

SERFF Tracking Number: SYMX-126160243 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 42433  
Company Tracking Number: LPC-1500 5/09  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.004 Modified Single Premium  
Product Name: LPC-1500 5/09 Spinnaker Application  
Project Name/Number: RS- Retirement Services/AV AR0010310F01

## Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: LPC-1500 5/09 Spinnaker

Application

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.004 Modified Single Premium

Filing Type: Form

SERFF Tr Num: SYMX-126160243 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 42433

Co Tr Num: LPC-1500 5/09

Author: Symetra Life

Date Submitted: 05/20/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/22/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 06/24/2009

State Filing Description:

## General Information

Project Name: RS- Retirement Services

Project Number: AV AR0010310F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/22/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/22/2009

Created By: Symetra Life

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Symetra Life

Filing Description:

SYMETRA Life Insurance Company

NAIC # 1129-68608 FEIN # 91-0742147

RE: LPC-1500 5/09 Individual Deferred Variable Annuity Application

LPC-1532 5/09 Individual Deferred Variable Annuity Application

LPC-1573 5/09 Individual Deferred Variable Annuity Application

SERFF Tracking Number: SYMX-126160243 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 42433  
Company Tracking Number: LPC-1500 5/09  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.004 Modified Single Premium  
Product Name: LPC-1500 5/09 Spinnaker Application  
Project Name/Number: RS- Retirement Services/AV AR0010310F01

Dear Sir or Madam,

On behalf of Symetra Life Insurance Company, please find enclosed for your review and approval the above referenced forms. The forms do not deviate from company or industry standards. These are revised forms and will replace applications currently in use. The applications have been revised to remove references to the Spinnaker Choice product, which is being removed from the market. Any in-force contracts will continue.

The LPC-1500 5/09 application replaces previously approved application form LPC-1500 5/05. The LPC-1573 5/09 application replaces previously approved application form LPC-1573 5/05. Both application forms will be used with approved contract LPC-1175 2/04. The previous applications were approved on April 14, 2005.

The LPC-1532 5/09 application replaces previously approved application form LPC-1532 5/05 (approved August 16, 2005) and will be used with approved contract LPC-1526 5/05.

Should you have any questions or concerns regarding this filing, please feel free to contact me at the number listed below, or via email. Thank you for your time and consideration.

Sincerely,

Linda Porter  
Insurance Compliance  
800/796-3872 ext. 65495  
linda.porter@symetra.com

## Company and Contact

### Filing Contact Information

Linda Porter, State Filings Analyst  
P.O. Box 34690 SC-11  
Seattle, WA 98124-1690

Linda.Porter@Symetra.com  
425-256-8000 [Phone] 65495 [Ext]  
425-256-5466 [FAX]

### Filing Company Information

Symetra Life Insurance Company  
P.O. Box 34690  
Seattle, WA 98124-1690  
(425) 256-8000 ext. [Phone]

CoCode: 68608 State of Domicile: Washington  
Group Code: 1129 Company Type:  
Group Name: State ID Number: 667  
FEIN Number: 91-0742147

-----

SERFF Tracking Number: SYMX-126160243 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 42433  
Company Tracking Number: LPC-1500 5/09  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.004 Modified Single Premium  
Product Name: LPC-1500 5/09 Spinnaker Application  
Project Name/Number: RS- Retirement Services/AV AR0010310F01

## Filing Fees

Fee Required? Yes  
Fee Amount: \$60.00  
Retaliatory? No  
Fee Explanation: 3 applications @ \$20.00 each = \$60.00 total fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$60.00	05/20/2009	28010074

SERFF Tracking Number: SYMX-126160243 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 42433  
Company Tracking Number: LPC-1500 5/09  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.004 Modified Single Premium  
Product Name: LPC-1500 5/09 Spinnaker Application  
Project Name/Number: RS- Retirement Services/AV AR0010310F01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/22/2009	05/22/2009

*SERFF Tracking Number:* SYMX-126160243      *State:* Arkansas  
*Filing Company:* Symetra Life Insurance Company      *State Tracking Number:* 42433  
*Company Tracking Number:* LPC-1500 5/09  
*TOI:* A031 Individual Annuities - Deferred Variable      *Sub-TOI:* A031.004 Modified Single Premium  
*Product Name:* LPC-1500 5/09 Spinnaker Application  
*Project Name/Number:* RS- Retirement Services/AV AR0010310F01

## **Disposition**

Disposition Date: 05/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-126160243 State: Arkansas  
 Filing Company: Symetra Life Insurance Company State Tracking Number: 42433  
 Company Tracking Number: LPC-1500 5/09  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.004 Modified Single Premium  
 Product Name: LPC-1500 5/09 Spinnaker Application  
 Project Name/Number: RS- Retirement Services/AV AR0010310F01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Individual Flexible Premium Variable Deferred Annuity Application		Yes
Form	Individual Flexible Premium Variable Deferred Annuity Application		Yes
Form	Individual Variable Deferred Annuity Application		Yes

SERFF Tracking Number: SYMX-126160243 State: Arkansas  
 Filing Company: Symetra Life Insurance Company State Tracking Number: 42433  
 Company Tracking Number: LPC-1500 5/09  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.004 Modified Single Premium  
 Product Name: LPC-1500 5/09 Spinnaker Application  
 Project Name/Number: RS- Retirement Services/AV AR0010310F01

## Form Schedule

### Lead Form Number: LPC-1500 5/09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LPC-1500 5/09	Application/ Individual Flexible Enrollment Form Premium Variable Deferred Annuity Application	Initial		51.300	LPC-1500 5_09.PDF
	LPC-1532 5/09	Application/ Individual Flexible Enrollment Form Premium Variable Deferred Annuity Application	Initial		50.200	LPC-1532 5_09.PDF
	LPC-1573 5/09	Application/ Individual Variable Enrollment Form Deferred Annuity Application	Initial		50.900	LPC-1573 5_09.PDF

**APPLICATION**  
**Individual Flexible Premium**  
**Variable Deferred Annuity**

**Symetra Life Insurance Company**  
[777 108<sup>th</sup> Avenue NE, Suite 1200  
Bellevue, WA 98004-5135]  
[Mailing Address:  
PO Box 3882, Seattle, WA 98124-3882]  
[Phone 1-800-796-3872]  
[TTY/TDD 1-800-833-6388]

**Product Information**

[Spinnaker<sup>®</sup>] (Minimum: NQ - \$2,000, IRA - \$30) Initial Purchase Payment \$ \_\_\_\_\_

- Non-Qualified  
 1035 Exchange\*
- Qualified  
 IRA for tax year \_\_\_\_\_  
 Check if Roth IRA  
 Check if SEP IRA (Only available in Spinnaker)  
 Check if SIMPLE IRA (Only available in Spinnaker)  
 Check if Transfer\*  
 Check if Rollover\*  
 Other: \_\_\_\_\_

\*Must complete rollover, transfer, and/or exchange request form.

