

SERFF Tracking Number: SYMX-126297959 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 43450
Company Tracking Number: LIA-25 8/09
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: LIA-25 8/09 & LIA-75 8/09 Cash Refund Option
Project Name/Number: IA- Income Annuities/AF AR0014710F01

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: LIA-25 8/09 & LIA-75 8/09 Cash SERFF Tr Num: SYMX-126297959 State: Arkansas

Refund Option

TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 43450

Sub-TOI: A02I.003 Single Premium

Co Tr Num: LIA-25 8/09

State Status: Approved-Closed

Filing Type: Form

Author: Symetra Life

Reviewer(s): Linda Bird

Date Submitted: 09/09/2009

Disposition Date: 09/15/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 09/30/2009

Implementation Date:

State Filing Description:

General Information

Project Name: IA- Income Annuities

Status of Filing in Domicile: Pending

Project Number: AF AR0014710F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/15/2009

Explanation for Other Group Market Type:

State Status Changed: 09/15/2009

Deemer Date:

Created By: Symetra Life

Submitted By: Symetra Life

Corresponding Filing Tracking Number:

Filing Description:

RE: Symetra Life Insurance Company

NAIC No. 1129-68608, FEIN: 91-0742147

Form numbers: LIA-75 8/09 Single Premium Deferred Payout Annuity Application

LIA-25 8/09 Single Premium Immediate Annuity Application

Dear Sir or Madam,

SERFF Tracking Number: SYMX-126297959 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 43450
Company Tracking Number: LIA-25 8/09
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: LIA-25 8/09 & LIA-75 8/09 Cash Refund Option
Project Name/Number: IA- Income Annuities/AF AR0014710F01

On behalf of Symetra Life Insurance Company, please find enclosed for your review and approval the above referenced forms. This is a new filing and the referenced forms replace no other forms currently in use by Symetra. These forms do not deviate from company or industry standards.

LIA-75 8/09 is a new form and replaces application LIA-75 10/08, approved in your state on December 16, 2008. This application will be used with contracts LIA-76 2/08 and LIA-80 3/08, approved in your state on April 8, 2008.

LIA-25 8/09 is a new form and replaces application LIA-25 4/06, approved in your state on June 5, 2006. This application will be used with contracts LIA-26 7/00 and LIA-27 7/00, approved in your state on December 12, 2000.

The only changes to these applications are the addition of a Single Life with Cash Refund option to the Payout Options section and the change in the Joint & Survivor Life Payout Options from 50%, 66 2/3% and 100% to 25% to 100%. We will begin using the new forms when approval is received.

This product is designed and manufactured to be sold across multiple markets, serviced by various distribution channels at Symetra Life. Thorough product training is provided to these distribution channels for all distributors.

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 Unit
(425) 256-549
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

CoCode: 68608

State of Domicile: Washington

SERFF Tracking Number: SYMX-126297959 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 43450
Company Tracking Number: LIA-25 8/09
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.003 Single Premium
Variable
Product Name: LIA-25 8/09 & LIA-75 8/09 Cash Refund Option
Project Name/Number: IA- Income Annuities/AF AR0014710F01

Disposition

Disposition Date: 09/15/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-126297959 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 43450
 Company Tracking Number: LIA-25 8/09
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: LIA-25 8/09 & LIA-75 8/09 Cash Refund Option
 Project Name/Number: IA- Income Annuities/AF AR0014710F01

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	LIA-75 8/09 Statement of Variability		Yes
Supporting Document	LIA-25 8/09 Statement of Variability		Yes
Form	Single Premium Immediate Annuity		Yes
	Application		
Form	Single Premium Deferred Payout Annuity		Yes
	Application		

SERFF Tracking Number: SYMX-126297959 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 43450
 Company Tracking Number: LIA-25 8/09
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: LIA-25 8/09 & LIA-75 8/09 Cash Refund Option
 Project Name/Number: IA- Income Annuities/AF AR0014710F01

Form Schedule

Lead Form Number: LIA-25 8/09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIA-25 8/09	Application/ Enrollment Form	Single Premium Immediate Annuity Application	Initial		55.600	LIA-25 8_09.PDF
	LIA-75 8/09	Application/ Enrollment Form	Single Premium Deferred Payout Annuity Application	Initial		50.000	LIA-75 8_09.PDF

30-DAY RIGHT TO EXAMINE THE CONTRACT: ON THE OWNER'S WRITTEN REQUEST, SYMETRA LIFE IS REQUIRED TO PROVIDE WITHIN A REASONABLE TIME REASONABLE FACTUAL INFORMATION REGARDING THE BENEFITS AND PROVISIONS OF THIS CONTRACT. IF FOR ANY REASON THE OWNER IS NOT SATISFIED WITH THIS CONTRACT, THE OWNER MAY RETURN THIS CONTRACT WITHIN 30 DAYS AFTER IT IS DELIVERED AND RECEIVE A REFUND OF ALL MONIES PAID.

