

SERFF Tracking Number: SYMX-126646133 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 45778
Company Tracking Number: RSE-0069 5/10
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: Managed Advisory Program Rider
Project Name/Number: RS- Retirement Services/AV AR0020810F01

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: Managed Advisory Program SERFF Tr Num: SYMX-126646133 State: Arkansas

Rider

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 45778
Closed

Sub-TOI: A03G.002 Flexible Premium

Co Tr Num: RSE-0069 5/10

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Symetra Life

Disposition Date: 06/01/2010

Date Submitted: 05/25/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 06/21/2010

Implementation Date:

State Filing Description:

General Information

Project Name: RS- Retirement Services

Status of Filing in Domicile: Pending

Project Number: AV AR0020810F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 06/01/2010

Explanation for Other Group Market Type:

State Status Changed: 05/26/2010

Deemer Date:

Created By: Symetra Life

Submitted By: Symetra Life

Corresponding Filing Tracking Number:

Filing Description:

RE: Symetra Life Insurance Company NAIC# 1129-68608 FEIN# 91-0742147

RSE-0069 5/10 Managed Advisory Program Rider

Forms included for review:

RSE-0069 5/10-Managed Advisory Program Rider

RSA-0018 5/10-Managed Advisory Program Master Application

RSA-0019 5/10-Managed Advisory Program Enrollment Application

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RSC-0091 D 5/10-Contract Schedule Page-Main
RSC-0092 D 5/10-Contract Schedule Page-Alternate
RSC-0096 D 5/10-Certificate Schedule Page-Main
RSC-0097 D 5/10-Certificate Schedule Page-Alternate

Dear Sir or Madam,

On behalf of Symetra Life Insurance Company, please find enclosed for your review and approval the above referenced forms. This submission contains no unusual or possibly controversial items from normal company or industry standards.

Form RSE-0069 5/10 is an optional rider for our new Managed Advisory Program. It is a new form and will not replace an existing form. This rider is optional and is available to Contractholders of our approved Contract RSC-0089 7/09 or Participants of our approved Certificate RSC-0094 7/09. Both forms were filed under SERFF filing number SYMX-126282006 (state filing number 43346) and approved on September 16, 2009. The approved Contract and Certificate have not had any sales in your state.

The program is an optional asset allocation program that provides the Participant with investment advice services. There is a fee for the program which is disclosed in the rider provision and added to the new schedule pages listed above. The program allows the Participant to accept or reject recommendations from the program as well as change their investment profiles to obtain another Managed Portfolio recommendation. The rider also allows the Participant the option to terminate or opt out of the program at any time.

We are withdrawing the currently approved schedule pages RSC-0091 D 7/09, RSC-0092 D 7/09, RSC-0096 D 7/09, and RSC-0097/ D 7/09 and replacing them with new form numbers, as noted above. The only change made to the schedule pages is the rider fee information.

In addition, we are submitting forms RSC-0018/ 5/10, and RSC-0019 5/10 for review and approval. Both are flexible premium deferred group variable annuity applications. They are new forms and will not replace any existing forms. These forms are similar to forms RSA-0014 7/09 and RSC-0015 7/09 filed under SERFF filing number SYMX-126282006 (state filing number 43346) and approved on September 16, 2009. The only difference is the option to enroll in the Managed Advisory Program.

These are variable forms that are securities and subject to federal jurisdiction, and accordingly the Flesch requirements do not apply.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

The forms are submitted in final print and subject to only minor modification in paper size, stock, ink, border, Company

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logo and adaptation to electronic media or computer printing. At some point in the future, our Company may decide to change the policy print system that currently generates the above referenced contract, data page and related contract policy forms. In this event, it is our understanding that certain print functions pertaining to a new policy print system may slightly alter the appearance and pagination but not the text of the policy forms.

Should you have any questions, please contact me toll free at (800) 796-3872 ext. 65495, or via electronic mail at linda.porter@symetra.com.

Sincerely,

Linda Porter
Symetra Life Insurance Company
Insurance Compliance Unit
(425) 256-5495

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

Filing Fees

Fee Required? Yes
Fee Amount: \$350.00
Retaliatory? No
Fee Explanation: 1 rider, 2 applications, 4 data pages - each @\$50.00 =\$350.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$350.00	05/25/2010	36815475

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/01/2010	06/01/2010
Approved-Closed	Linda Bird	05/26/2010	05/26/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Contract Schedule Page-Main	Symetra Life	05/27/2010	05/27/2010
Form	Contract Schedule Page-Alternate	Symetra Life	05/27/2010	05/27/2010
Form	Certificate Schedule Page-Main	Symetra Life	05/27/2010	05/27/2010
Form	Certificate Schedule Page-Alternate	Symetra Life	05/27/2010	05/27/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-Open Filing	Note To Filer	Linda Bird	05/27/2010	05/27/2010
Re-Open Filing	Note To Reviewer	Symetra Life	05/27/2010	05/27/2010

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Disposition

Disposition Date: 06/01/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has made changes to the schedule pages.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Managed Advisory Program Rider		Yes
Form	Managed Advisory Program Master		Yes
	Application		
Form	Managed Advisory Program Enrollment		Yes
	Application		
Form (revised)	Contract Schedule Page-Main		Yes
Form	Contract Schedule Page-Main	Replaced	Yes
Form (revised)	Contract Schedule Page-Alternate		Yes
Form	Contract Schedule Page-Alternate	Replaced	Yes
Form (revised)	Certificate Schedule Page-Main		Yes
Form	Certificate Schedule Page-Main	Replaced	Yes
Form (revised)	Certificate Schedule Page-Alternate		Yes
Form	Certificate Schedule Page-Alternate	Replaced	Yes

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Disposition

Disposition Date: 05/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: Managed Advisory Program Rider
 Project Name/Number: RS- Retirement Services/AV AR0020810F01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Managed Advisory Program Rider		Yes
Form	Managed Advisory Program Master Application		Yes
Form	Managed Advisory Program Enrollment Application		Yes
Form (revised)	Contract Schedule Page-Main		Yes
Form	Contract Schedule Page-Main	Replaced	Yes
Form (revised)	Contract Schedule Page-Alternate		Yes
Form	Contract Schedule Page-Alternate	Replaced	Yes
Form (revised)	Certificate Schedule Page-Main		Yes
Form	Certificate Schedule Page-Main	Replaced	Yes
Form (revised)	Certificate Schedule Page-Alternate		Yes
Form	Certificate Schedule Page-Alternate	Replaced	Yes

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Amendment Letter

Submitted Date: 05/27/2010

Comments:

Thank you for re-opening this filing. I appreciate your help.

