

SERFF Tracking Number: SYMX-126350792 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 43853  
Company Tracking Number: GR AR0015510F01  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10028 9/09 Group Flexible Premium Universal Life  
Project Name/Number: L-10028 9/09/GR AR0015510F01

## Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: L-10028 9/09 Group Flexible SERFF Tr Num: SYMX-126350792 State: Arkansas

Premium Universal Life

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 43853  
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: GR AR0015510F01 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Symetra Life

Disposition Date: 10/23/2009

Date Submitted: 10/20/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: 11/24/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: L-10028 9/09

Status of Filing in Domicile: Pending

Project Number: GR AR0015510F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: filed in domiciliary  
state (Washington) 10/2/2009

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Discretionary, Employer,  
Trust

Filing Status Changed: 10/23/2009

Explanation for Other Group Market Type:

State Status Changed: 10/23/2009

Deemer Date:

Created By: Symetra Life

Submitted By: Symetra Life

Corresponding Filing Tracking Number:

Filing Description:

L-10028 9/09 - Group Flexible Premium Universal Life Insurance Policy

L-10027 9/09 - Group Certificate

LUC-151 9/09 Group 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

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standards and contain no unusual or controversial items.

We request that the forms included in this submission be approved for use on the approval disposition date.

The L-10028 9/09 Group Flexible Premium Universal Life Insurance Policy and L-10027 9/09 - Group Certificate will be offered to corporations, primarily banking institutions, for coverage on the lives of specific consenting employees, officers and directors. Certain aspects of each may be a negotiated agreement between the policyowner (corporation) and Symetra.

A statement of variability is included in this filing.

The LUC-151 9/09 Group Application will be used in conjunction with the policy.

The policy and certificate will be issued to and owned by the policyowner. The policyowner will pay all premiums and be the owner and beneficiary of the certificates. The purpose of the insurance is to fund certain plans such as employee welfare benefit plans and deferred compensation plans. The certificate holders will have no ownership rights or interest in the policy.

Issue ages are 20 years to 80 years.

This product will offered to the bank owned life insurance (BOLI) and corporate owned life insurance (COLI) markets and will be sold through agents who are licensed and appointed by Symetra Life Insurance Company. We will not offer this policy to the general public.

## Company and Contact

### Filing Contact Information

B Smith, Insurance Compliance Analyst Brady.Smith@Symetra.com  
P.O. Box 34690 425-256-8000 [Phone] 66325 [Ext]  
Seattle, WA 98124-1690 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

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per submission (contract, application, certificate)  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$50.00	10/20/2009	31414359

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/23/2009	10/23/2009

*SERFF Tracking Number:* SYMX-126350792      *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company      *State Tracking Number:* 43853  
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*Product Name:* L-10028 9/09 Group Flexible Premium Universal Life  
*Project Name/Number:* L-10028 9/09/GR AR0015510F01

## **Disposition**

Disposition Date: 10/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-126350792 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memo L-10028 9/09 Group Universal Life Insurance		No
Supporting Document	Actuarial Demonstration L-10028 9/09 Group Universal Life Insurance		No
Supporting Document	Statement of Variability		Yes
Form	L-10028 9/09 Group Flexible Premium Universal Life Insurance Policy		Yes
Form	L-10027 9/09 Certificate		Yes
Form	LUC-151 9/09 Group Life Insurance Application		Yes

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## Form Schedule

### Lead Form Number: L-10028 9/09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-10028 9/09	Policy/Contract	L-10028 9/09 Group Flexible Premium Universal Life Certificate Insurance Policy	Initial		42.000	L-10028 9_09.PDF
	L-10027 9/09	Certificate	L-10027 9/09 Certificate	Initial		41.400	L-10027 9_09.PDF
	LUC-151 9/09	Application/Enrollment Form	LUC-151 9/09 Group Life Insurance Application	Initial		40.000	LUC-151 9_09.PDF

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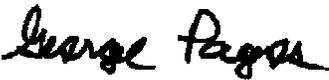
Home Office: Symetra Life Insurance Company  
777 108<sup>th</sup> Avenue Northeast, Suite 1200  
Bellevue, Washington 98004

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This is a legal contract between the Policyholder and Symetra Life Insurance Company (referred to in this Policy as Symetra). Symetra agrees to provide the insurance coverage described in this Policy, subject to Symetra receipt of the required premium from the Policyholder.

Symetra has executed and attested this Policy as of the Policy Effective Date at its Home Office in Bellevue, Washington.

Signed for Symetra Life Insurance Company by:



George Pagos  
Secretary



Randall H. Talbot  
President

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

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

Group Flexible Premium Universal Life Insurance  
No Maturity Date  
Death Benefit Payable on Death of Insured  
Adjustable Death Benefit  
This Policy Does Not Pay Dividends



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**POLICY SPECIFICATIONS**

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**Group Policyholder's Name:** [ABC Company]

**Group Policy Number:** [12345]

**Group Policyholder's Address:** [123 Any Street  
Any City, Any State]

**Governing Jurisdiction:** [Any State] and subject to its laws.

**Effective Date:** [ Jan 01, 2010]

**Planned First Policy Year Premium:** [\$100,000,000]

**Guaranteed Minimum Interest Rate:** [1.00%]

**Surrender Charge:**

End of Certificate Year	Surrender Charge % of Accumulation Fund
1	[10.0%]
2	[9.5%]
3	[9.0%]
4	[8.5%]
5	[8.0%]
6	[7.5%]
7	[7.0%]
8	[6.5%]
9	[6.0%]
10	[5.5%]
11	[5.0%]
12	[4.5%]
13	[4.0%]
14	[3.5%]
15	[3.0%]
16	[2.5%]
17	[2.0%]
18	[1.5%]
19	[1.0%]
20	[0.5%]
After 20	No Surrender Charges Apply