[ADVANTAGE INCOME]

Single Premium Immediate Annuity Application

Page 1 of [4]

A. Contract Type Qualified Non-Qualified

B. Transfer Information IRC 1035 Exchange Non-Direct Rollover Direct Rollover Direct Transfer [Roth Transfer]

C. Purchase Payment \$ _____ Minimum [\$5,000-\$10,000]

D. Payment Start Date ____/____/____

E. Annuity Payment Frequency Monthly Quarterly Semi-Annually Annually

F. Annuity Payment Amount \$ _____

G. Annual Payment Increase _____ % [up to .1% - 6½%]
(optional)

H. Payout Option Period Certain – Payments guaranteed for a certain period.
(select one) Number of Years: _____ [minimum 3-5 year period]

Single Life – Payments for the Annuitant's life. No payments are guaranteed under this option.

Single Life with Period Certain – Payments for the longer of the Annuitant's life or the certain period.
Number of Years Certain: _____

Single Life with Installment Refund – Payments for the Annuitant's life. Payments continue to Beneficiary, at the same payment frequency, until the Purchase Payment has been recovered.
Calculated number of certain payments: _____

Single Life with Cash Refund – Payments for the Annuitant's life. Beneficiary receives unrecovered Purchase Payment in a lump sum.

Joint and Survivor Life – Payments for the Annuitant's and Joint Annuitant's life. The payments continue at the survivorship percentage until the surviving Annuitant dies.
If Annuitant survives, payments continue at: _____ % [(25% - 100%)]
If Joint Annuitant survives, payments continue at: _____ % [(25% - 100%)]

Joint and Survivor Life with Period Certain – Payments for the longer of the Annuitant's life, the Joint Annuitant's life, or the certain period.
Number of Years Certain: _____
If Annuitant survives, payments continue at: _____ % [(25% - 100%)]
If Joint Annuitant survives, payments continue at: _____ % [(25% - 100%)]

Joint and Survivor Life with Installment Refund – Payments for the Annuitant's and Joint Annuitant's life. Payments continue to Beneficiary, at the same payment frequency, until the Purchase Payment has been recovered.
Calculated number of certain payments: _____
If Annuitant survives, payments continue at: _____ % [(25% - 100%)]
If Joint Annuitant survives, payments continue at: _____ % [(25% - 100%)]

Joint and Survivor Life with Cash Refund – Payments for the Annuitant's and Joint Annuitant's life. Beneficiary receives unrecovered Purchase Payment in a lump sum.
If Annuitant survives, payments continue at: _____ % [(25% - 100%)]
If Joint Annuitant survives, payments continue at: _____ % [(25% - 100%)]

I. Owner

*(Owner must be Annuitant for Qualified)
Maximum issue age [85-100]*

Name (first, middle initial, last)		SSN or TIN
Address (number and street, city, state, zip)		
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)

J. Joint Owner

*(Non-Qualified only)
Maximum issue age [85-100]*

Name (first, middle initial, last)		SSN or TIN
Address (number and street, city, state, zip)		
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)

K. Annuitant

*(if other than the Owner)
Maximum issue age [85-100]*

Name (first, middle initial, last)		SSN or TIN
Address (number and street, city, state, zip)		
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)

L. Joint Annuitant

*(if other than the Joint Owner)
Maximum issue age [85-100]*

Name (first, middle initial, last)		SSN or TIN
Address (number and street, city, state, zip)		
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)

M. Beneficiaries

*Percentage must total 100% for each category
P - primary
C - contingent*

	Name (first, middle initial, last)	Date of Birth	SSN or TIN	Relationship to Owner	Percentage(%)
<input type="checkbox"/> P					
<input type="checkbox"/> P					
<input type="checkbox"/> C					
<input type="checkbox"/> P					
<input type="checkbox"/> C					

Please attach a separate, signed, dated page for additional beneficiaries. Do not indicate multiple beneficiaries as a group — e.g. "All Children of Owner" Do not use "per stirpes" designation.