**Owner Information (The maximum issue age is 85.)**

Owner's Name \_\_\_\_\_  Male  Female  Trust

SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Joint Owner Information (The maximum issue age is 85.)**

Joint Owner's Name (Non-Qualified Only) \_\_\_\_\_  Male  Female

SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Annuitant Information (If different from Owner. The maximum issue age is 85.)**

Annuitant's Name – If Different from Owner (Non-Qualified Only) \_\_\_\_\_  Male  Female

SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Joint Annuitant's Name – If Different from Joint Owner (Non-Qualified Only) \_\_\_\_\_  Male  Female

SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Beneficiaries (The percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries.)**

Primary	Contingent	Percentage	Name	SSN/TIN
<input type="checkbox"/>		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

For additional beneficiaries, attach a separate signed and dated sheet and check here . Note: A surviving Joint Owner will become the sole Primary Beneficiary upon the death of a Joint Owner.

Date Received (Home Office Use Only)

Spinnaker<sup>®</sup> is a registered trademark of Symetra Life Insurance Company. Symetra<sup>®</sup> and the Symetra Financial logo are registered service marks of Symetra Life Insurance Company.

## Purchase Payments

Purchase Payments to the Symetra Life Fixed Account will be allocated immediately upon receipt. Purchase Payments to the variable Portfolios may initially be allocated to the [Fidelity VIP Money Market Portfolio – Service Class 2] as described in your Contract and then will be allocated according to your investment instructions, unless you have canceled the Contract.

- For your initial Purchase Payment, indicate your investment instructions on the following page in “Column 1: Initial Purchase Payment”.
- For subsequent Purchase Payments, indicate your investment instructions on the following page in “Column 2: Subsequent Purchase Payments”.

## Scheduled Transfers

I have read the information in the prospectus about the following scheduled transfers and would like to elect:

- Dollar Cost Averaging:** I elect to transfer \$\_\_\_\_\_ ([\$50] minimum) from  the Fixed Account **and/or**  the \_\_\_\_\_ Portfolio  monthly **or**  quarterly to the Portfolios listed on the following page in “Column 3: Scheduled Transfers”. If I have elected transfers from two or more investment options and I have different investment instructions for the transfers, I have attached a separate signed and dated sheet with those instructions and I have checked here . Transfers from the Fixed Account are limited to 1.33% per month (4% per quarter) of the value in the Fixed Account as of the date of the initial transfer. However, if the transfer limit is recalculated annually, the limit is raised to 1.5% per month (4.5% per quarter). If I am electing transfers from the Fixed Account, I elect to have the dollar amount to be transferred  calculated as of the date of the initial transfer **or**  recalculated annually.
- Appreciation or Interest Sweep** ([\$10,000] minimum contract value required): I elect to have  the appreciation of the [Fidelity VIP Money Market Portfolio – Service Class 2] (up to [10%] of the money market account value each Contract Year) **and/or**  the interest earned on the Fixed Account (up to [10%] of the Fixed Account value each Contract Year) transferred  monthly **or**  quarterly **or**  annually to the Portfolios listed on the following page in “Column 3: Scheduled Transfers”. If I have elected transfers from both the [Fidelity VIP Money Market Portfolio – Service Class 2] and the Fixed Account and I have different investment instructions for the transfers, I have attached a separate signed and dated sheet with those instructions and I have checked here . Appreciation or Interest Sweep cannot be used to transfer money to the Fixed Account or to the [Fidelity VIP Money Market Portfolio – Service Class 2].
- Portfolio Rebalancing** ([\$10,000] minimum contract value required): I elect to rebalance the portion of my contract value allocated to the Portfolios  quarterly **or**  semiannually **or**  annually according to the percentages listed on the following page in “Column 3: Scheduled Transfers”.

Date Received (Home Office Use Only)

## Investment Instructions

Please indicate your investment instructions below. You can only use whole percentages and the totals in each applicable column must equal 100%.

Column 1: Initial Purchase Payment	Column 2: Subsequent Purchase Payments	Column 3: Scheduled Transfers	Investment Options
%	%	%	[AIM V.I. Capital Appreciation Fund (Series II Shares)]
%	%	%	[AIM V.I. Capital Development Fund (Series II Shares)]
%	%	%	[AIM V.I. International Growth Fund (Series II Shares)]
%	%	%	[AIM V.I. Small Cap Equity Fund (Series II Shares)]
%	%	%	[American Century VP Balanced Fund]
%	%	%	[American Century VP Inflation Protection Class II Fund]
%	%	%	[American Century VP International Fund]
%	%	%	[American Century VP Large Company Value Class II Fund]
%	%	%	[American Century VP Ultra <sup>®</sup> Class II Fund]
%	%	%	[American Century VP Value Fund]
%	%	%	[Dreyfus IP – Technology Growth Portfolio – Initial Shares]
%	%	%	[The Dreyfus Socially Responsible Growth Fund, Inc. – Initial Shares]
%	%	%	[Dreyfus Stock Index Fund, Inc. – Service Shares]
%	%	%	[DWS Capital Growth VIP – Class B Shares]
%	%	%	[DWS Global Opportunities VIP – Class B Shares]
%	%	%	[DWS Global Thematic VIP – Class B Shares]
%	%	%	[DWS International VIP – Class A Shares]
%	%	%	[Fidelity VIP Contrafund <sup>®</sup> Portfolio – Initial Class]
%	%	%	[Fidelity VIP Equity-Income Portfolio – Initial Class]
%	%	%	[Fidelity VIP Freedom Funds 2010 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2015 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2020 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2025 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2030 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Income Fund Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Growth & Income Portfolio – Initial Class]
%	%	%	[Fidelity VIP Mid Cap Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Money Market Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Overseas Portfolio Service Class 2]
%	%	%	[Franklin Flex Cap Growth Securities Fund – Class 2]
%	%	%	[Franklin Income Securities Fund – Class 2]
%	%	%	[Franklin Small Cap Value Securities Fund – Class 2]
%	%	%	[Franklin Small-Mid Cap Growth Securities Fund – Class 2]
%	%	%	[Franklin Templeton VIP Founding Funds Allocation Fund – Class 2]
%	%	%	[Franklin U.S. Government Fund – Class 2]
%	%	%	[Ibbotson Aggressive Growth ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Balanced ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Conservative ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Growth ETF Asset Allocation Portfolio – Class II]