**Policy Specifications (Continued)**

**Schedule Of Guaranteed Maximum Monthly Insurance Rates (per \$1,000 of insurance):**

<u>Age</u>	Male		Female		<u>Age</u>	Male		Female	
	<u>Non Nicotine</u>	<u>Male Nicotine</u>	<u>Non Nicotine</u>	<u>Female Nicotine</u>		<u>Non Nicotine</u>	<u>Male Nicotine</u>	<u>Non Nicotine</u>	<u>Female Nicotine</u>
20	\$0.0792	\$0.1084	\$0.0375	\$0.0491	60	\$0.7890	\$1.4392	\$0.6451	\$1.2196
21	\$0.0792	\$0.1134	\$0.0391	\$0.0525	61	\$0.8825	\$1.5938	\$0.7006	\$1.3195
22	\$0.0792	\$0.1192	\$0.0400	\$0.0550	62	\$0.9913	\$1.7719	\$0.7595	\$1.4256
23	\$0.0800	\$0.1251	\$0.0400	\$0.0575	63	\$1.1104	\$1.9631	\$0.8218	\$1.5343
24	\$0.0808	\$0.1317	\$0.0416	\$0.0608	64	\$1.2348	\$2.1548	\$0.8901	\$1.6517
25	\$0.0833	\$0.1392	\$0.0425	\$0.0658	65	\$1.3645	\$2.3427	\$0.9660	\$1.7787
26	\$0.0867	\$0.1468	\$0.0458	\$0.0700	66	\$1.4961	\$2.5251	\$1.0487	\$1.9170
27	\$0.0883	\$0.1509	\$0.0475	\$0.0742	67	\$1.6338	\$2.7096	\$1.1409	\$2.0709
28	\$0.0867	\$0.1518	\$0.0500	\$0.0792	68	\$1.7795	\$2.8988	\$1.2433	\$2.2397
29	\$0.0858	\$0.1509	\$0.0525	\$0.0842	69	\$1.9434	\$3.1077	\$1.3551	\$2.4261
30	\$0.0850	\$0.1501	\$0.0550	\$0.0892	70	\$2.1351	\$3.3475	\$1.4816	\$2.6371
31	\$0.0842	\$0.1509	\$0.0583	\$0.0958	71	\$2.3685	\$3.6431	\$1.6262	\$2.8738
32	\$0.0850	\$0.1534	\$0.0616	\$0.1025	72	\$2.6423	\$3.9881	\$1.7846	\$3.1320
33	\$0.0875	\$0.1584	\$0.0658	\$0.1109	73	\$2.9317	\$4.3373	\$1.9580	\$3.4145
34	\$0.0892	\$0.1643	\$0.0708	\$0.1217	74	\$3.2440	\$4.7173	\$2.1505	\$3.7113
35	\$0.0933	\$0.1710	\$0.0767	\$0.1326	75	\$3.5855	\$5.1419	\$2.3625	\$4.0241
36	\$0.0975	\$0.1810	\$0.0825	\$0.1434	76	\$3.9723	\$5.6155	\$2.5957	\$4.3637
37	\$0.1034	\$0.1927	\$0.0875	\$0.1526	77	\$4.4246	\$6.1669	\$2.8547	\$4.7315
38	\$0.1109	\$0.2069	\$0.0917	\$0.1618	78	\$4.9533	\$6.8041	\$3.1380	\$5.1304
39	\$0.1175	\$0.2228	\$0.0967	\$0.1718	79	\$5.5501	\$7.5117	\$3.4503	\$5.5617
40	\$0.1267	\$0.2420	\$0.1025	\$0.1827	80	\$6.2210	\$8.2927	\$3.8399	\$6.1028
41	\$0.1376	\$0.2654	\$0.1092	\$0.1952	81	\$6.9571	\$9.1313	\$4.3214	\$6.7695
42	\$0.1509	\$0.2930	\$0.1167	\$0.2111	82	\$7.7444	\$10.0037	\$4.8343	\$7.4621
43	\$0.1668	\$0.3256	\$0.1259	\$0.2286	83	\$8.6134	\$10.9445	\$5.3766	\$8.1759
44	\$0.1843	\$0.3625	\$0.1367	\$0.2495	84	\$9.5912	\$12.0224	\$5.9856	\$8.9261
45	\$0.2036	\$0.3993	\$0.1493	\$0.2738	85	\$10.6934	\$13.2626	\$6.6077	\$9.6262
46	\$0.2228	\$0.4362	\$0.1643	\$0.3022	86	\$11.9241	\$14.6304	\$7.3493	\$10.4431
47	\$0.2387	\$0.4672	\$0.1818	\$0.3374	87	\$13.2764	\$16.1109	\$8.2751	\$11.4685
48	\$0.2512	\$0.4907	\$0.2010	\$0.3792	88	\$14.7402	\$17.6848	\$9.2636	\$12.5086
49	\$0.2671	\$0.5209	\$0.2228	\$0.4261	89	\$16.3060	\$19.3369	\$10.2602	\$13.4725
50	\$0.2880	\$0.5603	\$0.2470	\$0.4764	90	\$17.8975	\$20.9667	\$11.0021	\$14.0258
51	\$0.3148	\$0.6115	\$0.2746	\$0.5318	91	\$19.4963	\$22.5498	\$11.7183	\$14.4826
52	\$0.3474	\$0.6737	\$0.3056	\$0.5914	92	\$21.2072	\$24.2085	\$12.9201	\$15.4785
53	\$0.3851	\$0.7486	\$0.3382	\$0.6561	93	\$23.0525	\$25.9611	\$14.5791	\$16.9099
54	\$0.4328	\$0.8378	\$0.3725	\$0.7250	94	\$25.0443	\$27.8749	\$16.6957	\$18.9498
55	\$0.4865	\$0.9331	\$0.4119	\$0.7982	95	\$27.0677	\$29.8496	\$19.0659	\$21.4264
56	\$0.5419	\$1.0318	\$0.4546	\$0.8766	96	\$29.0946	\$31.7708	\$21.4726	\$23.8601
57	\$0.5956	\$1.1231	\$0.4999	\$0.9559	97	\$31.3128	\$33.8475	\$23.0749	\$25.3402
58	\$0.6493	\$1.2103	\$0.5469	\$1.0386	98	\$33.7487	\$36.1001	\$23.9587	\$25.9413
59	\$0.7124	\$1.3128	\$0.5947	\$1.1273	99	\$36.4325	\$38.5489	\$25.8251	\$27.5835

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**Policy Specifications (Continued)**

