

<i>SERFF Tracking Number:</i>	<i>SYMX-125774395</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39933</i>
<i>Company Tracking Number:</i>	<i>TL AR0004310F01</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>L-10000 4/08 Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>L-10000 4/08 Term Life Insurance/TL AR0004310F01</i>		

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: L-10000 4/08 Term Life
Insurance

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: SYMX-125774395 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: TL AR0004310F01

Co Status:

Author: Symetra Life

Date Submitted: 08/13/2008

State Tr Num: 39933

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 09/11/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: 09/17/2008

State Filing Description:

General Information

Project Name: L-10000 4/08 Term Life Insurance

Project Number: TL AR0004310F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/11/2008

State Status Changed: 09/11/2008

Corresponding Filing Tracking Number:

Filing Description:

SYMETRA Life Insurance Company

NAIC # 1129-68608 FEIN # 91-0742147

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

L-10000 4/08 - Term Life Policy

L-10002 4/08 - Common Carrier Accidental Death Benefit

SERFF Tracking Number: SYMX-125774395 State: Arkansas
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TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: L-10000 4/08 Term Life Insurance
Project Name/Number: L-10000 4/08 Term Life Insurance/TL AR0004310F01

L-10003 4/08 - Disability Income Rider for Accidental Injury

L-10005 4/08 - Additional Term Insurance Rider

LUC-148 4/08 - Part I Individual Life Application

We are submitting copies of final versions of the above referenced forms for your review. The forms are new and do not replace any forms currently in use in your state. The content does not deviate from normal company or industry standards.

L-10000 4/08, Term Life Policy, is a term policy to be offered in the general market and the mortgage term market.

The issue ages for policies issued primarily as mortgage protection are:

15 Year Level Term:

16-70 Standard Non-Nicotine, Standard Nicotine

20-70 Preferred Non-Nicotine, Preferred Nicotine

20 Year Level Term:

16-65 Standard Non-Nicotine, Standard Nicotine

20-65 Preferred Non-Nicotine, Preferred Nicotine

30 Year Level Term:

16-55 Standard Non-Nicotine, Standard Nicotine

20-55 Preferred Non-Nicotine, Preferred Nicotine

Issue ages for fully underwritten term policies are:

Annual Renewable Term :

15-75 Standard, Non-Nicotine

20-75 Preferred, Standard Plus

20-75 Preferred Plus

20-75 Preferred Best

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10 Year Level Term :

15-75 Standard, Non-Nicotine
20-75 Preferred, Standard Plus
20-75 Preferred Plus
20-75 Preferred Best

15 Year Level Term:

15-70 Standard, Non-Nicotine
20-70 Preferred, Standard Plus
20-70 Preferred Plus
20-70 Preferred Best

20 Year Level Term:

15-65 Standard, Non-Nicotine
20-65 Preferred, Standard Plus
20-65 Preferred Plus
20-65 Preferred Best

30 Year Level Term:

15-50 Non-Nicotine
15-50 Standard
20-50 Preferred
20-50 Standard Plus
20-50 Preferred Plus
20-50 Preferred Best

L-10002 4/08, Common Carrier Accidental Death Benefit, pays a benefit if an insured dies as the result of an accident while a passenger on a common carrier. There is no charge for this benefit.

L-10003 4/08, Disability Income Rider for Accidental Injury, pays a benefit if an insured becomes disabled. This is an

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<i>Company Tracking Number:</i>	<i>TL AR0004310F01</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>L-10000 4/08 Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>L-10000 4/08 Term Life Insurance/TL AR0004310F01</i>		

optional rider.

L-10005 4/08, Additional Term Insurance Rider, is an optional rider that provides additional coverage on an insured.

LUC-148 4/08, Part I Individual Life Application, will be used in the application process for this policy, and similar approved products. It will become a part of the policy at issue.

These products will be sold through agents who are licensed and appointed by Symetra Life Insurance Company.

We will be not be illustrating this policy.

Company and Contact

Filing Contact Information

Elizabeth Hampton, Senior Insurance
Compliance Analyst

Lisa.Hampton@Symetra.com

P.O. Box 34690 SC-11
Seattle, WA 98124-1690

(425) 256-8000 [Phone]

(425) 256-5466[FAX]

Filing Company Information

Symetra Life Insurance Company

CoCode: 68608

State of Domicile: Washington

P.O. Box 34690

Group Code: 1129

Company Type:

Seattle, WA 98124-1690

Group Name:

State ID Number: 667

(425) 256-8000 ext. [Phone]

FEIN Number: 91-0742147

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

SERFF Tracking Number: SYMX-125774395 State: Arkansas
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Product Name: L-10000 4/08 Term Life Insurance
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$0.00	08/13/2008	

SERFF Tracking Number: SYMX-125774395 State: Arkansas
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 Product Name: L-10000 4/08 Term Life Insurance
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/11/2008	09/11/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/21/2008	08/21/2008	Symetra Life	08/22/2008	08/22/2008

SERFF Tracking Number: SYMX-125774395 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 39933
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TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: L-10000 4/08 Term Life Insurance
Project Name/Number: L-10000 4/08 Term Life Insurance/TL AR0004310F01

Disposition

Disposition Date: 09/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-125774395 State: Arkansas
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 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
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 Product Name: L-10000 4/08 Term Life Insurance
 Project Name/Number: L-10000 4/08 Term Life Insurance/TL AR0004310F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	AR - READABILITY CERTIFICATION		Yes
Form	L-10000 4/08 - Term Life Insurance		Yes
Form	L-10002 4/08 - Common Carrier Accidental Death benefit		Yes
Form	L-10003 4/08 - Disability Income Rider for Accidental Injury		Yes
Form	L-10005 4/08 - Additional Term Insurance Rider		Yes
Form	LUC-148 4/08 - Part I Individual Life Application		Yes

SERFF Tracking Number: SYMX-125774395 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: L-10000 4/08 Term Life Insurance
Project Name/Number: L-10000 4/08 Term Life Insurance/TL AR0004310F01

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/21/2008
Submitted Date 08/21/2008

Respond By Date

Dear Elizabeth Hampton,

This will acknowledge receipt of the captioned filing.

Objection 1

- L-10000 4/08 - Term Life Insurance (Form)
- L-10002 4/08 - Common Carrier Accidental Death benefit (Form)
- L-10003 4/08 - Disability Income Rider for Accidental Injury (Form)
- L-10005 4/08 - Additional Term Insurance Rider (Form)
- LUC-148 4/08 - Part I Individual Life Application (Form)
- Certification/Notice (Supporting Document)
- Application (Supporting Document)
- Life & Annuity - Acturial Memo (Supporting Document)
- Statement of Variability (Supporting Document)
- AR - READABILITY CERTIFICATION (Supporting Document)

Comment: The filing fee was not included under EFT on this submission. Please advise if a check for the filing fee will follow by regular mail on this filing? We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/22/2008
Submitted Date 08/22/2008

Dear Linda Bird,

SERFF Tracking Number: SYMX-125774395 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 39933
Company Tracking Number: TL AR0004310F01
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: L-10000 4/08 Term Life Insurance
Project Name/Number: L-10000 4/08 Term Life Insurance/TL AR0004310F01

Comments:

Thank you for bringing this to my attention.