Date Received (Home Office Use Only)

**Investment Instructions (cont.)**

Column 1: Initial Purchase Payment	Column 2: Subsequent Purchase Payments	Column 3: Scheduled Transfers	Investment Options
%	%	%	[Ibbotson Income and Growth ETF Asset Allocation Portfolio – Class II]
%	%	%	[JPMorgan Insurance Trust Mid Cap Value Portfolio]
%	%	%	[Mutual Shares Securities Fund – Class 2]
%	%	%	[Neuberger Berman AMT Guardian Portfolio – Class S]
%	%	%	[Neuberger Berman AMT Mid Cap Growth Portfolio – Class S]
%	%	%	[Neuberger Berman AMT Regency Portfolio – Class S]
%	%	%	[PIMCO All Asset Portfolio – Advisor Class Shares]
%	%	%	[PIMCO CommodityRealReturn™ Strategy Portfolio – Administrative Class Shares]
%	%	%	[Pioneer Emerging Markets VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Equity Income VCT Portfolio – Class II Shares]
%	%	%	[Pioneer High Yield VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Real Estate VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Strategic Income VCT Portfolio – Class II Shares]
%	%	%	[Summit Balanced Index Portfolio]
%	%	%	[Summit Barclays Capital Aggregate Bond Index Portfolio]
%	%	%	[Summit EAFE International Index Portfolio – Class F]
%	%	%	[Summit NASDAQ – 100 Index Portfolio]
%	%	%	[Summit Russell 2000 Small Cap Index Portfolio – Class F]
%	%	%	[Summit S&P MidCap 400 Index Portfolio – Class F]
%	%	%	[Templeton Developing Markets Securities Fund – Class 2]
%	%	%	[Templeton Global Bond Securities Fund – Class 2]
%	%	%	[Templeton Growth Securities Fund – Class 2]
			Symetra Life Fixed Account
%	%	NA	1-year initial guaranteed interest period
%	NA	NA	[3-year] initial guaranteed interest period ([(\$1,000] minimum)
%	NA	NA	[5-year] initial guaranteed interest period ([(\$1,000] minimum)

Date Received (Home Office Use Only)

**Optional Riders**

**Guaranteed Minimum Death Benefit – Annual Reset Rider**

*This rider is only available with non-qualified annuity, traditional IRA, and Roth IRA contracts and is only available at the time you purchase the Contract. In order to select this rider, the oldest Owner must be under [75] years of age. There is an annual charge for this rider. See the prospectus or the Contract for complete details.*

**Earnings Enhancement Benefit Rider**

*This rider is only available with non-qualified annuity contracts and is only available at the time you purchase the Contract. In order to select this rider, the oldest Owner must be under [76] years of age. There is an annual charge for this rider. See the prospectus or the Contract for complete details.*

**Telephone Transfer Authorization**

I/we hereby authorize Symetra to accept and act on telephone instructions from me or any person(s) listed below regarding the transfer of funds between investment options of my variable annuity contract. This authorization will remain in effect until Symetra receives written revocation from me.

Symetra will employ reasonable procedures to confirm that instructions communicated by telephone are genuine. Symetra reserves the right to refuse telephone instructions from any caller when unable to confirm to Symetra's satisfaction that the caller is authorized to give those instructions.

To transfer by telephone, call Symetra at [1-800-SYMETRA (1-800-796-3872)]. All telephone transfer calls will be recorded. You or your authorized third party will be required to provide the identification information listed below. Written confirmation of transfer transaction(s) will be mailed to you.

Unless otherwise indicated, this form does not permit anyone else to exercise discretionary authority to effect transactions on your behalf without obtaining your prior authorization.

FULL NAME OF AUTHORIZED THIRD PARTY: \_\_\_\_\_

IDENTIFICATION INFORMATION: \_\_\_\_\_  
Owner's mother's maiden name Joint Owner's mother's maiden name

**Electronic Delivery**

Symetra provides prospectus updates, semiannual reports, and annual reports to consenting Owners electronically. If you would like to receive these documents in electronic format, please complete this section. If the Contract will be owned by joint Owners, both Owners must consent to electronic delivery.

You may incur costs when accessing these documents over the Internet, such as Internet Service Provider fees and charges for on-line time (including any time you may spend downloading the necessary software we have provided).

By choosing to receive e-mail notification when documents are available on the Internet, you accept the responsibility to provide us with a current e-mail address. If your e-mail address changes, please provide us with your new e-mail address as soon as possible. If your e-mail address proves to be invalid, your e-mail enrollment will be cancelled and we will mail you printed copies of the documents.

This consent will be in effect until you revoke it. You may revoke it any time by calling [1-800-SYMETRA (1-800-796-3872)]. If you consent to electronic delivery, at any time you also may request that we send you a paper copy.

I/we would like to receive prospectus updates and financial reports over the Internet by accessing Symetra's Web site, [www.symetra.com]. I/we understand that I/we will receive notice that the documents are available on the Web site by an e-mail message sent to me/us.

Date Received (Home Office Use Only)

**Owner Statements and Certification (Please Read and Complete)**

- 1. **Have you received a current prospectus?**     **Yes**     **No**
- 2. Would you like to receive a copy of the Statement of Additional Information (SAI)?     **Yes**     **No**
- 3. Do you have any existing life insurance policies or annuity contracts with this or any other company?     **Yes**     **No**
- 4. Will the annuity applied for here replace any annuity or life insurance from this or any other company?     **Yes**     **No**  
*If yes, please provide the company name and policy number.*

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

- 5. I declare that the statements and answers on this application are full, complete, and true, to the best of my knowledge and belief, and shall form a part of the annuity contract issued hereon. I understand and agree that any fees or taxes specified in the contract will be deducted from my purchase payments or contract value, as applicable.

Under penalties of perjury, I certify that the Social Security Number or Tax Identification Number listed on this application is correct and that I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding or the IRS has notified me that I am no longer subject to backup withholding.