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<u>Age</u>	Male		Female		<u>Age</u>	Male		Female	
	<u>Non</u>	<u>Nicotine</u>	<u>Non</u>	<u>Nicotine</u>		<u>Non</u>	<u>Nicotine</u>	<u>Non</u>	<u>Nicotine</u>
100	\$39.0835	\$40.9094	\$28.3193	\$29.8605	111	\$86.3419	\$86.4839	\$85.3162	\$85.4226
101	\$41.5109	\$42.9836	\$31.1215	\$32.3977	112	\$94.8280	\$94.9688	\$93.4672	\$93.5711
102	\$44.1763	\$45.2238	\$34.3281	\$35.2497	113	\$104.8486	\$104.9828	\$102.7516	\$102.8527
103	\$47.1103	\$47.6457	\$37.9854	\$38.4386	114	\$116.9020	\$117.0354	\$115.9948	\$116.0955
104	\$50.3318	\$50.4992	\$42.1725	\$42.2838	115	\$131.7880	\$131.9214	\$130.8391	\$130.9421
105	\$53.8698	\$54.0332	\$46.8484	\$46.9588	116	\$150.8589	\$150.9936	\$149.6199	\$149.7169
106	\$57.8026	\$57.9619	\$51.9333	\$52.0412	117	\$176.7271	\$176.8586	\$175.1987	\$175.2939
107	\$62.1940	\$62.3512	\$57.4521	\$57.5607	118	\$215.4452	\$215.5717	\$208.1372	\$208.2346
108	\$67.1272	\$67.2786	\$63.4785	\$63.5861	119	\$287.2076	\$287.3631	\$262.5777	\$262.6641
109	\$72.7010	\$72.8505	\$70.2095	\$70.3162	120+	\$0.0000	\$0.0000	\$0.0000	\$0.0000
110	\$79.0454	\$79.1911	\$77.5577	\$77.6634					

**Policy Specifications (Continued)**

**Minimum Insurance Protection:** The Minimum Insurance Protection under the Certificate at any time is the applicable percentage of the Accumulation Fund based upon the attained age as of the last birthday of the Insured at the beginning of the Certificate year, as follows:

<u>Age</u>	Male		Female		<u>Age</u>	Male		Female	
	<u>Non</u>	<u>Male</u>	<u>Non</u>	<u>Female</u>		<u>Non</u>	<u>Male</u>	<u>Non</u>	<u>Female</u>
	<u>Nicotine</u>	<u>Nicotine</u>	<u>Nicotine</u>	<u>Nicotine</u>		<u>Nicotine</u>	<u>Nicotine</u>	<u>Nicotine</u>	<u>Nicotine</u>
20	704	547	823	638	60	112	89	136	103
21	678	526	791	612	61	106	84	130	98
22	653	506	760	587	62	101	80	123	93
23	628	487	730	564	63	95	76	117	89
24	604	469	700	540	64	90	72	111	84
25	581	451	672	518	65	85	68	105	80
26	559	434	645	497	66	80	65	99	76
27	537	417	619	476	67	76	62	94	72
28	516	401	594	456	68	71	58	89	68
29	495	385	569	437	69	67	55	84	65
30	475	369	546	419	70	63	52	79	61
31	456	354	523	401	71	59	49	75	58
32	437	340	501	384	72	56	46	70	55
33	418	325	480	368	73	52	44	66	52
34	401	311	460	352	74	49	41	62	49
35	383	298	441	337	75	46	39	58	46
36	367	285	422	322	76	43	36	55	44
37	351	272	404	308	77	40	34	51	41
38	335	260	387	294	78	37	32	48	39
39	320	249	370	281	79	35	30	45	36
40	306	237	354	269	80	32	28	41	34
41	292	227	338	257	81	30	26	38	32
42	279	216	323	245	82	28	24	36	30
43	266	206	309	234	83	26	23	33	28
44	254	197	295	223	84	24	21	30	26
45	242	188	281	213	85	22	20	28	24
46	231	179	269	203	86	20	18	25	22
47	220	171	256	193	87	18	17	23	20
48	210	163	244	184	88	17	15	20	18
49	200	155	233	175	89	15	14	18	17
50	190	148	222	167	90	13	13	16	15
51	181	141	212	159	91	11	11	13	13
52	172	134	202	152	92	9	9	10	10
53	163	127	192	145	93	7	7	7	7
54	155	121	183	138	94	4	4	4	4
55	147	115	175	131	95+	0	0	0	0
56	139	109	166	125					
57	132	104	158	119					
58	125	99	151	114					
59	119	94	143	108					

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## DEFINITIONS

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In this Policy these terms have the following meaning:

**Accumulation Fund** - the total value of a Certificate as described in the Accumulation Fund section under "Certificate Value Provisions."

**Aggregate Accumulation Fund** - the sum of the Accumulation Fund values of all in-force Certificates at any time.

**Book Value** - the amortized cost of an asset.

**Certificate** - the document that describes the life insurance coverage on an Insured under this Policy, a copy of which is attached to, and forms a part of, this Policy.

**Group Policy, Policy** - this Policy issued to the Policyholder.

**Insured** - A person who is eligible for coverage under the Policy, named in a Certificate and for whom premium is paid.

**Internal Revenue Code, IRC** - The Internal Revenue Code of 1986, as amended or revised.

**Policy Anniversary** - the month and day of each year that is the same as the month and day of the Policy Effective Date shown in Policy Specifications. When any date is referred to, the effective time will be 12:01 a.m. at the Policyholder's address.

**Policyholder** - The entity to which the policy is issued and identified as such in the Application, Policy Specifications and Certificate Specifications.

**Premium** - the payment that is due from the Policyholder under the Policy. The Policyholder pays 100 percent of the premium under this Policy.

**Rider, Endorsement** - an attachment to a Certificate or this Group Policy that revises the coverage.

**Tax Authorities** - the IRC, modifications to the IRC and permanent and temporary regulations thereunder, decided cases, revenue rulings, revenue procedures and other official pronouncements of the Internal Revenue Service.

**We, Our or Us** - Symetra Life Insurance Company.

**You, Your** - The Policyholder.

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## GENERAL PROVISIONS

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**Adjustments In The Event Of Clerical Error.** Clerical error will not void insurance otherwise validly in force; nor will it continue or make insurance valid which otherwise would cease or would never have been issued.

**Adjustments In The Event Of Error In Age or Sex.** If the Insured's age and/or sex that was provided to us at the time of enrollment is incorrect, we will adjust the death benefit to reflect the amount that the premium paid would have purchased at the correct age and/or sex. We will not, however, adjust the Accumulation Fund in the event of an error in age and/or sex.

**Assignment.** The Policyholder may assign this policy, but we will not be bound by an assignment until that assignment (or a copy) has been received in good order at our Home Office or at such location as we may designate. We are not responsible for the validity or effect of any assignment.

**Beneficiary Designation.** Death proceeds that become payable under this Policy will be payable to the Beneficiary. The Policyholder may be the Beneficiary if the following conditions are met:

- at the time of application for insurance under this Policy the Policyholder has an insurable interest under applicable law in the life of the Insured; and
- the Policyholder has submitted to us a completed consent form signed by the Insured.

