW) Primary beneficiary info is required and contingent beneficiary is recommended.

(GREEN) Plan Selection. Enter Plan, Premium Payable, Amount of Premium, Face Amount, and Rider info.

(TEAL) Billing Info. Answer yes/no income question. If payor wants their premium to be drafted immediately upon underwriting approval then choose "Yes" on Draft Upon Approval, otherwise answer "No".

(LIGHT BLUE) Replacement - Answer replacement question(s) and complete additional replacement forms if required.

(DARK BLUE) Physician Name - Enter the insured's primary care physician contact information.

(PURPLE) Medical Questions - Section I - Answer all health questions.

Application for: SECURITY NATIONAL LIFE INSURANCE COMPANY. SIMPLE SECURITY PLAN. Form with fields for Name of Proposed Insured, Owner's Name, Payor's Name, Primary/Contingent Beneficiary, Plan selection, Premium Payable, Billing info, Replacement, Physician Name, and Medical Questions.

Applicant's Name, Social Security Number, MEDICAL QUESTIONS (Section Two) - Answer all medical questions, MEDICAL QUESTIONS (Section Three) - Answer all medical questions, and Child Rider section.

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(RED) Applicant Name and Social Security Number

(ORANGE) Medical Questions - Section 2 and 3 - Answer all health questions.

(YELLOW) Prescriptions - enter all current prescriptions taken and provide all pertinent information to any "Yes" health question(s).

(GREEN) Child Rider - If applying for a Child Rider, provide all information.



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Form with fields for Applicant's Name, Social Security Number, and sections for Prescription Authorization, Agent's Statement, and Signature.

(TEAL) Disclosures & Signatures – City & state where the application was signed. Signature of insured. Signature of owner, if different than insured.

(LIGHT BLUE) Agent's Statement –

Answer 2 questions

- 1. Is the proposed insured a family member of the agent?
2. An additional replacement question.

Agent's signature, printed name, and agent number.

If commissions are being split, both agents must sign the application and provide split information.

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(RED) Applicant Name and Social Security Number

(DARK BLUE) Payor Name, Phone, and Address. Customer Name is Payor's Name. Enter banking information.

(PURPLE) EFT disclosures. Name is Insured and leave contract # blank if it's a new application. Have payor sign and date the form.

(PINK) Conditional Receipt: Payor Name, Date, Cash With App, Agent Signature and Agent Name.

Form with sections for Payor Information and Electronic Funds Transfer (EFT) Authorization Agreement, Terms and Conditions, and Conditional Receipt.