**I understand that when annuity payments are based on investment performance of the Separate Account, the dollar amounts cannot be predicted or guaranteed.** With this in mind, I believe that the Contract is consistent with my financial needs.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signed in the City and State of \_\_\_\_\_

**Agency/Agent Statements**

- 1. Does the Owner have any existing life insurance policies or annuity contracts with this or any other company?     **Yes**     **No**
- 2. Will the annuity applied for here replace any annuity or life insurance from this or any other company?     **Yes**     **No**  
If yes, I have attached the required state replacement forms, if applicable.
- 3. Agency's explanation of how this Contract will serve the Owner's needs: \_\_\_\_\_
- 4. Mail Contract directly to     **Owner**     **Agent's Office for delivery to Owner**
- 5. I hereby certify that the answers to the questions above are true to the best of my knowledge and belief.

Print Agent Name and Agency Name \_\_\_\_\_ Agent Stat # \_\_\_\_\_

Signature of Agent(s) \_\_\_\_\_ Address \_\_\_\_\_

Location/State ID # \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Date Received (Home Office Use Only)

## Fraud Warning

**For Residents of Other States:** 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.

**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.

**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.

**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.

**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, and 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.

**Multi-State [California, Florida, Georgia, Louisiana, Nevada, Texas and Washington D.C.]:**

Florida residents only: 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.

**Residents of other states:** 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.

**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.

**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, 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.

Date Received (Home Office Use Only)

**APPLICATION**  
**Individual Flexible Premium**  
**Variable Deferred Annuity**

**Symetra Life Insurance Company**  
[777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004-5135]  
[Mailing Address:  
PO Box 3882, Seattle, WA 98124-3882]  
[Phone 1-800-796-3872]  
[TTY/TDD 1-800-833-6388]

**Product Information**

[Spinnaker<sup>®</sup>] (Minimum: \$30) Initial Purchase Payment \$ \_\_\_\_\_

- Deferral 457  
 Transfer from another 457  
*Please complete and submit a copy of 457 Transfer Authorization.*

**Employer Information**

Employer's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_  
 The employer is eligible and has established a Plan under Section 457.

**Annuitant Information (The maximum issue age is 85.)**

Annuitant's Name \_\_\_\_\_  Male  Female  
 SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Beneficiaries (The percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries.)**

Primary: \_\_\_\_\_  Male  Female  
 Name \_\_\_\_\_ Percentage \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary: \_\_\_\_\_  Male  Female  
 Contingent: \_\_\_\_\_ Percentage \_\_\_\_\_  
 Name \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary: \_\_\_\_\_  Male  Female  
 Contingent: \_\_\_\_\_ Percentage \_\_\_\_\_  
 Name \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to Annuitant \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

For additional beneficiaries, attach a separate signed and dated sheet and check here .

Date Received (Home Office Use Only)

Spinnaker<sup>®</sup> is a registered trademark of Symetra Life Insurance Company. Symetra<sup>®</sup> and the Symetra Financial logo are registered service marks of Symetra Life Insurance Company.

## Purchase Payments

Purchase Payments to the Symetra Life Fixed Account will be allocated immediately upon receipt. Purchase Payments to the variable Portfolios may initially be allocated to the [Fidelity VIP Money Market Portfolio – Service Class 2] as described in the Contract and then will be allocated according to the investment instructions, unless the Contract has been cancelled.

- For the initial Purchase Payment, indicate the investment instructions on the following page in “Column 1: Initial Purchase Payment”.
- For subsequent Purchase Payments, indicate the investment instructions on the following page in “Column 2: Subsequent Purchase Payments”.

## Scheduled Transfers

I have read the information in the prospectus about the following scheduled transfers and would like to elect:

- Dollar Cost Averaging:** I elect to transfer \$ \_\_\_\_\_ ([\$50] minimum) from  the Fixed Account **and/or**  the \_\_\_\_\_ Portfolio  monthly **or**  quarterly to the Portfolios listed on the following page in “Column 3: Scheduled Transfers”. If I have elected transfers from two or more investment options and I have different investment instructions for the transfers, I have attached a separate signed and dated sheet with those instructions and I have checked here . Transfers from the Fixed Account are limited to 1.33% per month (4% per quarter) of the value in the Fixed Account as of the date of the initial transfer. However, if the transfer limit is recalculated annually, the limit is raised to 1.5% per month (4.5% per quarter). If I am electing transfers from the Fixed Account, I elect to have the dollar amount to be transferred  calculated as of the date of the initial transfer **or**  recalculated annually.
- Appreciation or Interest Sweep** ([\$10,000] minimum contract value required): I elect to have  the appreciation of the [Fidelity VIP Money Market Portfolio – Service Class 2] (up to [10%] of the money market account value each Contract Year) **and/or**  the interest earned on the Fixed Account (up to [10%] of the Fixed Account value each Contract Year) transferred  monthly **or**  quarterly **or**  annually to the Portfolios listed on the following page in “Column 3: Scheduled Transfers”. If I have elected transfers from both the [Fidelity VIP Money Market Portfolio – Service Class 2] and the Fixed Account and I have different investment instructions for the transfers, I have attached a separate signed and dated sheet with those instructions and I have checked here . Appreciation or Interest Sweep cannot be used to transfer money to the Fixed Account or to the [Fidelity VIP Money Market Portfolio – Service Class 2].
- Portfolio Rebalancing** ([\$10,000] minimum contract value required): I elect to rebalance the portion of my contract value allocated to the Portfolios  quarterly **or**  semiannually **or**  annually according to the percentages listed on the following page in “Column 3: Scheduled Transfers”.

Date Received (Home Office Use Only)

## Investment Instructions

Please indicate the investment instructions below. Only whole percentages can be used and the totals in each applicable column must equal 100%.