Response 1

Comments: I apologize for omitting the EFT transaction. I will be sending a check in the mail.

Related Objection 1

Applies To:

- L-10000 4/08 - Term Life Insurance (Form)
- L-10002 4/08 - Common Carrier Accidental Death benefit (Form)
- L-10003 4/08 - Disability Income Rider for Accidental Injury (Form)
- L-10005 4/08 - Additional Term Insurance Rider (Form)
- LUC-148 4/08 - Part I Individual Life Application (Form)
- Certification/Notice (Supporting Document)
- Application (Supporting Document)
- Life & Annuity - Actuarial Memo (Supporting Document)
- Statement of Variability (Supporting Document)
- AR - READABILITY CERTIFICATION (Supporting Document)

Comment:

The filing fee was not included under EFT on this submission. Please advise if a check for the filing fee will follow by regular mail on this filing? We will hold your filing in a pending status until the fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Symetra Life

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 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: L-10000 4/08 Term Life Insurance
 Project Name/Number: L-10000 4/08 Term Life Insurance/TL AR0004310F01

Form Schedule

Lead Form Number: L-10000 4/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-10000 4/08	Policy/Contract	L-10000 4/08 - Term Fraternal Life Insurance Certificate	Initial		52	L-10000 4_08.PDF
	L-10002 4/08	Certificate	L-10002 4/08 - Amendment, Insert Page, Endorsement or Rider	Initial	Accidental Death benefit	61	L-10002 4_08.PDF
	L-10003 4/08	Certificate	L-10003 4/08 - Amendment, Insert Page, Endorsement or Rider	Initial	Disability Income Rider for Accidental Injury	54	L-10003 4_08.PDF
	L-10005 4/08	Certificate	L-10005 4/08 - Amendment, Insert Page, Endorsement or Rider	Initial	Additional Term Insurance Rider	51	L-10005 4_08.PDF
	LUC-148 4/08	Application/Enrollment Form	LUC-148 4/08 - Part II Individual Life Application	Initial		50	LUC-148 4_08.PDF

Life Insurance Policy

Primary Insured: John Doe
Policy Number: AA0000000000
Face Amount: \$100,000
Effective Date: 5/01/08
Initial Term Period:

Class: Standard
Male
Non-Nicotine

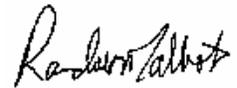
TERM LIFE INSURANCE POLICY

- Symetra Life Insurance Company will pay the insurance benefits and provide the other rights and benefits of this policy in accordance with its provisions.
- This is a level term policy and has been issued in consideration of the application and payment of the initial premium.
- After the Initial Term Period, the premiums increase annually through age 95.
- Annually renewable until the Policy Anniversary following the Primary Insured's 95th birthday.

Signed for Symetra Life Insurance Company, a stock company, at its Home Office on the issue date.



George Pagos
Secretary



Randall H. Talbot
President

RIGHT TO EXAMINE THE POLICY: Within 30 days after this policy is received, it may be cancelled by delivering or mailing it to the agent or insurance Producer through whom it was purchased, or any agent or insurance producer of Symetra, or to our Home Office. Upon cancellation, all money will be refunded.

**THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.
PLEASE READ YOUR POLICY CAREFULLY.**

**IF YOU HAVE ANY QUESTIONS, COMMENTS OR COMPLAINTS,
PLEASE CONTACT SYMETRA AT 1-800-796-3872**

SYMETRA
FINANCIAL

Term Life Insurance
Renewable
Convertible
Nonparticipating

Symetra Life Insurance Company

Symetra Life Insurance Company Home Office:
A Stock Company 777 108th Avenue NE
(800) 796-3872 Bellevue, WA 98004
TTY/TDD (800) 833-6388(Deaf/HH)

Mailing Address:
PO Box 34690
Seattle, WA 98124-1690
www.symetra.com

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COVERAGE DESCRIPTION -----

PRIMARY INSURED: JOHN DOE

EFFECTIVE DATE: 5/1/08

AMOUNT OF COVERAGE	COVERAGE	EXPIRATION DATE	INITIAL ANNUAL PREMIUM
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PRIMARY INSURED: JOHN DOE
 ISSUE AGE: 35
 PREMIUM CLASS: STANDARD MALE NON-NICOTINE

\$100,000	LEVEL TERM INSURANCE		\$181.00#
	SUBTOTAL		\$181.00#
	TOTAL		\$181.00#

YOU MAY ALSO PAY:

SEMI-ANNUALLY \$93.22	QUARTERLY \$47.97	PRE-AUTHORIZED BANK DRAFT \$15.84
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[The annual premiums are guaranteed and shown in the following Schedule of Premiums.]

Premium includes a \$65.00 annual policy fee.

SCHEDULE OF PREMIUMS -----

BEGINNING OF POLICY YEAR	ON MAY 1	GUARANTEED ANNUAL PREMIUM
01	2007	\$ 181.00
02	2008	\$ 181.00
03	2009	\$ 181.00
04	2010	\$ 181.00
05	2011	\$ 181.00
06	2012	\$ 181.00
07	2013	\$ 181.00
08	2014	\$ 181.00
09	2015	\$ 181.00
10	2016	\$ 181.00
11	2017	\$ 181.00
12	2018	\$ 181.00
13	2019	\$ 181.00
14	2020	\$ 181.00
15	2021	\$ 181.00
16	2022	\$ 755.00
17	2023	\$ 819.00
18	2024	\$ 897.00
19	2025	\$ 987.00
20	2026	\$ 1,101.00
21	2027	\$ 1,229.00
22	2028	\$ 1,361.00
23	2029	\$ 1,489.00
24	2030	\$ 1,617.00
25	2031	\$ 1,767.00
26	2032	\$ 1,949.00
27	2033	\$ 2,171.00
28	2034	\$ 2,429.00
29	2035	\$ 2,711.00
30	2036	\$ 3,005.00
31	2037	\$ 3,311.00
32	2038	\$ 3,621.00
33	2039	\$ 3,945.00
34	2040	\$ 4,287.00
35	2041	\$ 4,671.00
36	2042	\$ 5,119.00
37	2043	\$ 5,663.00
38	2044	\$ 6,299.00
39	2045	\$ 6,969.00
40	2046	\$ 7,689.00
41	2047	\$ 8,473.00

SCHEDULE OF PREMIUMS -----

BEGINNING OF POLICY YEAR	ON MAY 1	GUARANTEED ANNUAL PREMIUM
42	2048	\$ 9,357.00
43	2049	\$10,385.00
44	2050	\$11,579.00
45	2051	\$12,917.00
46	2052	\$14,409.00
47	2053	\$16,031.00
48	2054	\$17,749.00
49	2055	\$19,625.00
50	2056	\$21,711.00
51	2057	\$24,031.00
52	2058	\$26,583.00
53	2059	\$29,341.00
54	2060	\$32,273.00
55	2061	\$35,349.00
56	2062	\$38,413.00
57	2063	\$41,429.00
58	2064	\$44,589.00
59	2065	\$47,921.00
60	2066	\$51,431.00

Premiums shown include a \$65.00 annual policy fee.