N. Commutation to Beneficiary Option

(required in MD if Period Certain only)

If the last Annuitant dies before the end of the Period Certain, the Beneficiary may request a commuted value of remaining guaranteed payments. Applies only if Period Certain or Installment Refund is included. Not available with Cash Refund option.

Do you wish to include this option? Yes No

O. Owner Statements

- Do you have any existing life insurance or annuity contracts with this or any other company? Yes No
- Will this contract replace any existing annuity or insurance contract with this or any other company? Yes No
If yes, please complete the following and complete and attach appropriate state-required replacement forms to this application:

Policy No.	Type	Company Name
Policy No.	Type	Company Name

3. Federal/State Withholding Election:

- Elect Federal Income Tax Withholding: Withhold at a rate of _____% (not less than 10%) from each annuity payment.
- Waive Federal Income Tax Withholding: I elect to waive Federal Income Tax withholding. I understand I am liable for the payment of Federal Income Tax on the amount received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.
- State Income Tax Withholding: [CA, GA, IA, MA, ME, OK, OR, VT, VA] are mandatory withholding states and State Income Tax will be withheld according to state requirements if Federal Income Tax is elected.
Elect to withhold State Income Tax? Yes No
Withhold \$_____ or _____% of my taxable distribution or _____% of my Federal Income Tax.

O. Owner Statements
(continued)

4. Payment Instructions:

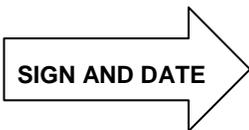
- Mail Check to the Owner Annuitant
 at the address listed on page one at the following address:

Address

- Direct Deposit into Checking Account Savings Account (voided check or deposit slip must be attached)

By instructing Symetra Life to electronically direct deposit funds into my account, I agree that this deposit will meet any payment obligation for which Symetra makes the deposit and allow Symetra to make debit and credit entries to correct any error made in crediting my account.

5. 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.



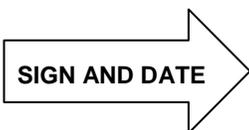
Owner's Signature	Joint Owner's Signature (if applicable)
Signed at (city, state)	Date

P. Agency/ Agent Statements

- Does the owner have any existing life insurance policies or annuity contracts with this or any other company?
 Yes No
- Will this contract replace any existing annuity or insurance contract with this or any other company?
 Yes No If yes, I have attached state-required replacement forms.
- Agency's explanation of how this contract serves the Owner's needs:
 Needs defined income stream
 Other / Additional information, please explain:

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.



Agent Name (print)	Agent Stat No.
Agency Name	
Signature of Agent	Date
Agent Location/State ID No.	Telephone

Q. Fraud Warning

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.

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.

Q. Fraud Warning
(continued)

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.

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.

Residents of California, Georgia, Louisiana, Nevada, Texas and Washington D.C.:

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.

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.

**R. Home Office
Use Only**

30-DAY RIGHT TO EXAMINE THE CONTRACT: ON THE OWNER'S WRITTEN REQUEST, SYMETRA LIFE IS REQUIRED TO PROVIDE WITHIN A REASONABLE TIME REASONABLE FACTUAL INFORMATION REGARDING THE BENEFITS AND PROVISIONS OF THIS CONTRACT. IF FOR ANY REASON THE OWNER IS NOT SATISFIED WITH THIS CONTRACT, THE OWNER MAY RETURN THIS CONTRACT WITHIN 30 DAYS AFTER IT IS DELIVERED AND RECEIVE A REFUND OF ALL MONIES PAID

[Freedom Income]

Single Premium Deferred Payout Annuity Application

A. Contract Type Qualified Non-Qualified

B. Transfer Information IRC 1035 Exchange Non-Direct Rollover Direct Rollover Direct Transfer [Roth Transfer]

C. Purchase Payment \$ _____ *Minimum [\$5,000 – \$20,000]*

D. Payment Start Date ____/____/____ [No more than [45-60]years from purchase date OR age [85-100],whichever occurs first]

E. Annuity Payment Frequency Monthly Quarterly Semi-Annually Annually

F. Annuity Payment Amount \$ _____

G. Annual Payment Increase _____% *[Up to .1%- 6½%]*
(optional)

H. Payout Option Period Certain – Payments guaranteed for a certain period.
Number of Years: _____ *[minimum 3- 5 year period]*

To be paid only if Owner and Annuitant are alive on Payment Start Date.

Single Life – Payments for the Annuitant’s life. No payments are guaranteed under this option.

Single Life with Period Certain – Payments for the longer of the Annuitant’s life or the certain period.
Number of Years Certain: _____

Single Life with Installment Refund – Payments for the Annuitant’s life. Payments continue to Beneficiary, at the same payment frequency, until the Purchase payment has been recovered.