Column 1: Initial Purchase Payment	Column 2: Subsequent Purchase Payments	Column 3: Scheduled Transfers	Investment Options
%	%	%	[AIM V.I. Capital Appreciation Fund (Series II Shares)]
%	%	%	[AIM V.I. Capital Development Fund (Series II Shares)]
%	%	%	[AIM V.I. International Growth Fund (Series II Shares)]
%	%	%	[AIM V.I. Small Cap Equity Fund (Series II Shares)]
%	%	%	[American Century VP Balanced Fund]
%	%	%	[American Century VP Inflation Protection Class II Fund]
%	%	%	[American Century VP International Fund]
%	%	%	[American Century VP Large Company Value Class II Fund]
%	%	%	[American Century VP Ultra <sup>®</sup> Class II Fund]
%	%	%	[American Century VP Value Fund]
%	%	%	[Dreyfus IP – Technology Growth Portfolio – Initial Shares]
%	%	%	[The Dreyfus Socially Responsible Growth Fund, Inc. – Initial Shares]
%	%	%	[Dreyfus Stock Index Fund, Inc. – Service Shares]
%	%	%	[DWS Capital Growth VIP – Class B Shares]
%	%	%	[DWS Global Opportunities VIP – Class B Shares]
%	%	%	[DWS Global Thematic VIP – Class B Shares]
%	%	%	[DWS International VIP – Class A Shares]
%	%	%	[Fidelity VIP Contrafund <sup>®</sup> Portfolio – Initial Class]
%	%	%	[Fidelity VIP Equity-Income Portfolio – Initial Class]
%	%	%	[Fidelity VIP Freedom Funds 2010 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2015 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2020 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2025 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2030 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Income Fund Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Growth & Income Portfolio – Initial Class]
%	%	%	[Fidelity VIP Mid Cap Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Money Market Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Overseas Portfolio Service Class 2]
%	%	%	[Franklin Flex Cap Growth Securities Fund – Class 2]
%	%	%	[Franklin Income Securities Fund – Class 2]
%	%	%	[Franklin Small Cap Value Securities Fund – Class 2]
%	%	%	[Franklin Small-Mid Cap Growth Securities Fund – Class 2]
%	%	%	[Franklin Templeton VIP Founding Funds Allocation Fund – Class 2]
%	%	%	[Franklin U.S. Government Fund – Class 2]
%	%	%	[Ibbotson Aggressive Growth ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Balanced ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Conservative ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Growth ETF Asset Allocation Portfolio – Class II]

Date Received (Home Office Use Only)

**Investment Instructions (cont.)**

Column 1: Initial Purchase Payment	Column 2: Subsequent Purchase Payments	Column 3: Scheduled Transfers	Investment Options
%	%	%	[Ibbotson Income and Growth ETF Asset Allocation Portfolio – Class II]
%	%	%	[JPMorgan Insurance Trust Mid Cap Value Portfolio]
%	%	%	[Mutual Shares Securities Fund – Class 2]
%	%	%	[Neuberger Berman AMT Guardian Portfolio – Class S]
%	%	%	[Neuberger Berman AMT Mid Cap Growth Portfolio – Class S]
%	%	%	[Neuberger Berman AMT Regency Portfolio – Class S]
%	%	%	[PIMCO All Asset Portfolio – Advisor Class Shares]
%	%	%	[PIMCO CommodityRealReturn™ Strategy Portfolio – Administrative Class Shares]
%	%	%	[Pioneer Emerging Markets VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Equity Income VCT Portfolio – Class II Shares]
%	%	%	[Pioneer High Yield VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Real Estate VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Strategic Income VCT Portfolio – Class II Shares]
%	%	%	[Summit Balanced Index Portfolio]
%	%	%	[Summit Barclays Capital Aggregate Bond Index Portfolio]
%	%	%	[Summit EAFE International Index Portfolio – Class F]
%	%	%	[Summit NASDAQ – 100 Index Portfolio]
%	%	%	[Summit Russell 2000 Small Cap Index Portfolio – Class F]
%	%	%	[Summit S&P MidCap 400 Index Portfolio – Class F]
%	%	%	[Templeton Developing Markets Securities Fund – Class 2]
%	%	%	[Templeton Global Bond Securities Fund – Class 2]
%	%	%	[Templeton Growth Securities Fund – Class 2]
			Symetra Life Fixed Account
%	%	NA	1-year initial guaranteed interest period
%	NA	NA	[3-year] initial guaranteed interest period ([(\$1,000] minimum)
%	NA	NA	[5-year] initial guaranteed interest period ([(\$1,000] minimum)

Date Received (Home Office Use Only)

## Contribution Information

### Contribution Frequency:

- |  |   |
|--|---|
| <input type="checkbox"/> Annual (01)       | <input type="checkbox"/> Bi-Weekly (26) |
| <input type="checkbox"/> Quarterly (04)    | <input type="checkbox"/> Weekly (52)    |
| <input type="checkbox"/> Monthly (12)      | <input type="checkbox"/> 10 Pay Periods |
| <input type="checkbox"/> Semi-Monthly (24) |   |
| <input type="checkbox"/> Other: _____      |   |

Deductions will begin the month of: \_\_\_\_\_

Month(s) to exclude: \_\_\_\_\_

Contribution per pay frequency:

\$ \_\_\_\_\_

Anticipated annual contributions (must be provided):

\$ \_\_\_\_\_

### Source of Contribution:

- |   |  |
|---|--|
| <input type="checkbox"/> Employer       | <input type="checkbox"/> Employee Salary Reduction |
| <input type="checkbox"/> Employer Match | <input type="checkbox"/> Employee Mandatory        |

## Telephone Transfer Authorization

- I hereby authorize Symetra to accept and act on telephone instructions from me or any person(s) listed below regarding the transfer of funds between investment options of my variable annuity contract. This authorization will remain in effect until Symetra receives written revocation from me.

Symetra will employ reasonable procedures to confirm that instructions communicated by telephone are genuine. Symetra reserves the right to refuse telephone instructions from any caller when unable to confirm to Symetra's satisfaction that the caller is authorized to give those instructions.

To transfer by telephone, call Symetra at [1-800-SYMETRA (1-800-796-3872)]. All telephone transfer calls will be recorded. You or your authorized third party will be required to provide the identification information listed below. Written confirmation of transfer transaction(s) will be mailed to you.

Unless otherwise indicated, this form does not permit anyone else to exercise discretionary authority to effect transactions on your behalf without obtaining your prior authorization.

\_\_\_\_\_  
Full Name of Authorized Third Party

\_\_\_\_\_  
Identification Information: Annuitant's mother's maiden name

## Electronic Delivery

Symetra provides prospectus updates, semiannual reports, and annual reports to consenting Owners and Annuitants electronically. If you would like to receive these documents in electronic format, please complete this section.

You may incur costs when accessing these documents over the Internet, such as Internet Service Provider fees and charges for on-line time (including any time you may spend downloading the necessary software we have provided).

By choosing to receive e-mail notification when documents are available on the Internet, you accept the responsibility to provide us with a current e-mail address. If your e-mail address changes, please provide us with your new e-mail address as soon as possible. If your e-mail address proves to be invalid, your e-mail enrollment will be cancelled and we will mail you printed copies of the documents.

This consent will be in effect until you revoke it. You may revoke it any time by calling [1-800-SYMETRA (1-800-796-3872)]. If you consent to electronic delivery, at any time you also may request that we send you a paper copy.

- I would like to receive prospectus updates and financial reports over the Internet by accessing Symetra's Web site, [www.symetra.com]. I understand that I will receive notice that the documents are available on the Web site by an e-mail message sent to me.

