

SERFF Tracking Number: SYMX-126256728 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 43134
Company Tracking Number: AF AR0002610F01
TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.004 Modified Single Premium
Product Name: RSA-0016 8/09 Fixed Deferred Annuity Application
Project Name/Number: RSA-0016 8/09 Fixed Deferred Annuity Application/AF AR0002610F01

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: RSA-0016 8/09 Fixed Deferred Annuity Application SERFF Tr Num: SYMX-126256728 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 43134

Sub-TOI: A02I.004 Modified Single Premium Co Tr Num: AF AR0002610F01 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Author: Symetra Life

Disposition Date: 08/10/2009

Date Submitted: 08/05/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 09/07/2009

Implementation Date:

State Filing Description:

General Information

Project Name: RSA-0016 8/09 Fixed Deferred Annuity Application

Status of Filing in Domicile: Not Filed

Project Number: AF AR0002610F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Not filed yet.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/10/2009

Explanation for Other Group Market Type:

State Status Changed: 08/10/2009

Deemer Date:

Created By: Symetra Life

Submitted By: Symetra Life

Corresponding Filing Tracking Number:

Filing Description:

Symetra Life Insurance Company

NAIC# 1129-68608

FEIN# 91-0742147

RSA-0016 8/09 - Fixed Deferred Annuity Application

On behalf of Symetra Life Insurance Company, please find enclosed for your review and approval the above referenced

SERFF Tracking Number: SYMX-126256728 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 43134
 Company Tracking Number: AF AR0002610F01
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.004 Modified Single Premium
 Variable
 Product Name: RSA-0016 8/09 Fixed Deferred Annuity Application
 Project Name/Number: RSA-0016 8/09 Fixed Deferred Annuity Application/AF AR0002610F01

form number. This is a new filing and the referenced form replaces no other form currently in use by Symetra. This form does not deviate from company or industry standards. Symetra will begin use of this form upon approval by your state.

The Flesch Score for RSA-0016 8/09 is 51.1.

The RSA-0016 8/09 Application will be used with all approved fixed deferred annuity contracts approved by your department.

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

Company and Contact

Filing Contact Information

Rae Anne O'Keefe, State Filings Coordinator raeanne.okeefe@Symetra.com
 P.O. Box 34690 SC-11 425-256-8000 [Phone] 68210 [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	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 x \$20.00 = \$20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$20.00	08/05/2009	29650235

SERFF Tracking Number: SYMX-126256728 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 43134
Company Tracking Number: AF AR0002610F01
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.004 Modified Single Premium
Variable
Product Name: RSA-0016 8/09 Fixed Deferred Annuity Application
Project Name/Number: RSA-0016 8/09 Fixed Deferred Annuity Application/AF AR0002610F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/10/2009	08/10/2009

SERFF Tracking Number: SYMX-126256728 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 43134
Company Tracking Number: AF AR0002610F01
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.004 Modified Single Premium
Variable
Product Name: RSA-0016 8/09 Fixed Deferred Annuity Application
Project Name/Number: RSA-0016 8/09 Fixed Deferred Annuity Application/AF AR0002610F01

Disposition

Disposition Date: 08/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

FIXED DEFERRED ANNUITY APPLICATION

Product: _____

[If applicable – Initial Interest Rate Guarantee Period: 1-Year 2-Year 3-Year 4-Year 5-Year 6-Year 7-Year 8-Year
9-Year 10-Year]

[Guaranteed Return of Purchase Payment Yes No]

The contract being purchased may be subject to product surrender charges, income tax withholding, and a 10% IRS penalty for distributions taken prior to age 59 1/2. Please review your contract and consult with a tax advisor.

Order Number: _____ Submitted: _____ Brokerage Account: _____

Account Designation: _____ Owner Type: _____ IRS Plan Type: _____

Contract Entities:

Owner

Name (first, middle initial, last)		SSN	
Address		Phone No.	
Date of Birth	Trust	Sex	Citizenship
_____	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Joint Owner

Name (first, middle initial, last)		Relation to Owner		SSN
Address		Phone No.		
Date of Birth	Trust	Sex	Citizenship	Email
_____	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

Annuitant

Name (first, middle initial, last)		Relation to Owner		SSN
Address		Phone No.		
Date of Birth	Trust	Sex	Citizenship	Email
_____	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

Joint Annuitant

Name (first, middle initial, last)		Relation to Owner		SSN
Address		Phone No.		
Date of Birth	Trust	Sex	Citizenship	Email
_____	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

Beneficiaries

Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Primary	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%
Contingent	Name (first, middle initial, last)	Relation to Owner	SSN	%

Payments

Money Source _____ Amount \$ _____ Tax Year _____

Payment Method _____

Ceding Carrier _____ Surrendered Policy _____

Money Source _____ Amount \$ _____ Tax Year _____

Payment Method _____

Ceding Carrier _____ Surrendered Policy _____

Money Source _____ Amount \$ _____ Tax Year _____

Payment Method _____

Ceding Carrier _____ Surrendered Policy _____

[] More than 3 Payments

Agent/Representative Firm Name: _____

Agent Printed Name _____ State License No. _____ Split% _____ Agency No. _____

Agent Printed Name _____ State License No. _____ Split% _____ Agency No. _____

Agent Printed Name _____ State License No. _____ Split% _____ Agency No. _____

Agent Printed Name _____ State License No. _____ Split% _____ Agency No. _____

[] More than 4 Agents

Owner's Do you have any existing life insurance or annuity contracts with this or any other company?

Statement and Yes (complete any state specific replacement forms, if required) No

Signatures

Will this contract replace any existing annuity or insurance contract with this or any other company?

Yes (complete the following and submit state specific replacement forms, if required) No

Company Name _____ Contract No. _____

Company Name _____ Contract No. _____

Under penalties of perjury, I certify that the Social Security or Tax ID number listed on this application is correct. 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 that I am purchasing an annuity contract. I believe that this contract is consistent with my financial needs and that the replacement information is correct.

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I have read and understand the important disclosures located on this application.

Owner's Signature

Joint Owner's Signature (if applicable)

Signed at (city, state)

Date

Agency To the best of my knowledge the owner has an existing annuity or life insurance policy or contract?

Statement Yes (complete any state specific replacement forms, if required) No

Do you have any reason to believe the annuity applied for will replace or change any existing annuity or life insurance?

Yes (complete any state specific replacement forms, if required) No

Did the agent/registered representative present and leave the applicant insurer-approved sales material?

Yes No

I have reviewed the applicant's financial status and objective and find this coverage is appropriate for his/her needs.

I certify that I have truly and accurately recorded on the application the information provided by the applicant.

Licensed Primary Agent's Signature

Agency Name and Phone No.

State License No.

Agent No.

Signed (county) _____, (state) _____ Date _____

Deliver Contract to Agent Deliver Contract to Owner

Fraud Warning/Disclosures

In some states we are required to disclose to you the following:

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.

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.

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.

Connecticut: I was provided and reviewed an illustration at the minimum guaranteed rate.

[Select 3, Custom 4, 5, 6, 7, 8, 9 and 10 guarantees a minimum interest rate of no less than [2.00%] while the surrender charge percentage exceeds 0% and will never be less than [1.50%] thereafter.] These rates may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.

Owner's Signature _____ Joint Owner's Signature (if applicable) _____

Signature of Agent _____

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 or a 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.

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Symetra Life Insurance Company

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

Form Number	Score
RSA-0016 8/09	51.1

Signed: _____



Name: Michael F. Murphy

Title: Assistant Vice President

Date: 8/5/09