SCHEDULE OF TOTAL PREMIUMS -----

BEGINNING OF POLICY YEAR	ON MAY 1	GUARANTEED ANNUAL PREMIUM
01	2007	\$ 181.00
02	2008	\$ 181.00
03	2009	\$ 181.00
04	2010	\$ 181.00
05	2011	\$ 181.00
06	2012	\$ 181.00
07	2013	\$ 181.00
08	2014	\$ 181.00
09	2015	\$ 181.00
10	2016	\$ 181.00
11	2017	\$ 181.00
12	2018	\$ 181.00
13	2019	\$ 181.00
14	2020	\$ 181.00
15	2021	\$ 181.00
16	2022	\$ 755.00
17	2023	\$ 819.00
18	2024	\$ 897.00
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20	2026	\$ 1,101.00
21	2027	\$ 1,229.00
22	2028	\$ 1,361.00
23	2029	\$ 1,489.00
24	2030	\$ 1,617.00
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26	2032	\$ 1,949.00
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36	2042	\$ 5,119.00
37	2043	\$ 5,663.00
38	2044	\$ 6,299.00
39	2045	\$ 6,969.00
40	2046	\$ 7,689.00
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SCHEDULE OF TOTAL PREMIUMS -----

BEGINNING OF POLICY YEAR	ON MAY 1	GUARANTEED ANNUAL PREMIUM
42	2048	\$ 9,357.00
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54	2060	\$32,273.00
55	2061	\$35,349.00
56	2062	\$38,413.00
57	2063	\$41,429.00
58	2064	\$44,589.00
59	2065	\$47,921.00
60	2066	\$51,431.00

Premiums shown include a \$65.00 annual policy fee.

To determine a premium other than annual, multiply the annual premium by:

- .515 for semi-annual
- .265 for quarterly
- .0875 for pre-authorized electronic funds transfer
- .095 for direct monthly

1. DEFINITIONS

“We,” “our,” and “us” — mean Symetra Life Insurance Company. The address of our Home Office is: 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135. You should send all payments, notices and correspondence to our Home Office.

“You” and “your” — mean the owner of the Policy at the time an owner’s right is exercised.

Premium Due Date — is the date by which you must pay premiums, other than the first premium. The due date of the initial premium may vary from the date on which subsequent premiums are due. If you choose the annual mode of premium payment, the Premium Due Dates are the Policy Anniversaries; see Section 2.6 of this Policy. If you choose the quarterly or semi-annual mode of premium payment, the Premium Due Dates are, respectively, every 3 months or 6 months from the Effective Date, shown in the Coverage Description. You may select a monthly mode of premium payment, using pre-authorized monthly automatic bank drafts. Under this mode, the Premium Due Dates are every 1 month from the Effective Date.

Primary Insured — identified in the Coverage Description.

2. GENERAL PROVISIONS

2.1 The Contract

We issue this Policy in consideration of the application and payment of the initial premium payment shown in the Coverage Description.

This Policy, any riders, supplementary benefits, endorsements or amendments, the attached copy of the initial and all subsequent applications to change the Policy, and all additional Coverage Descriptions, make up the entire contract.

2.2 Change of Contract

Only our President, Secretary, a Vice President or Assistant Secretary can modify this Policy or waive any of our rights or requirements under it. The person making these changes must put them in writing and sign them.

2.3 Incontestability

We have the right to contest the validity of this Policy based on material misrepresentations made in the application, subsequent applications to change the Policy or any amendment or endorsement to an application. However, we will not contest the validity of this Policy, except for nonpayment of premiums, after it has been in effect during the lifetime of the Primary Insured for two years from the Effective Date shown in the Coverage Description. We will not contest any Policy change that requires an application, or any reinstatement of the Policy, after the change or reinstatement has been in effect for two years during the lifetime of the Primary Insured.

We will not use a statement to contest a claim unless it is contained in an application or an amendment to an application. All statements made in an application are representations and not warranties.

See any supplementary benefits and riders for modifications of this provision that apply to them.

2.4 Misstatement of Age or Gender

If an insured’s age or gender has been misstated on any application, we will adjust the death benefit and benefits provided by any supplementary benefits and riders to this Policy. The adjustment will be to an amount that would have been purchased at the correct age or gender using the rates in effect on the Effective Date.

2.5 Suicide Exclusion

If the Primary Insured commits suicide, while sane or insane, within two years of the Effective Date, we will limit the death benefit payable to:

- the premiums paid; minus
- the premium paid on an additional term rider and benefits attached to the rider under this Policy.

If any insured under a rider commits suicide, while sane or insane, within two years of the Effective Date, we will limit the death benefit payable to the premium paid for that insured.

2.6 Policy Dates

The Effective Date, which is shown in the Coverage Description, is the date insurance coverage begins under this Policy. Policy years are measured from the Effective Date. Each yearly anniversary from the Effective Date is a Policy Anniversary.

2.7 Policy Expiration

This Policy will expire on the Policy Expiration date shown in the Coverage Description.

2.8 Termination

You may request termination of this Policy. Termination will take place as of the end of the Policy month in which we receive a request in writing, or any method of notification approved by us, to terminate this Policy. If the Primary Insured dies while coverage is in force, this Policy will terminate.

3. OWNER AND BENEFICIARY PROVISIONS

3.1 Owner

The owner of this Policy is the Primary Insured unless named otherwise in the application, or later changed.

You are entitled to exercise the rights of this Policy while the Primary Insured is living. The rights pass to the estate of the owner if the owner dies before the Insured.

3.2 Beneficiary

The Beneficiary is as named in the application, unless later changed. The Beneficiary is entitled to the insurance benefits of this Policy. If two or more Beneficiaries are named, those who survive the insured will share the insurance benefits equally, unless you have made other arrangements with us.

If there is no designated Beneficiary living at the death of the Insured we will pay the benefits to the Owner or Owner's estate. If any Beneficiary dies within 60 days after the Insured, and before payment of any proceeds, payments will be made as though the Beneficiary had died before the Insured. The Beneficiary designation may include provisions that replace these.

3.3 Changing Owner or Beneficiary

While the Primary Insured is living and this Policy is in force, you may change the owner or beneficiary by sending us a written notice, or any method of notification approved by us. The notice must have the name of the beneficiary, name and notarized signature of the new owner, and be signed by you. If acceptable, changes related to beneficiaries and ownership will take effect as of the date received.

3.4 Assignment

You may assign this Policy. We will not accept or be bound by an assignment unless we receive a written assignment that is signed by you. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We assume no responsibility for the validity of an assignment. A collateral assignment will not change ownership. We will consider an absolute assignment as a change of ownership.

4. PREMIUM PROVISIONS

4.1 Premiums

Premiums are shown in the Coverage Description.