Date Received (Home Office Use Only)

**Annuitant Statements and Certification (Please read and complete.)**

1. **Have you received a current prospectus?**     **Yes**     **No**
2. Would you like to receive a copy of the Statement of Additional Information (SAI)?     Yes     No
3. Do you have any existing life insurance policies or annuity contracts with this or any other company?     Yes     No
4. Will the annuity applied for here replace any annuity or life insurance from this or any other company?  Yes     No  
*If yes, please provide the company name and policy number.*

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

5. I declare that the statements and answers on this enrollment form are full, complete, and true, to the best of my knowledge and belief. I understand and agree that any fees or taxes will be deducted from my purchase payments or contract value, as applicable. My employer has informed me of the rules applicable to the Section 457 Plan it sponsors.
6. I understand the following restrictions and provisions:
  - Deferrals may not exceed the maximum deferral limit announced annually by the IRS and must be reduced by elective deferrals to other plans.
  - Required Minimum Distributions will be sent to me the later of attainment of age 70½ or when I retire.
  - A single distribution election may be made after separation from service and the election is irrevocable and cannot thereafter be changed in any way.

Under penalties of perjury, I certify that the Social Security Number or Tax Identification Number listed on this enrollment form is correct and that I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding or the IRS has notified me that I am no longer subject to backup withholding.

**I understand that when annuity payments are based on investment performance of the Separate Account, the dollar amounts cannot be predicted or guaranteed.** With this in mind, I believe that this variable annuity is consistent with my financial needs.

Signature of Annuitant	Signed in the City and State of	Date
Signature of Plan Administrator or Trustee	Signed in the City and State of	Date

Date Received (Home Office Use Only)

## Registered Representative Statements

1. Does the applicant have any existing life insurance policies or annuity contracts with this or any other company?  
 Yes     No
2. Will the annuity applied for here replace any annuity or life insurance from this or any other company?  Yes     No  
If yes, I have attached the required state replacement forms, if applicable.
3. Registered Representative's explanation of how the Contract will serve the Annuitant's needs:  

---

---

---
4. Mail Contract directly to     Annuitant     Registered Representative's Office for delivery.
5. I hereby certify that the answers to the questions above are true to the best of my knowledge and belief.

---

Print Registered Representative's Name and Firm Name (if applicable)

Registered Representative's Stat #

---

Signature of Registered Representative

Address

---

Location/State ID #

Telephone

Date

Date Received (Home Office Use Only)

## Fraud Warning

**For Residents of Other States:** 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.

**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.

**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.

**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.

**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, and 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.

**Multi-State [California, Florida, Georgia, Louisiana, Nevada, Texas and Washington D.C.]:**

Florida residents only: 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.

**Residents of other states:** 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.

**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.

**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, 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.

Date Received (Home Office Use Only)

**APPLICATION**  
**Individual Variable Deferred Annuity**

**Symetra Life Insurance Company**  
[777 108<sup>th</sup> Avenue NE, Suite 1200  
Bellevue, WA 98004-5135]  
[Mailing Address:  
PO Box 3882, Seattle, WA 98124-3882]  
[Phone 1-800-796-3872]  
[TTY/TDD 1-800-833-6388]

**Product Information**

[Spinnaker<sup>®</sup>] (Minimum: \$30) Initial Purchase Payment \$ \_\_\_\_\_

- Deferral TSA  
 Transfer from another TSA  
 Original TSA was an:  
 Annuity under IRC 403(b)\*  
 Account under IRC 403(b)(7) or Mutual Fund TSA

\*Must complete rollover, transfer, and/or exchange request form.

**Owner Information (The maximum issue age is 85.)**

Owner's Name \_\_\_\_\_  Male  Female  
 SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Beneficiaries (The percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries.)**

Primary: \_\_\_\_\_  Male  Female  
 Name \_\_\_\_\_ Percentage \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Consent of spouse required for ERISA Plan Participant naming a non-spouse Primary Beneficiary:**

I consent to the above designation of Beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving my rights to receive benefits under the plan when my spouse dies.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_  
 I'm not married.

Primary:  
 Contingent: \_\_\_\_\_  Male  Female  
 Name \_\_\_\_\_ Percentage \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary:  
 Contingent: \_\_\_\_\_  Male  Female  
 Name \_\_\_\_\_ Percentage \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_ Birth Date \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to Owner \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

For additional beneficiaries, attach a separate signed and dated sheet and check here .

Date Received (Home Office Use Only)

Spinnaker is a registered trademark of  
Symetra Life Insurance Company  
Symetra<sup>®</sup> and the Symetra Financial logo are registered  
service marks of Symetra Life Insurance Company.

## Purchase Payments

Purchase Payments to the Symetra Life Fixed Account will be allocated immediately upon receipt. Purchase Payments to the variable Portfolios may initially be allocated to the [Fidelity VIP Money Market Portfolio – Service Class 2] as described in your Contract and then will be allocated according to your investment instructions, unless you have canceled the Contract.

- For your initial Purchase Payment, indicate your investment instructions on the following page in “Column 1: Initial Purchase Payment”.
- For subsequent Purchase Payments, indicate your investment instructions on the following page in “Column 2: Subsequent Purchase Payments”.

## Scheduled Transfers

I have read the information in the prospectus about the following scheduled transfers and would like to elect:

- Dollar Cost Averaging:** I elect to transfer \$\_\_\_\_\_ ([50] minimum) from  the Fixed Account **and/or**  the \_\_\_\_\_ Portfolio  monthly **or**  quarterly to the Portfolios listed on the following page in “Column 3: Scheduled Transfers”. If I have elected transfers from two or more investment options and I have different investment instructions for the transfers, I have attached a separate signed and dated sheet with those instructions and I have checked here . Transfers from the Fixed Account are limited to 1.33% per month (4% per quarter) of the value in the Fixed Account as of the date of the initial transfer. However, if the transfer limit is recalculated annually, the limit is raised to 1.5% per month (4.5% per quarter). If I am electing transfers from the Fixed Account, I elect to have the dollar amount to be transferred  calculated as of the date of the initial transfer **or**  recalculated annually.
- Appreciation or Interest Sweep** ([10,000] minimum contract value required): I elect to have  the appreciation of the [Fidelity VIP Money Market Portfolio – Service Class 2] (up to [10%] of the money market account value each Contract Year) **and/or**  the interest earned on the Fixed Account (up to [10%] of the Fixed Account value each Contract Year) transferred  monthly **or**  quarterly **or**  annually to the Portfolios listed on the following page in “Column 3: Scheduled Transfers”. If I have elected transfers from both the [Fidelity VIP Money Market Portfolio – Service Class 2] and the Fixed Account and I have different investment instructions for the transfers, I have attached a separate signed and dated sheet with those instructions and I have checked here . Appreciation or Interest Sweep cannot be used to transfer money to the Fixed Account or to the [Fidelity VIP Money Market Portfolio – Service Class 2].
- Portfolio Rebalancing** ([10,000] minimum contract value required): I elect to rebalance the portion of my contract value allocated to the Portfolios  quarterly **or**  semiannually **or**  annually according to the percentages listed on the following page in “Column 3: Scheduled Transfers”.