**Certificates.** We will issue a Certificate to the Policyholder for each Insured. The Certificate will show the benefits provided under the Policy. Nothing in the Certificate will change or void the terms of the Policy.

**Communications.** All written communications to the Policyholder or to Symetra will be addressed as follows:

- to the Policyholder at the last known address on file with Symetra; or
- to Symetra Life Insurance Company 777 108<sup>th</sup> Avenue NE, Suite 1200, Bellevue, Washington 98004; or
- at another location as designated by Symetra.

**Conformity With State Statutes.** The benefits of this Policy will not be less than the minimum benefits required by any statute of any state in which this Policy is delivered.

**Entire Contract.** The entire contract will be made up of the Policy, attached Certificates, all riders and endorsements, and the application of the Policyholder and any other application, a copy of which is attached to the Policy.

**Incontestability.** We have the right to contest the validity of this Policy and any Certificates based on material misrepresentations made in the application, or subsequent applications to change the Policy or Certificates, or any amendment to an application. No statement will be used to contest a claim unless contained in an application. We will not contest the validity of the Policy or Certificates after they have been in effect during the lifetime of any Insured for two years from the Certificate Date shown in the Coverage Description. All statements made in an application are representations and not warranties.

**Insurance Data.** The Policyholder must give us all of the data that we need to issue and to generally administer the Policy. We have the right to examine the Policyholder's records that pertain to this Policy at any time while the Policy is in force, and until all rights and obligations under the Policy are finally determined.

**Male Pronoun.** The male pronoun as used in the Policy will be deemed to include the female.

**No Dividends Payable.** This Policy does not participate in the profits or surplus earnings of Symetra.

**Policy Changes.** Changes may be made in the Policy only by amendment signed by the Policyholder and by Us acting through one of Our officers. No agent may change or waive any terms of the Policy.

**Policyholder As An Agent Of Insured.** We will deal solely with the Policyholder who will be deemed to be acting as an agent for each Insured, not the insurer.

**Statement Of Warranties.** All statements made by the Policyholder or by an Insured will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Policyholder or by the Insured to obtain insurance will be used to avoid or reduce the insurance unless:

- it is made in writing;
- is signed by the Policyholder or the Insured; and
- a copy is sent to the Policyholder, the Insured or his Beneficiary.

**Suicide Exclusion.** If the Insured commits suicide, while sane or insane, within 2 years of the Certificate Issue Date, the proceeds payable will be limited to:

- the premiums paid; minus
- any loans and interest; minus
- any withdrawals of the Net Cash Surrender Value.

If the Insured under the Certificate commits suicide, while sane or insane, within 2 years from the effective date of

- any increase in the Face Amount; or
- additional insurance coverage provided by rider after the Certificate Issue Date,

the proceeds for such additional insurance will be limited to its cost.

**Termination Of Policy.** This Policy will end on the earliest of the following:

- the date we receive the Policyholder's written request in good order to terminate the Policy; or
- at the close of the first day upon which Symetra has completed all of the duties and obligations that have arisen under this Policy.

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### SEPARATE ACCOUNT

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The assets underlying the Policy will be held in a separate account (the "Separate Account") of Symetra. The Separate Account is established pursuant to a resolution of its Board of Directors, to hold the assets supporting the Policy, and has:

- been organized under Washington insurance law,
- not been objected to by the office of the Insurance Commissioner,
- been, and will continue to be, administered in accordance with all the applicable provisions of Washington insurance law and any applicable regulations.

In accordance with section 48.18A.020 of the Revised Code of Washington, amounts allocated to the Separate Account will be owned by Symetra. The portion of the Book Value of assets of the Separate Account and any sub-account equal to the reserves and other contract liabilities of the Policy with respect to the Separate Account and any sub-account will not be chargeable with liabilities arising out of any other business of Symetra.

Assets held in the Separate Account with respect to all Policies will be managed collectively. At the Effective Date of the Policy, and at each Policy Anniversary, the Book Value of the assets in the Separate Account (as determined under the insurance laws and regulations of the State of Washington) will be equal to or greater than the Aggregate Accumulation Fund. We will replace any asset of the Separate Account that is in default in the payment of a scheduled amount with an asset(s) of equal Book Value that is/are not in default.

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### PREMIUM PROVISIONS

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The initial premium is due and payable to us by the Policyholder on or before the Group Policy Effective Date. Premiums after the first, if any, may be paid in the amount and interval as agreed upon by Symetra and the Policyholder. Premiums are allocated to Certificates as agreed upon by Symetra and the Policyholder.

All premium will be deposited into the Separate Account.

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### TAXATION OF BENEFITS

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If both of the following conditions are met:

- the Policyholder has an insurable interest in the life of the Insured at the time insurance is applied for under this Policy; and
- the Insured's Certificate has not been transferred for valuable consideration (other than in a transfer described in IRC section 101(a)(2)(A),

the insurance under an Insured's Certificate will:

- qualify as life insurance under IRC section 7702, and
- will be treated as life insurance for purposes of IRC section 101(a).

If the Policyholder becomes aware that insurance under a Certificate may fail to qualify as life insurance or that the Internal Revenue Service may assert that it may fail to so qualify, the Policyholder will promptly notify Symetra. Symetra and the Policyholder will reasonably cooperate to correct such failure or contest such assertion.

With respect to any failure, or potential failure, of a Certificate to qualify as life insurance, and unless such failure is caused by the Policyholder, Symetra:

- will undertake at its expense promptly to seek and obtain a cure of such failure, by means of a waiver under IRC section 7702(f)(8), or any other means; and

- agrees to indemnify the Policyholder and hold the Policyholder harmless for any damages arising out of or in connection with such failure.

Symetra will have no responsibility under this Policy for any failure of any Certificate to comply with IRC section 7702 to the extent such failure results from modifications to relevant Tax Authorities. Symetra, however, will be responsible for any such failures that would have occurred had such modifications not been made. Symetra agrees that, in the event that any such modifications are made, it will reasonably cooperate with the Policyholder to limit any loss or expense resulting from such modification.

Ownership of the Policy will not cause the Policyholder to be subject to regular tax on any increase in the Aggregate Accumulation Fund, except to the extent any actual or deemed distributions have been made under the Policy that are subject to tax under the current rules of IRC Sections 72, 7702, or 7702A and related tax authorities.