The initial Premium shown in the Coverage Description is due on or before delivery of the Policy. No insurance will take effect before the initial premium is paid. Subsequent premiums are payable in advance at our Home Office. We show the amount and due date of the premium in the Coverage Description. We will send you reminder notices, unless you request otherwise. Premiums must be paid at the amount and frequency shown in the Coverage Description. You may change the frequency of the premiums, as described in the Definitions Section of this Policy, by notifying us by telephone or in writing, or any method of notification approved by us.

4.2 Grace Period

We will allow a 31-day grace period for payment of any premium after the initial premium. Coverage will remain in force during the grace period. If the premium due is not paid by the end of the grace period, this Policy will terminate as of the due date of the unpaid premium.

If the Primary Insured dies during the grace period, we will pay the death benefits as defined in Section 5 of this Policy and we will deduct one monthly premium from the proceeds.

4.3 Reinstatement

If this Policy has terminated, you may reinstate it while the Primary Insured is alive, if you:

- submit an application for reinstatement to us within 5 years after the Policy lapse date;
- provide evidence of insurability satisfactory to us; and
- pay any past due premiums with interest at 6% per year compounded annually to the date of reinstatement.

The Policy will be reinstated the date we approve your reinstatement application.

5. DEATH OF PRIMARY INSURED PROVISION

We will pay the insurance benefits of this Policy to the Beneficiary when we receive at our Home Office:

- proof that the Primary Insured died while this Policy was in force; and
- documentation acceptable to us to establish the right of the claimant to the Policy proceeds; and
- a completed claim form for each named Beneficiary; and
- this Policy or a lost Policy affidavit.

The death benefit includes the following amounts which we will determine as of the date of the Primary Insured's death:

- the face amount of this Policy; plus
- any other amounts then due from any riders and/or supplementary benefits to this Policy; minus
- any premiums due if the Primary Insured dies during the grace period.

We will return any premiums paid which are for a period beyond the Policy month in which the Primary Insured dies.

We will pay interest on the resulting amount, from the date we receive due proof of death, until the date the funds are released, at the rate required by law.

Payment of these benefits may also be affected by Sections 2.3, 2.4, 2.5 and 4.2. We list special exclusions or limitations, if any, in the Coverage Description.

6. BENEFIT PAYMENT PROVISIONS

6.1 *Optional Methods of Payment*

We will pay the death benefit in a lump sum upon the death of a Primary Insured, unless you choose one of the options described in Section 6.2 or 6.3.

If you do not choose an option before the Primary Insured dies, the beneficiary will have this right when the Primary Insured dies. If you have selected an option, the beneficiary cannot change it after the Primary Insured dies.

We may require that the payee under any option selected be a natural person. Selection of an option will also be subject to our rules in effect at the time of selection. Such rules include the minimum amount to be applied under an option and the minimum amount for each payment. All funds held by us under Option 2 will earn interest at a rate of not less than 2% per year.

Your payment choice (or any later changes) will take effect upon receipt and must be submitted to us in writing, or any method approved by us, and will control payments made after that time. To the extent permitted by law, amounts put into effect under these options will not be subject to the claims of creditors or to legal process.

6.2 *Option 1*

You or the beneficiary may leave the death benefit on deposit with us. It will earn interest at a rate not less than 2% per year compounded and credited annually. You or the beneficiary must submit a request to us in writing, or other method of notification approved by us, to make a withdrawal. You or the beneficiary may withdraw the entire amount, or an amount of \$250 or more, at any time. We have the right to postpone payment for the period permitted by law. We will not postpone payment for more than six months after we receive the request.

6.3 *Option 2*

The death benefit may be paid in equal installments for a fixed period of up to 30 years. We show the amount of monthly installments for each \$1,000 of death benefit in the "Table of Monthly Payments Under Option 2 Per \$1,000 of Proceeds."

TABLE OF MONTHLY PAYMENTS UNDER OPTION 2 PER \$1,000 OF PROCEEDS

Payments for a Fixed Period

<u>Years</u>	<u>Amount</u>										
1	84.09	6	14.72	11	8.42	16	6.07	21	4.85	26	4.10
2	42.46	7	12.74	12	7.80	17	5.77	22	4.67	27	3.98
3	28.59	8	11.25	13	7.26	18	5.50	23	4.51	28	3.87
4	21.65	9	10.10	14	6.81	19	5.26	24	4.36	29	3.77
5	17.49	10	9.18	15	6.42	20	5.04	25	4.22	30	3.68

7. CONVERSION PROVISIONS

7.1 Conversion

Prior to the end of the Initial Term Period, or the Policy Anniversary following the Primary Insured's 75th birthday, whichever occurs first, you may convert this Policy for a new Policy without evidence of insurability. This Policy must be currently in force with the monthly premium not being waived. You must send to us a request in writing, or any method of notification approved by us, to convert this Policy prior to the end of the Initial Term Period or the Policy Anniversary following the Primary Insured's 75th birthday, whichever occurs first.

7.2 New Policy

The new Policy will be any form of permanent life insurance we have available for conversion for the amount requested. The face amount of the new Policy may not exceed the amount of insurance of this Policy. The costs associated with the new Policy will be based on the attained age of the Insured on the conversion date. The rating class will be equivalent to the rating class of this Policy. The conversion date will be the Effective Date of the new Policy. On the conversion date, the first premium must be paid on the new Policy and this Policy will terminate.

If this Policy limits any payment in the event of death from specified causes or under specified conditions, the new Policy may also, at our option, contain the same limits.

7.3 Additional Benefits

Any supplementary benefits on the life of the Primary Insured that are a part of this Policy will be issued in the new Policy with our consent and subject to our requirements. These benefits may not exceed those in force under this Policy. We have the right to require evidence of insurability.

Term Life Insurance
Renewable
Convertible
Nonparticipating

Symetra Life Insurance Company

Symetra Life Insurance Company
A Stock Company
(800) 796-3872
TTY/TDD (800) 833-6388 (Deaf/HH)

Home Office:
777 108th Avenue NE
Bellevue, WA 98004

Mailing Address:
P.O. Box 34690
Seattle, WA 98124-1690
www.symetra.com

COMMON CARRIER ACCIDENTAL DEATH BENEFIT _____

1. DEFINITIONS _____

1.1 Common Carrier means an entity that is licensed to transport passengers for hire in any Scheduled Airline, or public land or water conveyance.

1.2 Scheduled Airline means a company furnishing air transportation on fixed schedules to ticketed passengers. The aircraft flown must be:

- operated by a scheduled air carrier pursuant to economic authority issued by the Civil Aeronautics Board; or
- operated by an intrastate scheduled airline of United States registry licensed by a duly constituted authority having jurisdiction over civil aviation in the state in which the airline operates.

1.3 Common Carrier Accident means a sudden and unforeseen event that occurs to a Common Carrier and is not deliberate.

1.4 Accidental Death means death resulting, directly and independently of sickness and all other causes, from a Common Carrier Accident. The injury resulting in death must be sustained while riding as a fare paying passenger of any Common Carrier and not as an operator, pilot or member of the crew.