Date Received (Home Office Use Only)

## Investment Instructions

Please indicate your investment instructions below. You can only use whole percentages and the totals in each applicable column must equal 100%.

Column 1: Initial Purchase Payment	Column 2: Subsequent Purchase Payments	Column 3: Scheduled Transfers	Investment Options
%	%	%	[AIM V.I. Capital Appreciation Fund (Series II Shares)]
%	%	%	[AIM V.I. Capital Development Fund (Series II Shares)]
%	%	%	[AIM V.I. International Growth Fund (Series II Shares)]
%	%	%	[AIM V.I. Small Cap Equity Fund (Series II Shares)]
%	%	%	[American Century VP Balanced Fund]
%	%	%	[American Century VP Inflation Protection Class II Fund]
%	%	%	[American Century VP International Fund]
%	%	%	[American Century VP Large Company Value Class II Fund]
%	%	%	[American Century VP Ultra <sup>®</sup> Class II Fund]
%	%	%	[American Century VP Value Fund]
%	%	%	[Dreyfus IP – Technology Growth Portfolio – Initial Shares]
%	%	%	[The Dreyfus Socially Responsible Growth Fund, Inc. – Initial Shares]
%	%	%	[Dreyfus Stock Index Fund, Inc. – Service Shares]
%	%	%	[DWS Capital Growth VIP – Class B Shares]
%	%	%	[DWS Global Opportunities VIP – Class B Shares]
%	%	%	[DWS Global Thematic VIP – Class B Shares]
%	%	%	[DWS International VIP – Class A Shares]
%	%	%	[Fidelity VIP Contrafund <sup>®</sup> Portfolio – Initial Class]
%	%	%	[Fidelity VIP Equity-Income Portfolio – Initial Class]
%	%	%	[Fidelity VIP Freedom Funds 2010 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2015 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2020 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2025 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Funds 2030 Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Freedom Income Fund Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Growth & Income Portfolio – Initial Class]
%	%	%	[Fidelity VIP Mid Cap Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Money Market Portfolio – Service Class 2]
%	%	%	[Fidelity VIP Overseas Portfolio Service Class 2]
%	%	%	[Franklin Flex Cap Growth Securities Fund – Class 2]
%	%	%	[Franklin Income Securities Fund – Class 2]
%	%	%	[Franklin Small Cap Value Securities Fund – Class 2]
%	%	%	[Franklin Small-Mid Cap Growth Securities Fund – Class 2]
%	%	%	[Franklin Templeton VIP Founding Funds Allocation Fund – Class 2]
%	%	%	[Franklin U.S. Government Fund – Class 2]
%	%	%	[Ibbotson Aggressive Growth ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Balanced ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Conservative ETF Asset Allocation Portfolio – Class II]
%	%	%	[Ibbotson Growth ETF Asset Allocation Portfolio – Class II]

Date Received (Home Office Use Only)

Investment Instructions (cont.)

Column 1: Initial Purchase Payment	Column 2: Subsequent Purchase Payments	Column 3: Scheduled Transfers	Investment Options
%	%	%	[Ibbotson Income and Growth ETF Asset Allocation Portfolio – Class II]
%	%	%	[JPMorgan Insurance Trust Mid Cap Value Portfolio]
%	%	%	[Mutual Shares Securities Fund – Class 2]
%	%	%	[Neuberger Berman AMT Guardian Portfolio – Class S]
%	%	%	[Neuberger Berman AMT Mid Cap Growth Portfolio – Class S]
%	%	%	[Neuberger Berman AMT Regency Portfolio – Class S]
%	%	%	[PIMCO All Asset Portfolio – Advisor Class Shares]
%	%	%	[PIMCO CommodityRealReturn™ Strategy Portfolio – Administrative Class Shares]
%	%	%	[Pioneer Emerging Markets VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Equity Income VCT Portfolio – Class II Shares]
%	%	%	[Pioneer High Yield VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Real Estate VCT Portfolio – Class II Shares]
%	%	%	[Pioneer Strategic Income VCT Portfolio – Class II Shares]
%	%	%	[Summit Balanced Index Portfolio]
%	%	%	[Summit Barclays Capital Aggregate Bond Index Portfolio]
%	%	%	[Summit EAFE International Index Portfolio – Class F]
%	%	%	[Summit NASDAQ – 100 Index Portfolio]
%	%	%	[Summit Russell 2000 Small Cap Index Portfolio – Class F]
%	%	%	[Summit S&P MidCap 400 Index Portfolio – Class F]
%	%	%	[Templeton Developing Markets Securities Fund – Class 2]
%	%	%	[Templeton Global Bond Securities Fund – Class 2]
%	%	%	[Templeton Growth Securities Fund – Class 2]
			Symetra Life Fixed Account
%	%	NA	1-year initial guaranteed interest period
%	NA	NA	[3-year] initial guaranteed interest period ([(\$1,000) minimum)
%	NA	NA	[5-year] initial guaranteed interest period ([(\$1,000) minimum)

Date Received (Home Office Use Only)

## TSA Information

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Please verify that the TSA Plan Information Sheet is on file with the Symetra Home Office. This application cannot be processed without verification of Employer's eligibility to sponsor a 403(b) Plan.

### Plans covered by ERISA:

This employee has satisfied all eligibility requirements to receive contributions under our plan. Furthermore, Joint & Survivor Annuity option disclaimers (if required by plan) are on file with the Plan Administrator.

Plan Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Contribution Frequency:

- |  |   |
|--|---|
| <input type="checkbox"/> Annual (01)       | <input type="checkbox"/> Bi-Weekly (26) |
| <input type="checkbox"/> Quarterly (04)    | <input type="checkbox"/> Weekly (52)    |
| <input type="checkbox"/> Monthly (12)      | <input type="checkbox"/> 10 Pay Periods |
| <input type="checkbox"/> Semi-Monthly (24) |   |
| <input type="checkbox"/> Other: _____      |   |

Deductions will begin the month of: \_\_\_\_\_

Month(s) to exclude: \_\_\_\_\_

Contribution per pay frequency:

\$ \_\_\_\_\_

Anticipated annual contributions (must be provided):

\$ \_\_\_\_\_

### Source of Contribution:

- Employer  Employee Salary Reduction

## Telephone Transfer Authorization

- I hereby authorize Symetra to accept and act on telephone instructions from me or any person(s) listed below regarding the transfer of funds between investment options of my variable annuity contract. This authorization will remain in effect until Symetra receives written revocation from me.