I have attached revised Schedule Pages, as we found that a slight change was necessary. In the "Mortality and Expense Risk Charge" section the word "portfolio" was changed to "subaccount".

I certify that this is the only change made to the forms. In all other respects, the forms are the same as the initially submitted forms.

Linda Porter, Symetra Life Insurance Co.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
RSC-0091 D 5/10	Schedule Pages	Contract Schedule Page-Main	Revised				0.000	RSC-0091 D 5_10.PDF
RSC-0092 D 5/10	Schedule Pages	Contract Schedule Page- Alternate	Revised				0.000	RSC-0092 D 5_10.PDF
RSC-0096 D 5/10	Schedule Pages	Certificate Schedule Page-Main	Revised				0.000	RSC-0096 D 5_10.PDF
RSC-0097 5/10	Schedule Pages	Certificate Schedule Page- Alternate	Revised				0.000	RSC-0097 5_10.PDF

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Note To Filer

Created By:

Linda Bird on 05/27/2010 09:39 AM

Last Edited By:

Linda Bird

Submitted On:

05/27/2010 09:39 AM

Subject:

Re-Open Filing

Comments:

Filing has been re-oped in order for revised forms to be submitted.

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Note To Reviewer

Created By:

Symetra Life on 05/27/2010 09:09 AM

Last Edited By:

Symetra Life

Submitted On:

05/27/2010 09:09 AM

Subject:

Re-Open Filing

Comments:

We have found that it is necessary to make a small change to the schedule pages in this filing. Will you please re-open the filing so revised forms can be attached? Thank you.

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Form Schedule

Lead Form Number: RSE-0069 5/10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RSE-0069 5/10	Policy/Cont	Managed Advisory ract/Fratern al Certificate	Initial		0.000	RSE-0069 5_10.PDF
	RSA-0018 5/10	Application/	Managed Advisory Enrollment Form Application	Initial		0.000	RSA-0018 5_10.PDF
	RSA-0019 5/10	Application/	Managed Advisory Enrollment Form Application	Initial		0.000	RSA-0019 5_10.PDF
	RSC-0091 D 5/10	Schedule Pages	Contract Schedule Page-Main	Revised	Replaced Form #: Previous Filing #:	0.000	RSC-0091 D 5_10.PDF
	RSC-0092 D 5/10	Schedule Pages	Contract Schedule Page-Alternate	Revised	Replaced Form #: Previous Filing #:	0.000	RSC-0092 D 5_10.PDF
	RSC-0096 D 5/10	Schedule Pages	Certificate Schedule Page-Main	Revised	Replaced Form #: Previous Filing #:	0.000	RSC-0096 D 5_10.PDF
	RSC-0097 5/10	Schedule Pages	Certificate Schedule Page-Alternate	Revised	Replaced Form #: Previous Filing #:	0.000	RSC-0097 5_10.PDF

Managed Advisory Program Rider

This optional rider, the Managed Advisory Program Rider, is made a part of the annuity contract or the certificate under a group annuity contract (collectively, the "Contract") to which this rider is attached. Where the provisions of this rider are inconsistent with the provisions of the Contract, including the provisions of any other endorsements or riders issued with the Contract, the provisions of this rider will control.

There is an additional fee for this rider as described below.

Definitions:

Program Account Value: Your Participant Account Value minus any outstanding minimum required collateral loan balance.

Managed Advisory Program

The Managed Advisory Program (the "Program") is an optional asset allocation program that provides you with investment advice services. Based on the investment advice services, your Program Account Value plus any future Purchase Payments, will be allocated and rebalanced to an available asset allocation model portfolio ("Model Portfolio"). Each Model Portfolio consists of specific Investment Options and associated allocation percentages as selected under the Program. You may choose the recommended Model Portfolio or another Model Portfolio that is available under the Program. Each Model Portfolio will be automatically rebalanced periodically to the specific allocation percentages of that Model Portfolio. You may change Model Portfolios offered under the Program at any time, however, any new selections will take effect on the first Business Day of the following quarter.

Each Model Portfolio will be reviewed at least annually. Based on that review, each Model Portfolio may be updated with new specific allocation percentages and specific Investment Options. When the review is completed, we will provide you with advanced written notice of any scheduled reallocations of your Program Account Value based on the updated Model Portfolio. Any minimum transfer requirements will be waived. Unless we hear from you, your Program Account Value will be updated to reflect the revised Model Portfolio. If you do not want your Program Account Value to be allocated according to the updated Model Portfolio, you must provide written notice, in a form acceptable to us, at least one (1) Business Day prior to the reallocation. If you choose to "opt out" of this reallocation, this rider will terminate.

Rider Fees

The Model Portfolio rider fee, as shown on your Schedule, will be deducted from your Program Account Value pro-rated among your Investment Options. The fee is calculated quarterly by multiplying the percentage shown on the Schedule by your Program Account Value as of the last Business Day of the calendar quarter. We deduct the fee from your Program Account Value no later than the second Friday of the month following the end of the calendar quarter. If the day the fee is to be deducted is not a Business Day, we will deduct the fee the following Business Day. Surrender Charges will not be assessed on the deduction of the Model Portfolio rider fee.

Upon initial enrollment in the Program, you will have ten (10) days from the date you agree to participate in the Program to terminate the Program and receive a full refund of any fees that may have been deducted. After the ten-day period no refund for deducted fees will be issued.

Termination

You may terminate your participation in the Program at any time. Termination will be effective as of the day of your request. Once you have terminated your participation, you may reenroll in the Program and add this rider after a six-month waiting period. Your participation in the Program will terminate upon any of the following:

- annuitization of your entire Participant Account Value;
- a full surrender of the Contract;
- receipt of due proof of death at our Home Office; or
- allocation of your Program Account Value or future Purchase Payments outside of the Model Portfolios available in the Program.

Termination from the Program will not terminate the Contract nor have any other effect on the Contract.