1.5 Insured means the person(s) named in the Coverage Description as being covered under this benefit.

2. GENERAL PROVISIONS _____

2.1 The Contract

This benefit is part of the Policy to which it is attached. The terms of the Policy also apply unless they conflict with the specific terms of this benefit.

3. COMMON CARRIER ACCIDENTAL DEATH BENEFIT _____

3.1 Common Carrier Accidental Death Benefit

In addition to the Death Benefit, we will pay the Beneficiary the Common Carrier Accidental Death Benefit amount shown in the Coverage Description if the insured dies:

- as a result of Accidental Death in a Common Carrier Accident within the United States or Canada; and
- while coverage under the Policy is in force; and
- within 90 days of the date of the accident.

4. TERMINATION _____

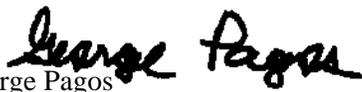
4.1 Termination

This benefit will terminate on the date coverage to which this Benefit is attached expires or terminates.

This benefit is effective on the Effective Date of the Policy to which it is attached, unless a different date is shown below.

Date of issue if other than the Effective Date:

Symetra Life Insurance Company


George Pagos
Secretary

DISABILITY INCOME RIDER FOR ACCIDENTAL INJURY

1. DEFINITIONS

1.1 Insured - the person(s) identified in the Coverage Description as being covered under this benefit.

1.2 Accidental Injury - an accidental bodily injury resulting from a sudden and unforeseen event, independent of all other causes, and definite as to time and place. There must be a visible bruise or wound on the exterior of the body, except in the case of internal injuries revealed through diagnostic testing.

1.3 - Concurrent Disability - Total Disability caused by two or more Accidental Injuries that occur during the same period of Total Disability.

1.4 Elimination Period – a consecutive number of days for which no benefits will be paid during a period of Total Disability. Benefits will begin following the Elimination Period. The Elimination Period is shown in the Coverage Description.

1.5 Maximum Benefit Period – the maximum length of time that we will pay a Monthly Benefit for each period of Total Disability. The Maximum Benefit Period is shown in the Coverage Description.

1.6 Monthly Benefit – the amount we will pay for each month of Total Disability. The Monthly Benefit is shown in the Coverage Description.

1.7 Physician - a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.) who is legally licensed to practice medicine. Physician does not include the Owner, the Insured, or a member of either the Owner's or Insured's family.

1.8 Recurrent Disability – a succession of several periods of Total Disability that:

- are separated by less than 6 months;
- are caused by the same, similar or related causes; and
- follow the end of a period of Total Disability for which we have paid benefits.

We will consider Recurrent Disability to be one continuous period of disability. Recurrent Disabilities will be combined and treated as one period of Total Disability subject to the Maximum Benefit Period Shown in the Coverage Description. A new Elimination Period will not be imposed for periods of Recurrent Disabilities.

1.9 Regular Occupation – the occupation(s) or profession(s) in which the Insured was regularly engaged at the time Total Disability commenced.

1.10 Totally Disabled; Total Disability - a condition resulting from an Accidental Injury and independent of all other causes which:

- occurs while the Rider is in force; and
- requires a Physician's care unless the Insured has reached the maximum point of recovery; and
- keeps the Insured from doing the substantial and material duties of the Insured's own Regular Occupation.

2. GENERAL PROVISIONS

The Contract

This Rider is part of the Policy to which it is attached. The terms of the Policy also apply unless they conflict with the specific terms of this Rider.

3. DISABILITY INCOME RIDER FOR ACCIDENTAL INJURY

We will pay the Monthly Benefit to the Insured if:

- the Insured is Totally Disabled due to an Accidental Injury; and
- the Insured's Total Disability begins while this Rider is in force and prior to the policy anniversary following the insured's 65th birthday; and
- the Insured's Total Disability begins within 90 days of the Accidental Injury causing the Total Disability; and
- the Insured has satisfied the Elimination Period.

We pay the Monthly Benefit:

- for the duration of the Total Disability; or
- until the end of the Maximum Benefit Period; or
- until the date of death of the Insured; or
- until coverage to which this Rider is attached terminates;

which ever occurs first. Monthly Benefits will be paid for only one of any concurrent Total Disabilities.

4. CLAIMS

4.1 Notice of Claim

You must provide to our Home Office satisfactory proof of Total Disability in writing, or any other method of notification approved by us. We may require the Insured to be examined at our expense by a Physician of our choice.

4.2 Time of Notice

You must provide written notice of Total Disability within 60 days after the Insured is first Totally Disabled, unless it is shown that notice was given as soon as reasonably possible.

4.3 Claim Forms

When we receive written notice of claim, we will send you Claim Forms for filing Proof of Total Disability. If you do not receive the forms within 15 days after your notice was sent to us, you may submit a written statement within 90 days after Total Disability began. This statement should give the nature and extent of your Total Disability.

4.4 Proof of Total Disability

You must provide us with Proof of Total Disability within 90 days of receipt of Claim Forms.

If you cannot reasonably provide us with Proof of Total Disability within such time, we will not deny or reduce a claim if you provide us with proof as soon as possible. In any event, you must provide us with proof within 12 months of Total Disability unless you lack the legal capacity to do so.

4.5 Payment of Claim

After receiving written Proof of Loss and following your Elimination Period, we will pay all benefits due you for Total Disability at the end of each month.

Monthly Benefits will be paid to you. Any Monthly Benefit unpaid in the event of the Insured's death will be paid either to the Beneficiary or the Insured's estate.

5. EXCLUSIONS

No Monthly Benefit will be paid for Total Disabilities that result from:

- engaging in or attempting to commit a felony;
- engaging in an illegal occupation;
- intentionally causing a self-inflicted injury;
- attempting to commit suicide; whether sane or insane;
- involvement in armed conflict, whether declared or not;
- using alcohol or drugs except for drugs taken as prescribed;
- piloting a non-commercial aircraft;
- involvement in motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, underwater diving; or
- operating a motor vehicle while under the influence of alcohol or drugs.

6. TERMINATION

6.1 Termination

This Rider will terminate on the earliest of the following dates:

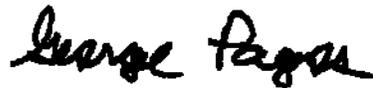
- the date coverage to which this Rider is attached terminates;
- the Policy Anniversary following the Insured's 65th birthday;
- the date we receive your written request to terminate this Rider; or
- the date of death of the Insured.

You may cancel this Rider by sending us a request in writing, or any other method of notification approved by us, to our Home Office.

This rider is effective on the Effective Date of the Policy to which it is attached unless a different date is shown below.

Date of issue if other than the Effective Date:

Symetra Life Insurance Company



George Pagos
Secretary

ADDITIONAL TERM INSURANCE RIDER

1. DEFINITIONS

1.1 Primary Insured is identified in the Coverage Description.

1.2 Insured means the person covered under this rider as identified in the Coverage Description.

1.3 You or your refers to the owner of the policy.

1.4 We, our, and us refers to Symetra Life Insurance Company.

2. GENERAL PROVISIONS

2.1 The Contract

This rider is part of the policy to which it is attached. The terms of the policy also apply unless they conflict with the specific terms of this rider.

