



Security Care Plan - Page 1

(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". Choose either a billing date or 2nd, 3rd, or 4th Wednesday option to coordinate with their pay date.

(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.

SECURITY NATIONAL LIFE INSURANCE COMPANY SECURITY CARE PLAN Application form with sections for personal info, beneficiary info, billing options, and medical questions.

Continuation of Security Care Plan form, Section II (Special Class) and Section III (Limited Death Benefit Plan), including a table for medical conditions and a table for child rider information.

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(RED) Applicant Name and Social Security Number

(ORANGE) Medical Questions - Sections 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 for Security Care Plan - Page 3, including fields for Applicant's Name, Social Security Number, Prescription Authorization, and Agent's Statement.

(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 for Security Care Plan - Page 4, including fields for Payor Information and Electronic Funds Transfer (EFT) Authorization Agreement, Terms and Conditions, and Conditional Receipt.