We reserve the right to cancel the Program following thirty (30) days written notice at your last known address of record. Upon cancellation, any automated rebalancing associated with the Program will cease and there will be no additional fees for this rider.

Participation in the Managed Advisory Program does not predict or guarantee future performance of your Participant Account Value.

SYMETRA [RETIREMENT PASSPORT] GROUP VARIABLE ANNUITY

Contractholder Application is made to Symetra Life Insurance Company, Bellevue, Washington, for a Symetra [Retirement Passport] Group Variable Annuity Contract providing variable annuities for the employees of:

Legal Name _____

Address _____

City _____

State _____

Zip _____

Plan Information

New Symetra plan Existing Symetra group plan number _____

Plan Type

Non-ERISA 403(b) ERISA 403(b) 457 Governmental 457 Non-Governmental 457(f)

Type of Organization

Public Educational Institution State or Local Government Other _____

Non-Profit Organization

501(c)(3) – Attached IRS determination letter

Church or Church Affiliate

Other _____

Tax Identification Number (TIN) _____

The Contractholder authorizes the availability of the Managed Advisory Program to participants. Yes No
Only available for 403(b) and Governmental 457 plans. If an ERISA plan, please complete a separate advisory agreement.

By signing below, the Contractholder authorizes Symetra to provide the following services for participants at their request and authorization:

Change of beneficiary

Transfer from one investment option to another

Change of address

Change of servicing agent

Change of investment selection

Required Minimum Distribution requests

Suitability of a Variable Annuity

Do you understand benefits and contract values that are based on the investment experience of a separate account cannot be predicted or guaranteed as to dollar amounts? Do you understand variable annuity contracts should be purchased for long-term retirement purposes? Yes No

Is this Contract in accord with the objectives and anticipated financial needs of the Plan for which it is being purchased? Yes No

Contractholder Statements and Certification

(Please read and sign)

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 group life insurance policies or group annuity contracts with this or any other company? Yes No

4. Will the annuity applied for here replace any group annuity or group life insurance from this or any other company? Yes No *If yes, please provide the company name and policy number.*

Company Name _____

Group 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.

Signature of Contractholder _____

Date _____

Signed in the City and State of _____

SYMETRA [RETIREMENT PASSPORT] GROUP VARIABLE ANNUITY (continued)

**Agency /
Registered
Representative
Statements**

1. Does the Contractholder have any existing group life insurance policies or group annuity contracts with this or any other company? Yes No
2. Will the annuity applied for here replace any group annuity or group 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 this Contract will serve the Contractholder's needs:

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

Signature of Registered Representative	Date	Registered Representative Stat #
Print Registered Representative Name and Agency Name		Location/State ID #

Address

City	State	Zip	Telephone
------	-------	-----	-----------

Signature of Registered Representative	Date	Registered Representative Stat #
Print Registered Representative Name and Agency Name		Location/State ID #

Address

City	State	Zip	Telephone
------	-------	-----	-----------

**Fraud
Warning /
Disclosures**

For Residents of Other States not listed below: 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, Rhode Island, 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.

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, and Texas]:

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 may subject 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.

ENROLLMENT APPLICATION

403(b) and 457

Product Information	Symetra [Retirement Passport] Group Variable Annuity		
	Initial Purchase Payment \$ _____ (Minimum \$30 per Purchase Payment)		
	<input type="checkbox"/> Contributory 403(b)	<input type="checkbox"/> Contributory 457]	
	<input type="checkbox"/> Transfer of Assets into a 403(b)*	<input type="checkbox"/> Transfer of Assets into a 457**]	
	* Must complete and submit form RGRP-0050		** Must complete and submit form LP-1185

Employer Information	Employer's Name _____		
	Address (number and street, city, state, zip) _____		Telephone _____

Employee Information	Employee's Name (first, middle initial, last) _____			Sex <input type="checkbox"/> M <input type="checkbox"/> F
<i>(The maximum issue age is 85.)</i>	Address (number and street, city, state, zip) _____			
	SSN/TIN _____	Date of Birth _____	Telephone _____	E-Mail Address _____

Beneficiaries I am: Single Married

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

If you are married and your plan is subject to the Employee Retirement Income Security Act (ERISA) (i.e., your employer is not a government unit or church and makes contributions to your account), and you do not designate that your spouse receive an amount equal to at least 50% (or a higher percentage, if so provided under your employer's plan) of your vested account balance in the form of a preretirement survivor annuity, then your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan. Please check with your employer about the spousal consent and any additional beneficiary requirements specific to your plan. If you are married and you do not designate your spouse as your primary beneficiary for at least 50% of your account balance (as described above), this beneficiary designation becomes null and void on (a) the first day of the plan year in which you reach age 35 or (b) the date of separation from service, whichever comes first, and your spouse must complete a new spousal consent on the Beneficiary Designation Form.

PRIMARY

Name (first, middle initial, last) _____	Percentage _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address (number and street, city, state, zip) _____			
SSN _____	Date of Birth _____	Telephone _____	Relationship _____

PRIMARY CONTINGENT

Name (first, middle initial, last) _____	Percentage _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address (number and street, city, state, zip) _____			
SSN _____	Date of Birth _____	Telephone _____	Relationship _____

PRIMARY CONTINGENT

Name (first, middle initial, last) _____	Percentage _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address (number and street, city, state, zip) _____			
SSN _____	Date of Birth _____	Telephone _____	Relationship _____

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

Beneficiaries SPOUSAL CONSENT

(continued)

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) such beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation. I acknowledge that if my spouse is currently under 35 years of age, this beneficiary designation becomes ineffective on (a) the first day of the plan year in which he/she reaches age 35 or (b) the date of separation from service, whichever comes first, and that I must complete a new spousal consent in order for such beneficiary designation to become effective.

Signature of Spouse

Date

Notary

STATE OF _____)

) ss.

County of _____)

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____, proven to me or personally known to me to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year first above written.

Print Name: _____

NOTARY PUBLIC in and for State of: _____

Residing at: _____

My commission expires: _____

403(b) and 457 ENROLLMENT APPLICATION (continued)

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 Certificate and then will be allocated according to the investment instructions, unless the Certificate has been cancelled.

Investment Instructions

I choose to enroll in the Managed Advisory Program. (Additional forms may be required).
 Only available for 403(b) and Governmental 457 plans.
 If selected, do not complete the remaining Investment Instructions section.