3. TERM INSURANCE

3.1 Death Benefit

We will pay the death benefit of this rider to the beneficiary when we receive satisfactory proof that the insured died while this rider was in force. All other requirements we deem necessary must be satisfied before we make such payment.

3.2 Beneficiary

The beneficiary is shown in the application unless later changed. If no named beneficiary survives the Insured, the death benefit proceeds will be paid to you or your estate.

3.3 Waiver of Premium

We will waive payment of premium for this rider, if the waiver of premium benefit, during total disability of the Primary Insured, applies to the base policy.

3.4 Coverage and Premiums

We show the amount of death benefit, the expiration date, the Initial Term Period and the initial annual premium for this rider in the Coverage Description. The annual premiums for each policy year are shown in the Schedule of Premiums.

3.5 Death of Primary Insured

Upon the death of the Primary Insured, the Insured may exercise the conversion privilege as described in Section 4 of this rider. In this case the end of the Initial Term Period and the age 75 limit will not apply. We must receive the conversion request within 60 days after the death of the Primary Insured.

3.6 Extension of Coverage

If the Insured dies within 120 days after the death of the Primary Insured, and the Insured did not exercise conversion under this rider, we will pay the death benefit of this rider. Any supplementary benefits attached to this rider will remain in force during this period.

4. CONVERSION

4.1 Conversion

Prior to the end of the Initial Term Period or the Policy Anniversary following the Insured's 75th birthday, whichever occurs first, you may convert this rider for a new Policy without evidence of insurability. This rider must be currently in force. You must send to us a request in writing, or any method of notification approved by us, to convert this rider prior to the end of the Initial Term Period or the Policy Anniversary following the Insured's 75th birthday, whichever occurs first.

4.2 New Policy

The new Policy will be any form of permanent life insurance we have available for conversion for the amount requested. The face amount of the new Policy may not exceed the amount of insurance of this Rider. The costs associated with the new Policy will be based on the attained age of the Insured on the conversion date. The rating class will be equivalent to the rating class of this Policy. The conversion date will be the Effective Date of the new Policy. On the conversion date, the first premium must be paid on the new Policy and this Rider will terminate.

If this Rider limits any payment in the event of death from specified causes or under specified conditions, the new Policy may also, at our option, contain the same limits.

4.3 Additional Benefits

Any supplementary benefits on the life of the Insured that are a part of this rider will be issued in the new policy with our consent and subject to our requirements. These benefits may not exceed those in force under this rider. We have the right to require evidence of insurability.

5. TERMINATION

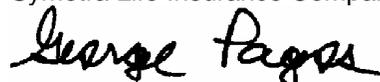
5.1 Termination

This rider will terminate on the earliest of the following:

- upon cancellation, conversion, or expiration of the policy;
- when you send a written request to cancel this rider to us;
- upon the expiration date of this rider, as shown in the Coverage Description;
- if any premium for this rider is not paid by the end of the grace period;
- upon death of the Primary Insured; or
- upon the payment of the death benefit under this rider.

Coverage begins under this benefit on the Effective Date, which is shown in the Coverage Description, unless a different date is shown below.

Symetra Life Insurance Company



George Pagos
Secretary

Proposed Primary Insured Information

Primary Insured Name _____ Male Female SS# _____
First Middle Last
 State or Foreign Country of Birth _____ Date of Birth _____ Height _____ Weight _____
 Home Address _____
Street/PO Box City State Zip
 Daytime Phone _____ Evening Phone _____ Driver's License # _____
 Employer _____ Occupation _____ Annual Income _____

Proposed Other Insured Information

Other Insured Name _____ Male Female SS# _____
First Middle Last
 State or Foreign Country of Birth _____ Date of Birth _____ Height _____ Weight _____
 Home Address _____
Street/PO Box City State Zip
 Daytime Phone _____ Evening Phone _____ Driver's License # _____
 Employer _____ Occupation _____ Annual Income _____
 Relationship to Proposed Primary Insured _____

Applicant/Owner Information (If other than Proposed Primary Insured or Proposed Other Insured)

Applicant/Owner Name _____ SS#/Tax ID _____
 Applicant/Owner Address _____
Street/PO Box City State Zip

Insurance Needed For Mortgage Protection Income Replacement Debt Protection Other _____

Proposed Primary Insured Beneficiary Information

Beneficiary Name	Relationship	Primary	Contingent	%
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
The Proposed Primary Insured's living children, natural and adopted, to share equally.		<input type="checkbox"/>	<input type="checkbox"/>	_____

Proposed Other Insured Beneficiary Information

Beneficiary Name	Relationship	Primary	Contingent	%
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
The Proposed Other Insured's living children, natural and adopted, to share equally.		<input type="checkbox"/>	<input type="checkbox"/>	_____

Complete for Simplified Issue Only

Amount of Financed/Refinanced Mortgage \$ _____ Mortgage Start Date _____
 Co-Mortgagee Name (if any) _____
 Financial Institution Name _____

By my signature on this application, I understand that the life policy applied for is only available on a Simplified Issue basis to homeowners who have secured a mortgage in the last [60] months.

Temporary Life Insurance Agreement (TIA) questions

	Proposed Primary Insured		Proposed Other Insured	
	Yes	No	Yes	No
1. Within the last 90 days, have you been admitted to, or been advised to be admitted to a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last two years have you been treated for or been advised to be treated for: heart disease, stroke, tumor, mass, cancer, alcohol, drugs, or Acquired Immunodeficiency Syndrome (AIDS)/Aids Related Complex (ARC) by a medical professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your face amount is \$1,000,000 or less and you answered NO to the TIA questions above, you will be covered under the temporary insurance agreement if a check is collected for the initial payment or you sign up for the initial payment by EFT (maximum coverage is \$250,000).

NOTE TO AGENT/INSURANCE PRODUCER: For any Yes answers to questions 1 or 2 or if the face amount is greater than \$1,000,000, do not collect premium. No TIA coverage will be in effect.

Personal History

	Proposed Primary Insured		Proposed Other Insured	
	Yes	No	Yes	No
1. Have you:				
a. In the last 12 months, used tobacco or nicotine products in any form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, have you in the last 36 months, used tobacco or nicotine products in any form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes for either question, please list frequency and type (cigars, cigarettes, chewing tobacco, nicotine gum, patch, or other) and when last used (MO/YR). _____				
b. In the last 10 years, had a motor vehicle violation for driving under the influence of alcohol or drugs, had your license revoked or suspended, or been convicted of reckless driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In the last 10 years, participated in aviation activities as a pilot or crew member, or engaged in parachuting, mountain and/or rock or ice climbing, hang-gliding, scuba diving, or racing of any motor driven vehicle or craft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In the last 10 years, made a claim or received benefits for disability or worker's compensation as a result of a sickness or injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ever had any Life or Disability insurance application declined or extra rated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Except for traffic violations, ever been convicted in a criminal proceeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ever received advice, counseling or treatment as the result of the use of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ever used any drug except as legally prescribed by a health care provider? (such as but not limited to: ecstasy, marijuana, cocaine, heroin, methamphetamine, hallucinogenic agents, narcotics, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ever declared bankruptcy? If yes, include the chapter and discharge date in Personal History Details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a U.S citizen or permanent legal U.S. resident ("Green Card" holder)? If no, how long have you continuously lived in the U.S. and what is your visa type? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any plans to travel or live outside of the U.S. or Canada in the next two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a member of the armed forces, including the Reserves or National Guard, or do you intend to become one? If yes, please complete the Military Personnel disclosure form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal History Details

For any "Yes" answer to questions 1 & 2 in the Temporary Life Insurance Section or questions 1 - 4 in the Personal History Section please provide details below. If you need additional space, please attach a separate piece of paper to this application and have the owner/applicant sign and date it.