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### MONTHLY INSURANCE RATE PROVISIONS

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**Insurance Rates.** The current and guaranteed monthly insurance rates are based on the age, gender, Certificate duration and rating class of the Insured. The guaranteed rates are shown in the "Schedule of Guaranteed Maximum Monthly Insurance Rates" in the Policy Specifications.

After the first Policy year, we may increase or decrease the current monthly insurance rates. We may not, however, increase these rates above the guaranteed monthly insurance rates, or more often than once in any 12 month period. We can, however, decrease them at any time.

We will notify the Policyholder at least 30 days prior to any change in the current rates.

We cannot change the current rates for the Policy to recover our losses or gains realized prior to the date of change. Any change will be based on our expected future experience with regard to investment earnings, mortality, terminations, and expenses.

Any change in rates will apply to all Insureds of the same age, gender, Certificate duration, and rating class of the Insured. No changes in premiums will discriminate against any Insured for any reason, including changes in insurability.

**Grace Period.** If the Certificate's Net Cash Surrender Value on the date immediately preceding a Certificate Monthly Anniversary is not enough to pay the Monthly Deduction for the following month, we allow a 61 day grace period to pay a premium equal to three Monthly Deductions. If such premium is not paid by the end of the grace period, the Certificate will terminate.

We will send written notice to the last known address of the Policyholder at least thirty days prior to the termination of coverage.

Coverage will stay in force during the grace period. If the Insured dies during the grace period, we will subtract the Monthly Deductions due from the proceeds.

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### INTEREST CREDITING

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An interest rate will be credited every year. This credited rate will never be less than the Guaranteed Minimum Interest Rate shown in the Policy Specifications. Interest in excess of the Guaranteed Minimum Interest Rate will not be credited to that portion of the Accumulation Fund that is security for any loan.

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### DEATH PROCEEDS

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**Death Benefit**

The Death Benefit will be the greater of:

- the face amount on the date of the Insured's death, or

- the Accumulation Fund on the date of death, plus the Minimum Insurance Protection as shown in Policy Specifications.

**Payment of Proceeds**

We will pay the Death Benefit of each Certificate to the Beneficiary in one lump sum when we receive at our Home Office or at such other location we may designate :

- proof that the Insured died while the Certificate was in force; and
- all other requirements deemed necessary before such payment may be made.

We will pay interest on death benefits as required by state law.

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**SURRENDER PROVISIONS**

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**Surrender of Certificate.** A Certificate may be surrendered only by the Policyholder. To surrender a Certificate, the Policyholder must send a written request for surrender to our Home Office or such other address as We may specify.. We will compute the Net Cash Surrender Value as of the date we receive the written request in good order at our Home Office. All insurance coverage under the Certificate surrendered ends on the date We receive the written request in good order.

Upon surrender of any Certificate, We will pay an amount equal to the Net Cash Surrender Value. Any positive difference between the market value of assets held in the Separate Account with respect to any such Certificate and the Net Cash Surrender Value will be Symetra's. In the event that the market value of such assets is less than the Net Cash Surrender Value, the difference will be paid by Symetra from its general account. In the event of Symetra's insolvency, any difference between market value of Separate Account assets and the Net Cash Surrender Value of any Certificate will be subject to treatment as a claim of a Policyholder.

If a surrender is requested within 30 days after a yearly Certificate anniversary, the Net Cash Surrender Value will not be less than the Net Cash Surrender Value on that anniversary.

**Net Cash Surrender Value.** If the Certificate is surrendered for cash, the Net Cash Surrender Value of the Certificate is equal to the Accumulation Fund on the date of surrender, less any outstanding loans and loan interest.

If any coverage issued under the Certificate is surrendered under an IRC Section 1035 Exchange, or otherwise assigned or exchanged, the Net Cash Surrender Value of the Certificate will be equal to the Accumulation Fund on the date of surrender less any outstanding loans and loan interest, reduced by the Surrender Charge, as shown in Policy Specifications.

**Postponement of Payment.** We have the right to postpone payment for the period permitted by law. We will not, however, postpone payment for more than six months after we receive the written surrender request in good order.

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**CONVERSION PROVISIONS**

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**Conversion Provisions.** If a Certificate terminates, or an Insured's eligibility or any portion of eligibility for coverage under the Certificate terminates, the Insured shall be entitled to have issued, without evidence of insurability, an individual policy of life insurance. The new policy will be for the amount of insurance in force at termination.

The new policy will be issued as follows:

- it will be any form of permanent life insurance we have available for conversion;
- evidence of insurability will not be required;

- the premium for the new policy will be based on the same class of risk as the Certificate, the age of the Insured at the time of conversion, and amount of coverage provided;
- the new policy will take effect at the end of the 31 day period for this conversion; and
- the new policy shall be in place of all coverage under the Certificate.

To exercise the conversion option, written application and the first premium must be received by Us at Our Home Office or such other address as We may specify within 31 days after the date coverage under the Certificate ends. If an Insured dies during the conversion period and before the new coverage becomes effective, the death benefit payable will be the amount of individual coverage that would have been issued.

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## LOAN PROVISIONS

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While a Certificate is in force, you may borrow money from us on the sole security of the Certificate. The maximum loan amount is:

- the Net Cash Surrender Value of the Certificate; minus
- the amount required to keep the policy in force for 3 months; minus
- the interest on the loan to the next Certificate Anniversary.

You may borrow all or a part of the maximum loan available. We have the right to postpone making a loan for the period permitted by law. We will not postpone a loan for more than 6 months after we receive the written loan request. We will not postpone a loan if the amount is used to pay a premium to us.

Loan interest is payable in advance and will be charged on any loan from the date of the loan. At the time a loan is made, we will inform you of the initial loan interest rate. Interest will again be due and payable on each Certificate Anniversary. If the interest is not paid, it will be added to the loaned amount and will bear interest at the loan rate.

The loan interest will be determined from time to time, if we change the rate we will inform you. The maximum loan interest rate for a Certificate year shall be the greater of:

- 1) the Published Monthly Average, as defined below, for the calendar month that ends two months before the date of the loan; or
- 2) the rate used to compute the Net Cash Surrender Value under the Certificate during the applicable period plus one percent per year.

Published Monthly Average means the Monthly Average Corporate yield shown in Moody's Corporate Bond Yield Averages published by Moody's Investors Service, Inc., or any successor service.

If such averages are no longer published, we will use such other averages as may be established by regulation by the insurance supervisory official of the jurisdiction in which the Certificate is delivered. In no event will the loan interest rate for a Certificate year be greater than the maximum rate permitted by applicable law.