Please indicate your investment instructions below. You can only use whole percentages and the total percentage must equal 100%.

Initial and Subsequent Purchase Payment	Investment Options
%	Symetra Life Fixed Account
%	[American Century VP Inflation Protection Class II Fund]
%	[American Century VP International Class II Fund]
%	[BlackRock Global Allocation V.I. Fund, Class III]
%	[BlackRock Global Opportunities V.I. Fund, Class III]
%	[BlackRock Large Cap Value V.I. Fund, Class III]
%	[Calvert VP SRI Balanced Portfolio]
%	[Calvert VP SRI Equity Portfolio]
%	[Calvert VP SRI Mid Cap Growth Portfolio]
%	[Columbia Mid Cap Value Fund, Variable Series Class B Shares]
%	[Columbia Mid-Cap Growth Fund, Variable Series Class B Shares]
%	[Columbia Small Company Growth Fund, Variable Series Class B Shares]
%	[Columbia Small Cap Value Fund, Variable Series Class B Shares]
%	[DWS Capital Growth VIP – Class B Shares]
%	[DWS Dreman Small Mid Cap Value VIP – Class B Shares]
%	[Fidelity VIP Contrafund® Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2010 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2015 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2020 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2025 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2030 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2035 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2040 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2045 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom 2050 Portfolio – Service Class 2]
%	[Fidelity VIP Freedom Income Portfolio – Service Class 2]
%	[Fidelity VIP Money Market 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]
%	[Goldman Sachs VIT Government Income Fund – Service Shares]
%	[Invesco V.I. Mid Cap Core Equity Fund (Series II Shares)]
%	[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 VIT All Asset Portfolio - Advisor Class Shares]

403(b) and 457 ENROLLMENT APPLICATION (continued)

Investment Instructions (cont.)

Initial and Subsequent Purchase Payment	Investment Options
%	[PIMCO VIT Total Return Portfolio – Advisor Class Shares]
%	[Templeton Developing Markets Securities Fund – Class 2]
%	[Templeton Global Bond Securities Fund – Class 2]
%	[Templeton Growth Securities Fund – Class 2]
%	[Vanguard VIF – Balanced Portfolio]
%	[Vanguard VIF – High Yield Bond Portfolio]
%	[Vanguard VIF – International Portfolio]
%	[Vanguard VIF – Mid-Cap Index Portfolio]
%	[Vanguard VIF – REIT Index Portfolio]
%	[Vanguard VIF – Total Bond Market Index Portfolio]
%	[Vanguard VIF – Total Stock Market Index Portfolio]

Retail Funds available to the general public outside of variable annuity and variable life insurance contracts, but not available to participants in 457(f) or non-governmental 457(b) plans:

Initial and Subsequent Purchase Payment	Investment Options
%	[American Funds AMCAP Fund R-4 Shares]
%	[American Funds American Balanced Fund R-4 Shares]
%	[American Funds American High-Income Trust R-4 Shares]
%	[American Funds Capital World Bond Fund R-4 Shares]
%	[American Funds EuroPacific Growth Fund R-4 Shares]
%	[American Funds The Growth Fund of America R-4 Shares]
%	[American Funds The Investment Company of America R-4 Shares]
%	[American Funds New Perspective Fund R-4 Shares]
%	[American Funds Washington Mutual Investors Fund R-4 Shares]
%	[Neuberger Berman Genesis Fund – Advisor Class]

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 certificate. 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 (example: mother’s maiden name)

Electronic Delivery

Symetra provides prospectus updates, semiannual reports, and annual reports to consenting Employees 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.

403(b) and 457 ENROLLMENT APPLICATION (continued)

Employee 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
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5. I declare that the statements and answers on this enrollment application 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 certificate value, as applicable. My employer has informed me of the rules applicable to the Section 403b/457 Plan it sponsors.
6. 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.

7. I understand the following restrictions and provisions:
 - Deferrals may not exceed the maximum deferral limit established 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.

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.

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

Agency / Agent Statements

1. Does the Employee 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. Mail Contract directly to Employee Agent's Office for delivery to Employee
4. I hereby certify that the answers to the questions above are true to the best of my knowledge and belief.

Signature of Agent	Date	Agent Stat #
Print Agent Name and Agency Name		Location/State ID #
Address		
City	State	Zip
		Telephone

**Fraud
Warning /
Disclosures**

For Residents of Other States not listed below: 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, Rhode Island, 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.

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 and Texas]:

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 may subject 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.

CONTRACT SCHEDULE PAGE

PRODUCT NAME:	Symetra [Retirement Passport] Group Variable Annuity	
CONTRACTHOLDER:	[City Hall] [Box 1234] [Any Place, Washington 99876]	
PLAN:	[City Hall 403b Plan]	
CONTRACT NUMBER:	[000000000]	
CONTRACT DATE:	[03/01/2005]	
DELIVERED IN THE STATE OF:	[Any State] AND GOVERNED BY ITS LAWS.	
MAXIMUM PARTICIPANT ISSUE AGE:	[85] The Certificate Date must be prior to the Participant's [86th] birthday.	
MAXIMUM ANNUITIZATION AGE:	[95] Annuity payments must begin prior to the Participant's [96th] birthday.	
MINIMUM PURCHASE PAYMENT:	[\$30.00]	
MINIMUM SUBSEQUENT PURCHASE PAYMENT:	[\$30.00]	
MINIMUM GUARANTEED INTEREST RATE:	1.50% This is an annual effective interest rate.	
ANNUAL ADMINISTRATION MAINTENANCE CHARGE:	[\$30.00] each Certificate year. The charge will not be deducted if the Participant Account Value is [\$50,000] or more when the charge is to be deducted.	
DAILY CHARGES:		
Mortality and Expense Risk Charge:	Equal on an annual basis to [1.25%] of the average daily net assets of each Sub-Account.	
[Sub-Account Fund Facilitation Fee:	[.25%]. This is deducted if you are invested in any of the [Vanguard Variable Insurance Fund] Portfolios. [.10%]. This is deducted if you are invested in any of the [Calvert Variable Insurance Fund] Portfolios.]	
MANAGED ADVISORY PROGRAM FEE	Equal on an annual basis to 0.75% of the Program Account Value, if enrolled.	
SURRENDER CHARGE SCHEDULE:	Years Elapsed Since Certificate Date	Surrender Charge As A Percentage of Amount Withdrawn
	0	9% of amount withdrawn
	1	8% of amount withdrawn
	2	7% of amount withdrawn
	3	6% of amount withdrawn
	4	5% of amount withdrawn
	5	4% of amount withdrawn
	6	3% of amount withdrawn