Question	Person	Explanation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History

Give complete detail for all yes answers in Medical History Details below. Identify question number and include diagnosis, dates, duration, treatments and medications prescribed; and names/addresses of all physicians and hospitals.

	Proposed Primary Insured		Proposed Other Insured	
	Yes	No	Yes	No
1. In the last 10 years have you had or been treated or diagnosed for any disorder or disease of:				
a. Respiratory system (lungs, bronchi, trachea, etc.) such as tuberculosis, asthma, emphysema, bronchitis or shortness of breath?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Circulatory system (heart, blood, arteries, etc.) such as chest pain, high blood pressure, heart disease or murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Digestive system (esophagus, stomach, intestines, pancreas, liver, etc.) such as ulcer, cirrhosis, hepatitis, Crohn's disease, ulcerative colitis, or bleeding?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Nervous system (brain, nerves, etc.) such as paralysis, fainting, seizure, stroke, transient ischemic attack, brain attack, or ALS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mental health such as depression, anxiety, bipolar, or suicide attempt?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Genitourinary system (kidney, bladder, reproductive organs, etc.) such as infection, bleeding, male or female disorder, or sexually transmitted diseases (not including HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Musculoskeletal system (muscles, spine, bones, joints, etc.) such as arthritis, back or joint problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eyes, ears or skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Either a benign or malignant growth, cancer, tumor or mass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Diabetes, hypoglycemia or impaired glucose tolerance?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Glandular disease or disorder (thyroid, adrenal, lymph glands, etc.)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Blood or spleen such as anemia, clotting disorder or lymph node enlargement?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the last 5 years have you:				
a. Been treated or diagnosed for Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV) antibodies?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had any other impairment, sickness or diagnostic procedures such as X-ray, EKG, laboratory tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Been hospitalized or had surgery performed, advised or contemplated?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Consulted, been examined or treated by any physician, psychiatrist, or medical practitioner not named above or for any cause not mentioned?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you receiving or have you been advised to receive any treatment or diagnostic tests?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you taking or have you been advised to take medications, supplements, or herbs of any kind?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you lost 10 or more pounds other than due to diet or exercise during the past 12 months? If yes, give amount and cause of weight loss and number of months at present weight in Medical History Details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any "Yes" answer to questions 1 - 5, please record information in Medical History Details below. If you need additional space, please attach a separate piece of paper to this application and have the owner/applicant sign and date it.

Medical History Details

Question	Person	Condition/Diagnosis	Dates/Durations of Condition/Treatment	Doctor's Name and Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family History

Proposed Primary Insured	Age if Living	Age at Death	Present Health or Cause of Death	Proposed Other Insured	Age if Living	Age at Death	Present Health or Cause of Death
Father	_____	_____	_____	Father	_____	_____	_____
Mother	_____	_____	_____	Mother	_____	_____	_____
Brother(s)	_____	_____	_____	Brother(s)	_____	_____	_____
Sister(s)	_____	_____	_____	Sister(s)	_____	_____	_____

If you need additional space, please attach a separate piece of paper to this application and have the owner/applicant sign and date it.

Replacement

1. Do you have any other existing life insurance policies or annuity contracts in force or applied for with this or any other company?	Proposed Primary Insured		Proposed Other Insured		*Proposed Applicant/Owner	
	Yes	No	Yes	No	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"/>
Person _____ Company _____ Face Amount _____	Policy Type _____		Annual Premium _____			
_____	_____		_____		_____	
_____	_____		_____		_____	
_____	_____		_____		_____	

2. To the best of your knowledge, will the policy applied for replace any existing life insurance policy or annuity, or is any part of the premium to be paid by policy loan, or cash value on insurance presently in force? (If yes, attach state replacement disclosure.)	Proposed Primary Insured		Proposed Other Insured		*Proposed Applicant/Owner	
	Yes	No	Yes	No	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"/>
a. Does the policy being replaced have cash value or surrender charges?	<input type="checkbox"/>	<input type="checkbox"/>				
If "YES" then complete as appropriate:						
Cash Value \$ _____ Surrender Charge \$ _____						
Cash Value \$ _____ Surrender Charge \$ _____						
Cash Value \$ _____ Surrender Charge \$ _____						
b. Will the new policy have surrender charges?	<input type="checkbox"/>	<input type="checkbox"/>				

*If different than the Proposed Primary Insured or Proposed Other Insured.

For Agent or Insurance Producer Use Only

	Yes	No
1. Does the Applicant/Owner have any existing life insurance policies or annuity contracts with this or any other company?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. To the best of your knowledge, will this insurance replace or change any of the applicant/owner's existing life insurance policies or annuity contracts?	<input type="checkbox"/>	<input type="checkbox"/>
3. If replacing, how does this policy better serve the Applicant/Owner needs?	_____	

Additional Information

Proposed
Applicant/
Owner

Yes No

1. Do you intend to assign or sell, or have you been involved in any discussion about the possible sale or assignment, of the life insurance policy for which you are applying?.....
2. Have you ever sold a policy to a life settlement, viatical or other secondary market provider, or are you in the process of selling a policy?
3. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?

For any "Yes" responses to questions 1 - 3, please provide details in the remarks section below.

Remarks

Payment Options

Payment Method Check Automatic EFT*

Payment Frequency Annually Semiannually Quarterly Monthly EFT*

For all payments (initial and future) to be taken by EFT, please complete the following:

Name On Account _____ Checking Savings Bank Name _____

Routing Number _____ Account Number _____ Draft date (not the 29th, 30th, 31st) _____

*Marking this box authorizes us to automatically deduct from your checking or savings account by electronic funds transfer (EFT).

Conditional Amendment

Proposed
Applicant/
Owner

Yes No

If coverage is not issued as applied for, excluding substandard ratings, I hereby authorize Symetra to decrease or increase the premium amount stated on this application to cover the benefits issued to the persons insured.