No change in the rate will be less than 0.5% a year. We may increase the rate whenever the maximum rate as determined under item 1 above increases by 0.5% or more. We will reduce the rate to or below the maximum rate as determined under item 1 above if such maximum is lower than the rate being charged by 0.5% or more.

You may repay all or part of a loan at any time while the Insured is alive and the Certificate is in force. We will assume that any payment you make to us while you have a loan is a loan payment; unless you tell us in writing that it is a premium payment. Each loan repayment must be at least \$25.00, with an exception for the final loan repayment.

Failure to repay a loan or to pay loan interest will not terminate the Certificate unless the Net Cash Surrender Value is less than the Monthly Deduction due on a Monthly Anniversary.

A loan may have a permanent effect on benefits under the Certificate even if it is repaid.

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**CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY**

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The remainder of the pages of this Policy consists of the provisions that appear in the Certificates (including any riders and endorsements) that evidence the insurance made available to the persons insured under this Policy. A copy of the Certificates (including any riders and endorsements) are attached to and form a part of this Group Policy.

The following index sets forth the list of current Certificate, rider and endorsement forms:

**Index of Certificate, Rider and/or Endorsement Forms**

**Form**

**Form Number**

Certificate

L-10027 9/09

Home Office: Symetra Life Insurance Company  
777 108<sup>th</sup> Avenue Northeast, Suite 1200  
Bellevue, Washington 98004

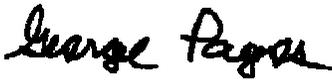
Group Flexible Premium Universal Life Insurance  
No Maturity Date  
Death Benefit Payable on Death of Insured  
Adjustable Death Benefit  
This Policy Does Not Pay Dividends

Home Office: Symetra Life Insurance Company  
777 108<sup>th</sup> Avenue Northeast, Suite 1200  
Bellevue, Washington 98004

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This is a legal contract between the Policyholder and Symetra Life Insurance Company (referred to in this Certificate as Symetra). Symetra agrees to provide the insurance coverage described in this Certificate, subject to Symetra receipt of the required premium from the Policyholder.

Signed for Symetra Life Insurance Company by:



George Pagos  
Secretary



Randall H. Talbot  
President

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

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

Group Flexible Premium Universal Life Insurance  
No Maturity Date  
Death Benefit Payable on Death of Insured  
Adjustable Death Benefit  
This Certificate Does Not Pay Dividends

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**CERTIFICATE SPECIFICATIONS**

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This Certificate is attached to and made a part of the Policy shown below.

**Group Policy Number:** [12345]  
**Certificate Number:** [AA00000000]  
**Group Policyholder's Name:** [ABC Company]  
**Insured:** [John Q. Doe]  
**Issue Date:** [Jan 01, 2010]  
**Issue Age:** [35]  
**Class:** [male] [non-nicotine/nicotine]  
**Planned First Certificate Year Premium:** [\$207,039]  
**Face Amount:** [\$1,000,000]  
**Guaranteed Minimum Interest Rate** [1.00%]  
**Monthly Maintenance Fee:** [\$4.00 per Insured]  
**Death Benefit Option:** [Option A – Face Amount Includes Accumulation Fund]

**Surrender Charge:**

<b>End of Certificate Year</b>	<b>Surrender Charge % of Accumulation Fund</b>
1	[10.0%]
2	[9.5%]
3	[9.0%]
4	[8.5%]
5	[8.0%]
6	[7.5%]
7	[7.0%]
8	[6.5%]
9	[6.0%]
10	[5.5%]
11	[5.0%]
12	[4.5%]
13	[4.0%]
14	[3.5%]
15	[3.0%]
16	[2.5%]
17	[2.0%]
18	[1.5%]
19	[1.0%]
20	[0.5%]
After 20	No Surrender Charges Apply

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## DEFINITIONS

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In this Certificate, these terms have the following meaning:

<b>Accumulation Fund</b>	The total value of this Certificate is as described in the Accumulation Fund section under "Certificate Value Provisions."
<b>Age</b>	The Insured's age as of last birthday.
<b>Beneficiary</b>	The person or entity to whom benefits are payable upon the Insured's death.
<b>Beneficiary Designation</b>	Death proceeds that become payable under this Certificate will be payable to the Beneficiary. The Policyholder may be the Beneficiary if the following conditions are met: <ul style="list-style-type: none"><li>• at the time of application for insurance under the Policy the Policyholder has an insurable interest under applicable law in the life of the Insured; and</li><li>• the Policyholder has submitted to us a completed consent form signed by the Insured.</li></ul>
<b>Certificate</b>	This document that describes life insurance coverage on the Insured under the Policy, a copy of which is attached to and forms a part of the Policy.
<b>Certificate Anniversary Month, Year</b>	Anniversaries, months and years are measured from the Issue Date shown in Certificate Specifications.  Each month starts, and each monthly anniversary will be, on the same date of each calendar month of the Issue Date. If, however, the Issue Date is the 29 <sup>th</sup> , 30 <sup>th</sup> or 31 <sup>st</sup> of a month, there will be some subsequent months when there is no same date. In that event, the Certificate month will start, and the monthly anniversary will be, on the last day of the calendar month in which there is no same date.  When any date is referred to, the effective time will be 12:01 a.m. at the Policyholder's address.
<b>Group Policy, Policy</b>	The Policy issued to the Policyholder.
<b>Insured</b>	The person who is eligible for coverage under the Policy, named on this Certificate and for whom premium is paid.
<b>Issue Date</b>	The effective date of this Certificate, as shown in Certificate Specifications for all coverage.
<b>We, Our, or Us</b>	Symetra Life Insurance Company

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## GENERAL PROVISIONS

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<b>Incontestability</b>	This Certificate will be incontestable after it has been in force for two years during the lifetime of the Insured, except for non-payment of premium necessary to keep
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this Certificate in force.

Any increase in face amount effective after the Issue Date will be incontestable only after the increase has been in force for two years during the lifetime of the Insured following the effective date of the increase.

**Misstatement of Age or Gender**

If the age or gender of an Insured has been misstated, any death benefit payable will be adjusted. The adjustment will be to an amount that would have been purchased by the most recent monthly cost of insurance deduction at the correct age or gender.

**Suicide Exclusion**

If the Insured commits suicide, while sane or insane, within 2 years of the Issue Date, the proceeds payable will be limited to:

- the premiums paid; minus
- any loans and loan interest; minus
- any withdrawals of the Net Cash Surrender Value.