7	2% of amount withdrawn
8	1% of amount withdrawn
9+	0% of amount withdrawn

[We will not deduct the surrender charge for the following:

- if the total amount withdrawn during the Certificate Year does not exceed 10% of the Participant Account Value;
- payments made under an annuity option;
- the death of a Participant;
- the disability of a Participant, as defined by the Plan;
- the retirement of a Participant in accordance with the Plan;
- a separation of service with the employer sponsoring the Plan if the separation occurs after the Participant reaches age 55 and the Participant has been invested in the Contract for at least five years unless the separation is due to Plan termination or employer shutdown;
- payments of required minimum distributions to a Participant under Internal Revenue Code Section 401(a)(9) or other applicable section of the Internal Revenue Code requiring minimum distributions;
- a loan to a Participant and applicable loan charges;
- withdrawals when the Participant Account has been in effect for at least 5 years and the Participant has attained age 59½;
- return of excess deferrals, excess contributions, or excess aggregate contributions as certified by the Plan;
- the annual administration maintenance charge, withdrawal charge, transfer charge or premium taxes;
- repetitive withdrawals, if the withdrawals are equal or substantially equal and are expected to deplete the Participant Account Value over the Participant's life expectancy or the joint life expectancy of the Participant and Beneficiary; and
- to make a payment pursuant to a qualified domestic relations order.]

TRANSFERS:

[\$50.00] minimum amount to transfer into any Investment Option.

[\$500.00] minimum amount to transfer out of an Investment Option at one time, or the entire amount in an Investment Option, if the remaining balance will be less than [\$500.00].

[20%] allowed to be transferred out of the Fixed Account, per Certificate Year. After a transfer from the Fixed Account, the Participant may not make a transfer back into the Fixed Account for 180 days, unless such transfer is part of a Symetra approved Investment Options rebalancing program.

TRANSFER CHARGE:

[12] transfers free of charge, each Certificate Year. Thereafter, [\$10] or [2%] of the amount transferred, whichever is less.

WITHDRAWALS:

[\$500.00] minimum amount or the entire amount from the Investment Option, if less.

Remaining Participant Account Value required after the

withdrawal [\$2,000], unless Purchase Payments for a Participant have been received within the past [12] months.

WITHDRAWAL CHARGE: [\$25.00] for each withdrawal after the first withdrawal in a Certificate Year.

PREMIUM TAXES: [0.00%]

SEPARATE ACCOUNT: SYMETRA SEPARATE ACCOUNT C

INVESTMENT OPTIONS:

Symetra Fixed Account

[AIM V.I. Mid Cap Core Equity Fund (Series II shares)]
[American Century VP Inflation Protection Class II Fund]
[American Century VP International Class II Fund]
[BlackRock Global Allocation V.I. Fund, Class III]
[BlackRock Global Growth V.I. Fund, Class III]
[BlackRock Large Cap Value V.I. Fund, Class III]
[Calvert Social Balanced Portfolio]
[Calvert Social Equity Portfolio]
[Calvert Social Mid-Cap Growth Portfolio]
[Columbia Mid Cap Value Fund, Variable Series Class B Shares]
[Columbia Mid-Cap Growth Fund, Variable Series Class B Shares]
[Columbia Small Company Growth Fund, Variable Series Class B Shares]
[Columbia Small Cap Value Fund, Variable Series Class B Shares]
[DWS Capital Growth VIP – Class B Shares]
[Fidelity VIP Contrafund® Portfolio – Service Class 2]
[Fidelity VIP Freedom 2010 Portfolio – Service Class 2]
[Fidelity VIP Freedom 2015 Portfolio – Service Class 2]
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[Fidelity VIP Freedom Income Portfolio – Service Class 2]
[Fidelity VIP Money Market 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 U.S. Government Fund - Class 2]
[Franklin Templeton VIP Founding Funds Allocation Fund – Class 2]]

[Mutual Shares Securities Fund – Class 2]
[Templeton Developing Markets Securities Fund – Class 2]
[Templeton Global Bond Securities Fund – Class 2]
[Templeton Growth Securities Fund – Class 2]
[Goldman Sachs VIT Government Income Fund – Service Shares]
[Neuberger Berman AMT Guardian Portfolio – Class S]
[Neuberger Berman AMT Regency Portfolio– Class S]
[Neuberger Berman AMT Mid Cap Growth Portfolio –][
[PIMCO All Asset Portfolio – Advisor Class Shares]
[PIMCO Total Return Portfolio – Advisor Class Shares]
[Vanguard VIF – Balanced Portfolio]
[Vanguard VIF – High Yield Bond Portfolio]
[Vanguard VIF – International Portfolio]
[Vanguard VIF – Mid-Cap Index Portfolio]
[Vanguard VIF – REIT Index Portfolio]
[Vanguard VIF – Total Bond Market Index Portfolio]
[Vanguard VIF – Total Stock Market Index Portfolio]

[Retail Funds available to the general public outside of variable annuity and variable life insurance contracts:]

[American Funds AMCAP Fund]
[American Funds American Balanced Fund]
[American Funds American High-Income Trust Fund]
[American Funds Capital World Bond Fund]
[American Funds EuroPacific Growth Fund]
[American Funds The Growth Fund of America]
[American Funds The Investment Company of America]
[American Funds New Perspective Fund]
[American Funds Washington Mutual Investors Fund]
[DWS Dreman Small Cap Value Fund– Class A Shares]
[Neuberger Berman Genesis Fund - Advisor Class]

ANNUITY SERVICE OFFICE:

Home Office:

Symetra Life Insurance Company
Retirement Services
[777 108th Avenue NE Suite 1200]
[Bellevue, Washington 98004]
Telephone: [1-800-796-3872 x22299]

Mailing Address:

Symetra Life Insurance Company
Retirement Services
[P.O. Box 3882]
[Seattle, Washington 98124]
Fax: [(866)-532-1359]

CONTRACT SCHEDULE PAGE

PRODUCT NAME: Symetra [Retirement Passport] Group Variable Annuity

CONTRACTHOLDER: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

PLAN: [City Hall 403b Plan]

CONTRACT NUMBER: [000000000]

CONTRACT DATE: [03/01/2005]

DELIVERED IN THE STATE OF: [Any State] **AND GOVERNED BY ITS LAWS.**

MAXIMUM PARTICIPANT ISSUE AGE: [85] The Certificate Date must be prior to the Participant's [86th] birthday.