Symetra will employ reasonable procedures to confirm that instructions communicated by telephone are genuine. Symetra reserves the right to refuse telephone instructions from any caller when unable to confirm to Symetra's satisfaction that the caller is authorized to give those instructions.

To transfer by telephone, call Symetra at [1-800-SYMETRA (1-800-796-3872)]. All telephone transfer calls will be recorded. You or your authorized third party will be required to provide the identification information listed below. Written confirmation of transfer transaction(s) will be mailed to you.

Unless otherwise indicated, this form does not permit anyone else to exercise discretionary authority to effect transactions on your behalf without obtaining your prior authorization.

Full Name of Authorized Third Party \_\_\_\_\_

Identification Information: Owner's mother's maiden name \_\_\_\_\_

## Electronic Delivery

Symetra provides prospectus updates, semiannual reports, and annual reports to consenting Owners electronically. If you would like to receive these documents in electronic format, please complete this section.

You may incur costs when accessing these documents over the Internet, such as Internet Service Provider fees and charges for on-line time (including any time you may spend downloading the necessary software we have provided).

By choosing to receive e-mail notification when documents are available on the Internet, you accept the responsibility to provide us with a current e-mail address. If your e-mail address changes, please provide us with your new e-mail address as soon as possible. If your e-mail address proves to be invalid, your e-mail enrollment will be cancelled and we will mail you printed copies of the documents.

This consent will be in effect until you revoke it. You may revoke it any time by calling [1-800-SYMETRA (1-800-796-3872)]. If you consent to electronic delivery, at any time you also may request that we send you a paper copy.

- I would like to receive prospectus updates and financial reports over the Internet by accessing Symetra's Web site, [www.symetra.com]. I understand that I will receive notice that the documents are available on the Web site by an e-mail message sent to me.

Date Received (Home Office Use Only)

**Owner Statements and Certification (Please read and complete.)**

1. **Have you received a current prospectus?**  Yes  No
2. Would you like to receive a copy of the Statement of Additional Information (SAI)?  Yes  No
3. Do you have any existing life insurance policies or annuity contracts with this or any other company?  Yes  No
4. Will the annuity applied for here replace any annuity or life insurance from this or any other company?  Yes  No  
*If yes, please provide the company name and policy number.*

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

5. I acknowledge that my right to make withdrawals or surrenders is subject to any restrictions imposed by applicable law or retirement plans. Specifically, there are certain restrictions imposed on withdrawals of contracts used as funding vehicles for 403(b) retirement plans ("TSAs"). Withdrawals attributable to salary reduction contributions to TSAs for years after 1988 and any earnings accrued after 1988, cannot be taken out unless:
  - you attain age 59½;
  - you leave your job;
  - you die or become disabled as defined by the Code;
  - you experience a qualifying hardship (applies to contributions only); or
  - you divorce and a distribution to your former spouse is permitted under a Qualified Domestic Relations Order.

I also acknowledge that I understand that there are other investment alternatives available to me under the employer's Section 403(b) arrangement to which I may elect to transfer my contract value.

I declare that the statements and answers on this application are full, complete, and true, to the best of my knowledge and belief, and shall form a part of the annuity contract issued hereon. I understand and agree that any fees or taxes will be deducted from my purchase payments or contract value, as applicable.

Under penalties of perjury, I certify that the Social Security Number or Tax Identification Number listed on this application is correct and that I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding or the IRS has notified me that I am no longer subject to backup withholding.

**I understand that when annuity payments are based on investment performance of the Separate Account, the dollar amounts cannot be predicted or guaranteed.** With this in mind, I believe that the Contract is consistent with my financial needs.

Signature of Owner	Date
--------------------	------

Signed in the City and State of \_\_\_\_\_

**Agency/Agent Statements**

1. Does the Owner have any existing life insurance policies or annuity contracts with this or any other company?  Yes  No
2. Will the annuity applied for here replace any annuity or life insurance from this or any other company?  Yes  No  
If yes, I have attached the required state replacement forms, if applicable.
3. Agency's explanation of how this Contract will serve the Owner's needs: \_\_\_\_\_
4. Mail Contract directly to  Owner  Agent's Office for delivery to Owner
5. I hereby certify that the answers to the questions above are true to the best of my knowledge and belief.

Print Agent Name and Agency Name \_\_\_\_\_ Agent Stat # \_\_\_\_\_

Signature of Agent(s) \_\_\_\_\_ Address \_\_\_\_\_

Location/State ID # \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Date Received (Home Office Use Only)
--------------------------------------

**For Residents of Other States:** 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.

**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.

**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.

**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.

**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, and 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.

**Multi-State [California, Florida, Georgia, Louisiana, Nevada, Texas and Washington D.C.]:**

Florida residents only: 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.

**Residents of other states:** 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.

**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.

**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, 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.

Date Received (Home Office Use Only)
--------------------------------------

SERFF Tracking Number: SYMX-126160243 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 42433  
Company Tracking Number: LPC-1500 5/09  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.004 Modified Single Premium  
Product Name: LPC-1500 5/09 Spinnaker Application  
Project Name/Number: RS- Retirement Services/AV AR0010310F01

## 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>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Applications for review attached at Forms Tab <b>Comments:</b>		

	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>
LPC-1500 5/09	51.3
LPC-1532 5/09	50.2
LPC-1573 5/09	50.9

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



Name: Michael F. Murphy

Title: Assistant Vice President

Date: May 20, 2009

## Statement of Variability

LPC-1500 5/09, LPC-1532 5/09, LPC-1573 5/09

The following information is being filed in brackets:

Company Address & Telephone Number	In the future, the company name or address could change.
Web Site Address	In the future, a different web site address may be used.
Officer Signatures	In the future, different officers may be designated.
Product Name	In the future, the product name may change.
Separate Account Name	In the future, the separate account name may change.
Portfolio Names	Portfolio names are noted as variable as we may add or delete portfolios as investment options or the fund companies may change the names of the portfolios they offer.
Minimum contract value required	Value could change sometime in the future for scheduled transfers