If the Insured under this Certificate commits suicide, while sane or insane, within 2 years from the effective date of:

- any increase in the Face Amount; or
- additional insurance coverage provided by rider after the Issue Date;

the proceeds for such additional insurance will be limited to its cost.

**Notice And Proof Of Death**

Written notice of death must be given to Symetra at Our Home Office or at such other location We may designate within 90 days after the date of death.

We will furnish forms for filing proof of death after we receive such notice of death. If notice or proof of death is not furnished within the time limits shown, a claim will still be considered for payment if it is shown that notice or proof was given as soon as was reasonably possible.

**Statements in Application**

Statements in any application will be considered representations and not warranties, except in the case of fraud. Material misstatements will not be used to void this Certificate or be used in defense of a claim unless made in the application for a Certificate, or on a supplemental application.

**Timely Payment Of Claims**

We will pay benefits after we receive all essential information needed to make a determination on the claim.

**Basis of Computations:**

We base minimum cash values and maximum cost of insurance rates on the 2001 Commissioners Standard Ordinary Mortality Table Ultimate Age Last Birthday, Sex-Distinct and Smoker-Distinct. The Accumulation Fund will be at least as large as if we had credited the Guaranteed Minimum Interest Rate and charged the maximum cost of insurance rates and expense charges. Deaths are assumed to occur at the end of the Certificate year.

**Entire Contract**

**Entire Contract.** The entire contract will be made up of the Policy, attached Certificates, all riders and endorsements, and the application of the Policyholder and any other application, a copy of which is attached to the Policy.

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## TERMINATION PROVISIONS

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- Termination of Coverage** Coverage under this Certificate will terminate upon the earliest of the following to occur:
- the date the Policy ends;
  - death of the Insured,
  - surrender of the Certificate; or
  - the end of the grace period if the required premium has not been paid as set forth under the Grace Period section of "Monthly Insurance Rates" in the Policy.

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## CERTIFICATE VALUE PROVISIONS

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**Accumulation Fund** The value of the Accumulation Fund on the Issue Date will be equal to the Initial Premium paid under the Policy and allocated to this Certificate.

On any Certificate Monthly Anniversary, the value of the Accumulation Fund will be equal to: (1), plus (2), plus (3), plus (4), minus (5), where:

- (1) is the Accumulation Fund on the preceding Certificate Monthly Anniversary.
- (2) is one month's interest on item (1).
- (3) is all premium received since the most recent Certificate Monthly Anniversary.
- (4) is pro rata compound interest on item (3) from the date a premium is received to the Certificate Monthly Anniversary.
- (5) is the Monthly Deduction for the month following the Certificate Monthly Anniversary.

On any day other than a Certificate Monthly Anniversary, the value of the Accumulation Fund will be equal to: (1) plus (3) as just defined, plus pro rata compound interest on (1) and (3) to the current day, plus pro rata unearned amount of the Monthly Deduction for the current month.

- Monthly Deduction** The monthly deduction is equal to the sum of the following:
- the cost of insurance for the Insured for the following month;
  - the cost of insurance provided by rider for the following month; plus
  - the monthly maintenance fee shown in Certificate Specifications.

**Cost of Insurance** The cost of insurance for an Insured is determined on a monthly basis and is equal to the current monthly cost of insurance rates multiplied by the result of: (a) minus (b), where:

- (a) is the current death benefit, divided by the Guaranteed Minimum Interest Rate monthly equivalent shown in Policy Specifications.
- (b) is (1), plus (2), plus (3), plus (4), where:
  - (1) is the Accumulation Fund on the preceding Certificate Monthly Anniversary.
  - (2) is one month's interest on item (1).
  - (3) is all premium received since the most recent Certificate Monthly Anniversary.
  - (4) is pro rata compound interest on item (3) from the date a premium is received to the Certificate Monthly Anniversary.

The cost of insurance for the next month is calculated on the preceding Certificate Monthly Anniversary.

**Interest Rate** We will credit interest at a rate not less than the Guaranteed Minimum Interest Rate shown in Policy Specifications.

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### CHANGES IN FACE AMOUNT

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The Policyholder may make the following changes to this Certificate by sending us a request in writing, or by any other method approved by us. We will send the Policyholder an endorsement to the Certificate reflecting these changes when a change occurs and, if applicable, a new table of Surrender Charges. We reserve the right to refuse to make any change that we determine would cause this Certificate to fail to qualify as life insurance under applicable tax law.

**Increase in Face Amount** The Face Amount of insurance may be increased. For any requested increase in the Face Amount, the amount may not exceed any limits in place and we may require evidence of insurability satisfactory to us.

**Decrease in Face Amount** The Face Amount of insurance may be decreased. The Policyholder may not decrease the Face Amount below the minimum amount for which we would then issue this Certificate under our rules. If a surrender charge applies at the time of the decrease, we will deduct a surrender charge from the Accumulation Fund.

**Change in Face Amount Effective Date** For any increase or addition to the Face Amount, the effective date will be the Certificate Monthly Anniversary that coincides with or next follows the date we approve the supplemental application for the increase or addition.

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### DEATH PROCEEDS

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**Death Benefit** The Death Benefit will be the greater of:

- the face amount on the date of the Insured's death, or
- the Accumulation Fund on the date of death, plus the Minimum Insurance Protection as shown in Policy Specifications.

**Payment of Proceeds** We will pay the Death Benefit of each Certificate to the Beneficiary in one lump sum when we receive at our Home Office or at such other location we may designate :

- proof that the Insured died while this Certificate was in force; and
- all other requirements deemed necessary before such payment may be made.

We will pay interest on death benefits as required by state law.

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## SURRENDER PROVISIONS

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**Surrender of Certificate.** A Certificate may be surrendered only by the Policyholder. To surrender a Certificate, the Policyholder must send a written request for surrender to our Home Office or such other address as We may specify. We will compute the Net Cash Surrender Value as of the date we receive the written request in good order at our Home Office. All insurance coverage under the Certificate surrendered ends on the date We receive the written request in good order.

Upon surrender of any Certificate, We will pay an amount equal to the Net Cash Surrender Value. Any positive difference between the market value of assets held in the Separate Account with respect to any such Certificate and the Net Cash Surrender Value will be Symetra's. In the event that the market value of such assets is less than the Net Cash Surrender Value, the difference will be paid by Symetra from its general account. In the event of Symetra's insolvency, any difference between market value of Separate Account assets and the Net Cash Surrender Value of any Certificate will be subject to treatment as a claim of a Policyholder.