MAXIMUM ANNUITIZATION AGE: [95] Annuity payments must begin prior to the Participant's [96th] birthday.

MINIMUM PURCHASE PAYMENT: [\$30.00]

MINIMUM SUBSEQUENT PURCHASE PAYMENT: [\$30.00]

MINIMUM GUARANTEED INTEREST RATE: 1.50% This is an annual effective interest rate.

ANNUAL ADMINISTRATION MAINTENANCE CHARGE: [\$30.00] each Certificate year. The charge will not be deducted if the Participant Account Value is [\$50,000] or more when the charge is to be deducted.

DAILY CHARGES:

Mortality and Expense Risk Charge: Equal on an annual basis to [1.25%] of the average daily net assets of each Sub-Account.

[Sub-Account Fund Facilitation Fee]: [.25%]. This is deducted if you are invested in any of the [Vanguard Variable Insurance Fund] Portfolios.
[.10%]. This is deducted if you are invested in any of the [Calvert Variable Insurance Fund] Portfolios.]

MANAGED ADVISORY PROGRAM FEE Equal on an annual basis to 0.75% of the Program Account Value, if enrolled.

SURRENDER CHARGE SCHEDULE:	Years Elapsed Since Certificate Date Withdr	Surrender Charge As A Percentage of Amount awn
	0	9% of amount withdrawn
	1	8% of amount withdrawn
	2	7% of amount withdrawn
	3	6% of amount withdrawn
	4	5% of amount withdrawn
	5	4% of amount withdrawn
	6	3% of amount withdrawn

7	2% of amount withdrawn
8	1% of amount withdrawn
9+	0% of amount withdrawn

[We will not deduct the surrender charge for the following:

- if the total amount withdrawn during the Certificate Year does not exceed 10% of the Participant Account Value;
- payments made under an annuity option;
- the death of a Participant;
- the disability of a Participant, as defined by the Plan;
- the retirement of a Participant in accordance with the Plan;
- a separation of service with the employer;
- payments of required minimum distributions to a Participant under Internal Revenue Code Section 401(a)(9) or other applicable section of the Internal Revenue Code requiring minimum distributions;
- a loan to a Participant and applicable loan charges;
- withdrawals when the Participant Account has been in effect for at least 5 years and the Participant has attained age 59½;
- return of excess deferrals, excess contributions, or excess aggregate contributions as certified by the Plan;
- the annual administration maintenance charge, withdrawal charge, transfer charge or premium taxes;
- repetitive withdrawals, if the withdrawals are equal or substantially equal and are expected to deplete the Participant Account Value over the Participant's life expectancy or the joint life expectancy of the Participant and Beneficiary; and
- to make a payment pursuant to a qualified domestic relations order.]

TRANSFERS:

[\$50.00] minimum amount to transfer into any Investment Option.

[\$500.00] minimum amount to transfer out of an Investment Option at one time, or the entire amount in an Investment Option, if the remaining balance will be less than [\$500.00].

[20%] allowed to be transferred out of the Fixed Account, per Certificate Year. After a transfer from the Fixed Account, the Participant may not make a transfer back into the Fixed Account for 180 days, unless such transfer is part of a Symetra approved Investment Options rebalancing program.

TRANSFER CHARGE:

[12] transfers free of charge, each Certificate Year. Thereafter, [\$10] or [2%] of the amount transferred, whichever is less.

WITHDRAWALS:

[\$500.00] minimum amount or the entire amount from the Investment Option, if less.

Remaining Participant Account Value required after the withdrawal [\$2,000], unless Purchase Payments for a Participant have been received within the past [12] months.

WITHDRAWAL CHARGE: [\$25.00] for each withdrawal after the first withdrawal in a Certificate Year.

PREMIUM TAXES: [0.00%]

SEPARATE ACCOUNT: SYMETRA SEPARATE ACCOUNT C

INVESTMENT OPTIONS:

Symetra Fixed Account

[AIM V.I. Mid Cap Core Equity Fund (Series II shares)]
[American Century VP Inflation Protection Class II Fund]
[American Century VP International Class II Fund]
[BlackRock Global Allocation V.I. Fund, Class III]
[BlackRock Global Growth V.I. Fund, Class III]
[BlackRock Large Cap Value V.I. Fund, Class III]
[Calvert Social Balanced Portfolio]
[Calvert Social Equity Portfolio]
[Calvert Social Mid-Cap Growth Portfolio]
[Columbia Mid Cap Value Fund, Variable Series Class B Shares]
[Columbia Mid-Cap Growth Fund, Variable Series Class B Shares]
[Columbia Small Company Growth Fund, Variable Series Class B Shares]
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[Mutual Shares Securities Fund – Class 2]
[Templeton Developing Markets Securities Fund – Class 2]
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[Neuberger Berman AMT Mid Cap Growth Portfolio –]
[PIMCO All Asset Portfolio – Advisor Class Shares]
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[Vanguard VIF – High Yield Bond Portfolio]
[Vanguard VIF – International Portfolio]
[Vanguard VIF – Mid-Cap Index Portfolio]
[Vanguard VIF – REIT Index Portfolio]
[Vanguard VIF – Total Bond Market Index Portfolio]
[Vanguard VIF – Total Stock Market Index Portfolio]

[Retail Funds available to the general public outside of variable annuity and variable life insurance contracts:]

[American Funds AMCAP Fund]
[American Funds American Balanced Fund]
[American Funds American High-Income Trust Fund]
[American Funds Capital World Bond Fund]
[American Funds EuroPacific Growth Fund]
[American Funds The Growth Fund of America]
[American Funds The Investment Company of America]
[American Funds New Perspective Fund]
[American Funds Washington Mutual Investors Fund]
[DWS Dreman Small Cap Value Fund– Class A Shares]
[Neuberger Berman Genesis Fund - Advisor Class]

ANNUITY SERVICE OFFICE:

Home Office:

Symetra Life Insurance Company
[Retirement Services]
[777 108th Avenue NE Suite 1200
Bellevue, Washington 98004]
Telephone: [1-800-796-3872 x22299]

Mailing Address:

Symetra Life Insurance Company
[Retirement Services]
[P.O. Box 3882
Seattle, Washington 98124]
Fax: [(866) 532-1359]

CERTIFICATE SCHEDULE PAGE

PRODUCT NAME: Symetra [Retirement Passport] Group Variable Annuity

PARTICIPANT: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

AGE AT ISSUE: [52]

CONTRACTHOLDER: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

PLAN: [City Hall 403b Plan]

CONTRACT NUMBER: [000000000]

CONTRACT DELIVERED IN: [Any State]

CERTIFICATE DATE: [03/01/2005]

MAXIMUM PARTICIPANT ISSUE AGE: [85] The Certificate Date must be prior to the Participant's [86th] birthday.