Calculated number of certain payments: _____

If you choose a Life option, proof of age, such as a Driver’s License, Passport or Birth Certificate must be submitted

Single Life with Cash Refund – Payments for the Annuitant’s life. Beneficiary receives unrecovered Purchase Payment in lump sum.

Joint and Survivor Life – Payments for the Annuitant’s and Joint Annuitant’s life. The payments continue at the survivorship percentage until the surviving Annuitant dies.

If Annuitant survives, payments continue at: _____% *[(25% - 100%)]*

If Joint Annuitant survives, payments continue at: _____% *[(25% - 100%)]*

Joint and Survivor Life with Period Certain – Payments for the longer of the Annuitant’s life, the Joint Annuitant’s life, or the certain period.

Number of Years Certain: _____

If Annuitant survives, payments continue at: _____% *[(25% - 100%)]*

If Joint Annuitant survives, payments continue at: _____% *[(25% - 100%)]*

Joint and Survivor Life with Installment Refund – Payments for the Annuitant’s and Joint Annuitant’s life. Payments continue to Beneficiary, at the same payment frequency, until the Purchase Payment has been recovered.

Calculated number of certain payments: _____

If Annuitant survives, payments continue at: _____% *[(25% - 100%)]*

If Joint Annuitant survives, payments continue at: _____% *[(25% - 100%)]*

Joint and Survivor Life with Cash Refund – Payments for the Annuitant’s and Joint Annuitant’s life. Beneficiary receives Unrecovered Purchase Payment in a lump sum.

If Annuitant survives, payments continue at: _____% *[(25% - 100%)]*

If Joint Annuitant survives, payments continue at: _____% *[(25% - 100%)]*

I. Owner

For Qualified, Owner must be Annuitant.
 [For Non-Qualified, if Owner is a natural person, Owner must be Annuitant.]

Maximum issue age
 [85-100]

Name (first, middle initial, last)		SSN or TIN
Address (number and street, city, state, zip)		
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)

J. Joint Owner

Optional, Non-Qualified Only.
 [Joint Owner must be spouse or Civil Union Partner of Owner. Must also be named Joint Annuitant.]

Maximum issue age
 [85-100]

Name (first, middle initial, last)		SSN or TIN
Address (number and street, city, state, zip)		
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)

K. Annuitant

(if other than the Owner)
 Maximum issue age
 [85-100]

Name (first, middle initial, last)		SSN or TIN
Address (number and street, city, state, zip)		
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)

L. Joint Annuitant

(if other than the Joint Owner)
 Maximum issue age
 [85-100]

Name (first, middle initial, last)		SSN or TIN
Address (number and street, city, state, zip)		
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Contact Phone No. (include area code)

M. Death Benefit Option

(select one)

No Death Benefit During Deferral Period
 This option provides no death benefit prior to the Payment Start Date. Annuity payments will be larger with this option compared to a plan with Death Benefit. **Cash Refund, Installment Refund or Period Certain Payments will not be made if Owner or Annuitant dies prior to Payment Start Date.**

Provide Death Benefit During Deferral Period
 This option provides a death benefit if an Owner or Annuitant dies prior to the Payment Start Date. This option lowers your annuity payments.

N. Beneficiaries

Percentage must total 100% for each category
 P - primary
 C - contingent

	Name (first, middle initial, last)	Date of Birth	SSN or TIN	Relationship to Owner	Percentage(%)
<input type="checkbox"/> P					
<input type="checkbox"/> P					
<input type="checkbox"/> C					
<input type="checkbox"/> P					
<input type="checkbox"/> C					

Please attach a separate, signed, dated page for additional beneficiaries. Do not indicate multiple beneficiaries as a group — e.g. "All Children of Owner" Do not use "per stirpes" designation.

O. Commutation to Beneficiary Option

(Not available in WA. Required in MD if Period Certain only)

If the last Annuitant dies on or after the Payment Start Date and before the end of the Period Certain, the Beneficiary may request a commuted value of remaining guaranteed payments. Applies only if Period Certain or Installment Refund is included. Not available with Cash Refund option.
 Do you wish to include this option? Yes No

P. Owner Statements

1. Do you have any existing life insurance or annuity contracts with this or any other company? Yes No
 2. Will this contract replace any existing annuity or insurance contract with this or any other company? Yes No
 If yes, please complete the following and complete and attach appropriate state-required replacement forms to this application:

Policy No.	Type	Company Name
Policy No.	Type	Company Name

P. Owner Statements
(continued)

3. Federal/State Withholding Election:

- Elect Federal Income Tax Withholding: Withhold at a rate of _____% (not less than 10%) from each annuity payment.
- Waive Federal Income Tax Withholding: I elect to waive Federal Income Tax withholding. I understand I am liable for the payment of Federal Income Tax on the amount received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.
- State Income Tax Withholding: [CA, GA, IA, MA, ME, OK, OR, VT, VA] are mandatory withholding states and State Income Tax will be withheld according to state requirements if Federal Income Tax is elected.
Elect to withhold State Income Tax? Yes No
Withhold \$_____ or _____% of my taxable distribution or _____% of my Federal Income Tax.

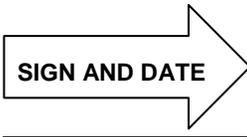
4. Payment Instructions:

- Mail Check to the Owner Annuitant
 at the address listed on page one at the following address:

Address _____

- Direct Deposit into Checking Account Savings Account *(voided check or deposit slip must be attached)*
By instructing Symetra Life to electronically direct deposit funds into my account, I agree that this deposit will meet any payment obligation for which Symetra makes the deposit and allow Symetra to make debit and credit entries to correct any error made in crediting my account.

5. 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.

	Owner's Signature	Joint Owner's Signature (if applicable)
	Signed at (city, state)	Date

Q. 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 this contract replace any existing annuity or insurance contract with this or any other company?
 Yes No If yes, I have attached state-required replacement forms.
- 3. Agency's explanation of how this contract serves the Owner's needs:
 Needs defined income stream
 Other: / Additional information, please explain.

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.

Agent Name (print)	Agent Stat No.
Agency Name	
Signature of Agent	Date
Agent Location/State ID No.	Telephone



R. Fraud Warning **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.

R. Fraud Warning*(continued)*

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.

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.

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.

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.

**S. Home Office
Use Only**

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
LIA-25 8/09	55.6
LIA-75 8/09	50.0

Signed: _____



Name:

Michael F. Murphy

Title:

Assistant Vice President

Date:

September 9, 2009

Variable Materials for Form LIA-75 8/09

The following items are being filed in brackets:

Product Marketing Name

Freedom Income - May change for marketing purposes in the future

Minimum Purchase Payment

\$5,000 - \$20,000 - Reflects the purchase payment made by the client

Payment Start Date

Payment Start Date will be no more than 45-60 years from purchase date, or age 85-100, whichever occurs first

Annual Payment Increase

Annuity Payment may increase from .1% to 6 ½ % per year - amount is chosen at time of application

Period Certain

Period during which payments are guaranteed - minimum 3 to 5 years, chosen at time of application

Owner

The bracketed language was added to reinforce the contract requirements for consumers and to prevent misunderstanding. Currently, for non-qualified contracts the Owner must be the Annuitant. However, this could change in the future, and the Owner could be other than the Annuitant. In this case, the bracketed language will be removed and no other language will be substituted.

Joint Owner

The bracketed language was added to reinforce the contract requirements for consumers and to prevent misunderstanding. Currently, a Joint Owner must be the spouse or (in some states) the Civil Union Partner of the Owner and must also be named Joint Annuitant. However, this could change in the future, and the Joint Owner could be other than the Owner's spouse or Civil Union Partner. In this case, the bracketed language will be removed and no other language will be substituted.

Maximum issue age

Owner Maximum Issue Age: 85-100

Joint Owner Maximum Issue Age: 85-100

Annuitant Maximum Issue Age: 85-100

Joint Annuitant Maximum issue age: 85-100

Joint and Survivor Life Payout Options Survivorship Percentage

Payments will continue from 25% to 100%, chosen at the time of application

Variable Materials for Form LIA-25 8/09

The following items are being filed in brackets:

Product Marketing Name

Freedom Income - May change for marketing purposes in the future

Minimum Purchase Payment

\$5,000 - \$10,000 - Reflects the purchase payment made by the client

Annual Payment Increase

Annuity Payment may increase from .1% to 6 ½ % per year - amount is chosen at time of application

Period Certain

Period during which payments are guaranteed - minimum 3 to 5 years, chosen at time of application

Joint and Survivor Life Payout Options Survivorship Percentage

Payments will continue from 25% to 100%, chosen at the time of application

Maximum issue age

Owner Maximum Issue Age: 85-100

Joint Owner Maximum Issue Age: 85-100

Annuitant Maximum Issue Age: 85-100

Joint Annuitant Maximum issue age: 85-100