Authorization to Release Personal Information

I hereby authorize and request any medical care provider, pharmacy, pharmacy benefits manager, individual employer, insurance company, reinsuring company, medical examiners, government unit, consumer reporting agency, or other person or organization, and MIB, Inc., to disclose any and all medical information, non-medical information, employment information, and insurance information they hold concerning me, to the employees, agents, or attorneys of Symetra Life Insurance Company. This disclosure Authorization will permit employees, agents or reinsurers of Symetra Life Insurance Company to view, copy, be furnished copies, share, or be given details of all such information described above including, but not limited to, mental and physical condition, evaluation, diagnoses, treatment, prognoses, prescription records, and/or toxicology results; specifically to include drug or alcohol use, mental illness, psychiatric treatment or diagnosis, testing and/or treatment of HIV (AIDS virus) and/or other sexually-transmitted diseases. Symetra Life Insurance Company obtains medical information only in connection with specific products or claims. Symetra Life Insurance Company will not use or share personally identifiable medical information for any purpose other than the underwriting or administration of your policy, claim or account. I understand that the information obtained pursuant to this Authorization will be used for the purpose of verifying, evaluating, negotiating, and other pertinent legal uses, with respect to my application for insurance, or claim under a policy of insurance. This Authorization will expire at the end of the contestability period of any insurance policy issued in reliance on the records obtained through this Authorization or twenty-four (24) months after the date of signing this Authorization. The individual signing this Authorization has the right to revoke Authorization in writing, except to the extent that action has been taken in reliance on the Authorization, or during a contestability period. Revocation may be a basis for denying insurance benefits. A written statement revoking this Authorization delivered to Symetra Life Insurance Company at its usual business address will revoke this Authorization. Any copy of this Authorization shall have the same authority as the original. I also understand that I or my representative have a right to receive a copy of this Authorization upon request.

I, the Owner, certify under the penalties of perjury that (1) the number shown in Proposed Insured Information section is my correct taxpayer identification number, and (2) I am not subject to backup withholding.

I (we) agree that all statements and answers recorded on this application are true and complete to the best of my/our knowledge and belief, and shall form a part of any policy issued. I have also read the Temporary Life Insurance Agreement. (Maximum Coverage is \$250,000.)

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

I acknowledge this insurance policy was not a prerequisite to receiving credit, property or services from any bank and that the amount of insurance I am applying for may not meet my complete financial needs. I have received information both orally and in writing stating that this insurance product is not a deposit or other obligation of, or guaranteed by, any bank or an affiliate of a bank and that the insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, or an affiliate of a bank.

Signed this _____, at _____, State of _____
Date City State

Printed Name of Proposed Primary Insured

Print Name of Writing Agent or Insurance Producer

Signature of Proposed Primary Insured (Age 15 or older)

Signature of Writing Agent or Insurance Producer

Printed Name of Applicant/Owner

Agent or Insurance Producer Phone

Signature of Applicant/Owner* if other than Proposed Insured

Agent or Insurance Producer Email

Printed Name of Proposed Other Insured

Agent or Insurance Producer Symetra Stat Number

Signature of Proposed Other Insured (Age 15 or older)

[Branch Name _____ Branch # _____ 7-Digit Cost Center# _____ Rep ID # _____]

* If Applicant is corporation/partnership, a corporate officer/partner other than Proposed Insured must sign.

NOTICE OF INSURANCE INFORMATION PRACTICES

MIB, Inc. (Medical Information Bureau, MIB) – Information regarding your insurability will be treated as confidential. Symetra Life or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 1-866-692-6901 (TTY 1-866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Symetra Life or its reinsurers may also release information in its file to others insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Investigative Consumer Report – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this in the remarks section on the reverse side of this application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice.

Disclosure to Others – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to the Medical Information Bureau.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

Access and Correction – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Individual New Business Department of Symetra Life, PO Box 84068, Seattle, Washington 98124-9918. Your comments will be carefully considered and corrections made where justified.

TEMPORARY LIFE INSURANCE AGREEMENT

AMOUNT OF COVERAGE: If the Temporary Life Insurance questions have been answered "no" and if money has been accepted as advance payment for life insurance and the Proposed Insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

- (a) the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or
- (b) a maximum amount under all Temporary Life Insurance Agreements with Symetra Life of \$250,000.

COVERAGE BEGINS: Life insurance under this Agreement will begin on the date of this application, if the Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

COVERAGE ENDS: Life insurance under this Agreement will terminate on the earliest of:

- (a) 90 days from the date of this Agreement; or
- (b) the date that insurance takes effect under the policy applied for; or
- (c) the date a policy, other than as applied for, is offered to the Applicant; or
- (d) the date the Company mails notice of termination of coverage and a return of the payment to the Applicant.

LIMITATIONS:

- (a) This Agreement does not provide benefits for disability.
- (b) Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.
- (c) If the Proposed Insured is less than 15 days old or more than 80 years old, the Company's liability under this Agreement is limited to a refund of the payment made.
- (d) If the Proposed Insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- (e) If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement.
- (f) No one is authorized to waive or modify the terms of this Agreement.

SERFF Tracking Number: SYMX-125774395 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 39933
Company Tracking Number: TL AR0004310F01
TOI: L041 Individual Life - Term *Sub-TOI:* L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: L-10000 4/08 Term Life Insurance
Project Name/Number: L-10000 4/08 Term Life Insurance/TL AR0004310F01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-125774395 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 39933
Company Tracking Number: TL AR0004310F01
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: L-10000 4/08 Term Life Insurance
Project Name/Number: L-10000 4/08 Term Life Insurance/TL AR0004310F01

Supporting Document Schedules

Review Status:
Satisfied -Name: Statement of Variability 08/13/2008
Comments:
Attachment:
Statement of Variability.PDF

Review Status:
Satisfied -Name: AR - READABILITY CERTIFICATION 08/13/2008
Comments:
Attachment:
AR - READABILITY CERTIFICATION.PDF

Statement of Variability

The following items are being filed in brackets in the contract.

Premiums

The following disclosure will be shown on the coverage description pages for policies with fully guaranteed rates:

- The annual premiums are guaranteed and shown in the following Schedule of Premiums.

The following disclosure will be shown on the coverage description pages for policies without fully guaranteed rates:

- Policy Premiums are shown in the Schedule of Premiums and guaranteed for the first [a] Policy Years. After the fifth year they may increase thereafter through the [a] Policy Year. Premiums increase annually after the [a] Policy Year. Premiums will not exceed the Guaranteed Annual Premium shown in the following Schedule of Premiums.
 - a. These three items will be in one of the following combinations:
 1. 5 15th 15th for the 15 year term non-medical underwritten.
 2. 5 20th 20th for the 15 year term non-medical underwritten.
 3. 15 30th 30th for the 15 year term non-medical underwritten.
 4. 10 15th 15th for the 15 year term fully underwritten
 5. 10 20th 20th for the 20 year term fully underwritten
 6. 10 30th 30th for the 30 year term fully underwritten

Policy Fee

This may vary from \$10.00 to \$100.00. It will not change once a policy has been issued and will not vary for policies issued under the same basis.

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Symetra Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
L-10000 4/08	52.2
L-10002 4/08	60.8
L-10003 4/08	54.3
L-10005 4/08	50.9
LUC-148 4/08	50.4

Signed: _____



Name: Michael F. Murphy

Title: Assistant Vice President

Date: 08/13/2008