MAXIMUM ANNUITIZATION AGE: [95] Annuity payments must begin prior to the Participant's [96th] birthday.

MINIMUM PURCHASE PAYMENT: [\$30.00]

MINIMUM SUBSEQUENT PURCHASE PAYMENT: [\$30.00]

MINIMUM GUARANTEED INTEREST RATE: 1.50% This is an annual effective interest rate.

ANNUAL ADMINISTRATION MAINTENANCE CHARGE: [\$30.00] each Certificate year. The charge will not be deducted if the Participant Account Value is [\$50,000] or more when the charge is to be deducted.

DAILY CHARGES:

Mortality and Expense Risk Charge: Equal on an annual basis to [1.25%] of the average daily net assets of each Sub-Account.

[Sub-Account Fund Facilitation Fee: [.25%]. This is deducted if you are invested in any of the [Vanguard Variable Insurance Fund] Portfolios. [.10%]. This is deducted if you are invested in any of the [Calvert Variable Insurance Fund] Portfolios.]

MANAGED ADVISORY PROGRAM FEE Equal on an annual basis to 0.75% of the Program Account Value, if enrolled.

SURRENDER CHARGE SCHEDULE:

	Years Elapsed Since Certificate Date	Surrender Charge As A Percentage of Amount Withdrawn
--	---	---

0	9% of amount withdrawn
1	8% of amount withdrawn
2	7% of amount withdrawn
3	6% of amount withdrawn
4	5% of amount withdrawn
5	4% of amount withdrawn
6	3% of amount withdrawn
7	2% of amount withdrawn
8	1% of amount withdrawn
9+	0% of amount withdrawn

[We will not deduct the surrender charge for the following:

- if the total amount withdrawn during the Certificate Year does not exceed 10% of the Participant Account Value;
- payments made under an annuity option;
- the death of a Participant;
- the disability of a Participant, as defined by the Plan;
- the retirement of a Participant in accordance with the Plan;
- a separation of service with the employer sponsoring the Plan if the separation occurs after the Participant reaches age 55 and the Participant has been invested in the Contract for at least five years unless the separation is due to Plan termination or employer shutdown;
- payments of required minimum distributions to a Participant under Internal Revenue Code Section 401(a)(9) or other applicable section of the Internal Revenue Code requiring minimum distributions;
- a loan to a Participant and applicable loan charges;
- withdrawals when the Participant Account has been in effect for at least 5 years and the Participant has attained age 59½;
- return of excess deferrals, excess contributions, or excess aggregate contributions as certified by the Plan;
- the annual administration maintenance charge, withdrawal charge, transfer charge or premium taxes;
- repetitive withdrawals, if the withdrawals are equal or substantially equal and are expected to deplete the Participant Account Value over the Participant's life expectancy or the joint life expectancy of the Participant and Beneficiary; and
- to make a payment pursuant to a qualified domestic relations order.]

TRANSFERS:

[\$50.00] minimum amount to transfer into any Investment Option.

[\$500.00] minimum amount to transfer out of an Investment Option at one time, or the entire amount in an Investment Option, if the remaining balance will be less than [\$500.00].

[20%] allowed to be transferred out of the Fixed Account, per Certificate Year. After a transfer from the Fixed Account, the Participant may not make a transfer back into the Fixed Account for [180] days, unless such transfer is part of a Symetra approved Investment Options rebalancing program.

TRANSFER CHARGE:

[12] transfers free of charge, each Certificate Year.

Thereafter, [\$10] or [2%] of the amount transferred, whichever is less.

WITHDRAWALS: [\$500.00] minimum amount or the entire amount from the Investment Option, if less.

Remaining Participant Account Value required after the withdrawal [\$2,000], unless Purchase Payments for a Participant have been received within the past [12] months.

WITHDRAWAL CHARGE: [\$25.00] for each withdrawal after the first withdrawal in a Certificate Year.

PREMIUM TAXES: [0.00%]

SEPARATE ACCOUNT: SYMETRA SEPARATE ACCOUNT C

INVESTMENT OPTIONS:

Symetra Fixed Account

[AIM V.I. Mid Cap Core Equity Fund (Series II shares)]
[American Century VP Inflation Protection Class II Fund]
[American Century VP International Class II Fund]
[BlackRock Global Allocation V.I. Fund, Class III]
[BlackRock Global Growth V.I. Fund, Class III]
[BlackRock Large Cap Value V.I. Fund, Class III]
[Calvert Social Balanced Portfolio]
[Calvert Social Equity Portfolio]
[Calvert Social Mid-Cap Growth Portfolio]
[Columbia Mid Cap Value Fund, Variable Series Class B Shares]
[Columbia Mid-Cap Growth Fund, Variable Series Class B Shares]
[Columbia Small Company Growth Fund, Variable Series Class B Shares]
[Columbia Small Cap Value Fund, Variable Series Class B Shares]
[DWS Capital Growth VIP – Class B Shares]
[Fidelity VIP Contrafund® Portfolio – Service Class 2]
[Fidelity VIP Freedom 2010 Portfolio – Service Class 2]
[Fidelity VIP Freedom 2015 Portfolio – Service Class 2]
[Fidelity VIP Freedom 2020 Portfolio – Service Class 2]
[Fidelity VIP Freedom 2025 Portfolio – Service Class 2]
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[Fidelity VIP Freedom 2050 Portfolio – Service Class 2]
[Fidelity VIP Freedom Income Portfolio – Service Class 2] [Fidelity VIP Freedom Income Portfolio – Service Class 2]
[Fidelity VIP Money Market 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 U.S. Government Fund - Class 2]