If a surrender is requested within 30 days after a yearly Certificate anniversary, the Net Cash Surrender Value will not be less than the Net Cash Surrender Value on that anniversary.

**Net Cash Surrender Value.** If the Certificate is surrendered for cash, the Net Cash Surrender Value of the Certificate is equal to the Accumulation Fund on the date of surrender, less any outstanding loans and loan interest.

If any coverage issued under the Certificate is surrendered under an IRC Section 1035 Exchange, or otherwise assigned or exchanged, the Net Cash Surrender Value of the Certificate will be equal to the Accumulation Fund on the date of surrender less any outstanding loans and loan interest, reduced by the Surrender Charge, as shown in Policy Specifications.

**Postponement of Payment.** We have the right to postpone payment for the period permitted by law. We will not, however, postpone payment for more than six months after we receive the written surrender request in good order.

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## CONVERSION PROVISIONS

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**Conversion Provisions.** If the Certificate terminates, or the Insured's eligibility or any portion of eligibility for coverage under the Certificate terminates, the Insured shall be entitled to have issued, without evidence of insurability, an individual policy of life insurance. The new policy will be for the amount of insurance in force at termination.

The new policy will be issued as follows:

- it will be any form of permanent life insurance we have available for conversion;
- evidence of insurability will not be required;
- the premium for the new policy will be based on the same class of risk as the Certificate, the age of the Insured at the time of conversion, and amount of coverage provided;
- the new policy will take effect at the end of the 31 day period for this conversion; and
- the new policy shall be in place of all coverage under the Certificate.

To exercise the conversion option, written application and the first premium must be received by Us at Our Home Office or such other address as We may specify within 31 days after the date coverage under the Certificate ends. If an Insured dies during the conversion period and before the new coverage becomes effective, the death benefit payable will be the amount of individual coverage that would have been issued.

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Home Office: Symetra Life Insurance Company  
777 108<sup>th</sup> Avenue Northeast, Suite 1200  
Bellevue, Washington 98004

Group Flexible Premium Universal Life Insurance  
No Maturity Date  
Death Benefit Payable on Death of Insured  
Adjustable Death Benefit  
This Certificate Does Not Pay Dividends

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**GROUP LIFE INSURANCE  
APPLICATION**

Symetra<sup>SM</sup> Life Insurance  
Company  
[777 108<sup>th</sup> Avenue NE, Suite 1200]  
[Bellevue, Washington 98004]

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Application is made to Symetra Life Insurance Company, [Bellevue, Washington], for a Group Life Insurance Policy.

Name of Policyholder \_\_\_\_\_ Tax ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Beneficiary \_\_\_\_\_

If Policyholder/Beneficiary is a Trust then please provide Trust Name, Effective Date, Trustee Name, and the Trust Grantors in the space provided below:

\_\_\_\_\_  
\_\_\_\_\_

Premium Amount \$ \_\_\_\_\_

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Symetra agrees to provide group life insurance coverage on the life of each proposed Insured listed on the preliminary census, according to the terms of this Application and the Policy to which it will be attached. The census must indicate whether or not the proposed Insured has used any form of tobacco or nicotine products in the last 12 months.

Inclusion on the census represents that the proposed Insured has been actively at work both on the Application date and for at least 30 hours per week for 90 days immediately preceding the Application date, excluding vacation or absences of 5 days or less.

Death Benefit Option A (level death benefit) will be the death benefit option default. To elect Death Benefit Option B (increasing death benefit), the choice must be recorded on the census for each proposed Insured.

Tax Disclaimer: Symetra makes no representations or warranties concerning the treatment of this agreement or any policy under any federal, state, or local tax law. However, Symetra acknowledges that each Certificate issued in connection with this agreement will meet the statutory definition of a life insurance contract under IRC Section 7702 provided that the Policyholder has an insurable interest in each Insured under applicable state law.

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Acceptance of the Policy by the Policyholder when it is issued will constitute approval of the provisions of the Policy as being in accord with this Application.

Signed at \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_

By \_\_\_\_\_  
(Legal Representative of the Policyholder)

Title \_\_\_\_\_

(Licensed Producer, if required)

Name \_\_\_\_\_

Signature \_\_\_\_\_

License Number (FL only) \_\_\_\_\_

**Symetra<sup>SM</sup> is a service mark of Symetra Life Insurance Company**

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### **Fraud Warning**

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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.

**Arkansas, West Virginia:** 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.

**California, Georgia, Louisiana, Nevada, and Texas:** Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to civil and criminal penalties.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In

addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** 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 civil fines and criminal penalties.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** 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 materially false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia, and Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

SERFF Tracking Number: SYMX-126350792 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 43853  
Company Tracking Number: GR AR0015510F01  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: L-10028 9/09 Group Flexible Premium Universal Life  
Project Name/Number: L-10028 9/09/GR AR0015510F01

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> Please see forms tab		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> Statement of Variability.PDF		

**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.

<b>Form Number</b>	<b>Score</b>
L-10028 9/09	42
L-10027 9/09	41.4
LUC-151 9/09	40

Signed: \_\_\_\_\_



Name: Michael F. Murphy

Title: Assistant Vice President

Date: October 20, 2009

## **Statement of Variability**

The following items in the Policy Specifications are being filed in brackets:

**Guaranteed Minimum Interest Rate** – This will vary from 1.00% - 4.00% depending on the interest rate environment and competitive environment at the time of issue. Once determined, it is fixed for the life of the contract.

**Surrender Charge** – This will vary for each case depending on the competitive environment at the time of issue. Ranges for each Certificate year are as follows:

<b>End of Certificate Year</b>	<b>Surrender Charge % of Accumulation Fund</b>
1	0-15%
2	0-15%
3	0-15%
4	0-15%
5	0-15%
6	0-14%
7	0-13%
8	0-12%
9	0-11%
10	0-10%
11	0-9%
12	0-8%
13	0-7%
14	0-6%
15	0-5%
16	0-4%
17	0-3%
18	0-2%
19	0-1%
20	0-1%
21	no surrender charges apply

The following items in the Certificate Specifications are being filed in brackets:

**Monthly Maintenance Fee** – This will vary from \$0.00 - \$8.00 based on maintenance expenses at the time of issue as well as the competitive environment. Once determined, it is fixed for the life of the contract.

**Death Benefit Option** – There are 2 options: Option A – Face Amount Includes Accumulation Fund and Option B – Face Amount Plus Accumulation Fund. This option is elected on the Application by the Policyholder for each Insured.