[Franklin Templeton VIP Founding Funds Allocation Fund – Class 2]
[Mutual Shares Securities Fund – Class 2]
[Templeton Developing Markets Securities Fund – Class 2]
[Templeton Global Bond Securities Fund – Class 2]
[Templeton Growth Securities Fund – Class 2]
[Goldman Sachs VIT Government Income Fund – Service Shares]
[Neuberger Berman AMT Guardian Portfolio – Class S]
[Neuberger Berman AMT Regency Portfolio– Class S]
[Neuberger Berman AMT Mid Cap Growth Portfolio –]
[PIMCO All Asset Portfolio – Advisor Class Shares]
[PIMCO Total Return Portfolio – Advisor Class Shares]
[Vanguard VIF – Balanced Portfolio]
[Vanguard VIF – High Yield Bond Portfolio]
[Vanguard VIF – International Portfolio]
[Vanguard VIF – Mid-Cap Index Portfolio]
[Vanguard VIF – REIT Index Portfolio]
[Vanguard VIF – Total Bond Market Index Portfolio]
[Vanguard VIF – Total Stock Market Index Portfolio]

[Retail Funds available to the general public outside of variable annuity and variable life insurance contracts:]

[American Funds AMCAP Fund]
[American Funds American Balanced Fund]
[American Funds American High-Income Trust Fund]
[American Funds Capital World Bond Fund]
[American Funds EuroPacific Growth Fund]
[American Funds The Growth Fund of America]
[American Funds The Investment Company of America]
[American Funds New Perspective Fund]
[American Funds Washington Mutual Investors Fund]
[DWS Dreman Small Cap Value Fund– Class A Shares]
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Mailing Address:

Symetra Life Insurance Company
Retirement Services
[P.O. Box 3882]
[Seattle, Washington 98124]
Fax: [(866)-532-1359]

CERTIFICATE SCHEDULE PAGE

PRODUCT NAME: Symetra [Retirement Passport] Group Variable Annuity

PARTICIPANT: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

AGE AT ISSUE: [52]

CONTRACTHOLDER: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

PLAN: [City Hall 403b Plan]

CONTRACT NUMBER: [000000000]

CONTRACT DELIVERED IN: [Any State]

CERTIFICATE DATE: [03/01/2005]

MAXIMUM PARTICIPANT ISSUE AGE: [85] The Certificate Date must be prior to the Participant's [86th] birthday.

MAXIMUM ANNUITIZATION AGE: [95] Annuity payments must begin prior to the Participant's [96th] birthday.

MINIMUM PURCHASE PAYMENT: [\$30.00]

MINIMUM SUBSEQUENT PURCHASE PAYMENT: [\$30.00]

MINIMUM GUARANTEED INTEREST RATE: 1.50% This is an annual effective interest rate.

ANNUAL ADMINISTRATION MAINTENANCE CHARGE: [\$30.00] each Certificate year. The charge will not be deducted if the Participant Account Value is [\$50,000] or more when the charge is to be deducted.

DAILY CHARGES:

Mortality and Expense Risk Charge: Equal on an annual basis to [1.25%] of the average daily net assets of each Sub-Account.

[Sub-Account Fund Facilitation Fee: [0.25%]. This is deducted if you are invested in any of the [Vanguard Variable Insurance Fund] Portfolios.
[0.10%]. This is deducted if you are invested in any of the [Calvert Variable Insurance Fund] Portfolios.]

MANAGED ADVISORY PROGRAM FEE Equal on an annual basis to 0.75% of the Program Account Value, if enrolled.

SURRENDER CHARGE SCHEDULE:

Years Elapsed Since Certificate Date	Surrender Charge As A Percentage of Amount Withdrawn
---	---

0	9% of amount withdrawn
1	8% of amount withdrawn
2	7% of amount withdrawn
3	6% of amount withdrawn
4	5% of amount withdrawn
5	4% of amount withdrawn
6	3% of amount withdrawn
7	2% of amount withdrawn
8	1% of amount withdrawn
9+	0% of amount withdrawn

[We will not deduct the surrender charge for the following:

- if the total amount withdrawn during the Certificate Year does not exceed 10% of the Participant Account Value;
- payments made under an annuity option;
- the death of a Participant;
- the disability of a Participant, as defined by the Plan;
- the retirement of a Participant in accordance with the Plan;
- a separation of service with the employer;
- payments of required minimum distributions to a Participant under Internal Revenue Code Section 401(a)(9) or other applicable section of the Internal Revenue Code requiring minimum distributions;
- a loan to a Participant and applicable loan charges;
- withdrawals when the Participant Account has been in effect for at least 5 years and the Participant has attained age 59½;
- return of excess deferrals, excess contributions, or excess aggregate contributions as certified by the Plan;
- the annual administration maintenance charge, withdrawal charge, transfer charge or premium taxes;
- repetitive withdrawals, if the withdrawals are equal or substantially equal and are expected to deplete the Participant Account Value over the Participant's life expectancy or the joint life expectancy of the Participant and Beneficiary; and
- to make a payment pursuant to a qualified domestic relations order.]

TRANSFERS:

[\$50.00] minimum amount to transfer into any Investment Option.

[\$500.00] minimum amount to transfer out of an Investment Option at one time, or the entire amount in an Investment Option, if the remaining balance will be less than [\$500.00].

[20%] allowed to be transferred out of the Fixed Account, per Certificate Year. After a transfer from the Fixed Account, the Participant may not make a transfer back into the Fixed Account for 180 days, unless such transfer is part of a Symetra approved Investment Options rebalancing program.

TRANSFER CHARGE:

[12] transfers free of charge, each Certificate Year. Thereafter, [\$10] or [2%] of the amount transferred, whichever is less.

WITHDRAWALS:

[\$500.00] minimum amount or the entire amount from the Investment Option, if less.

Remaining Participant Account Value required after the withdrawal [\$2,000], unless Purchase Payments for a Participant have been received within the past [12] months.

WITHDRAWAL CHARGE: [\$25.00] for each withdrawal after the first withdrawal in a Certificate Year.

PREMIUM TAXES: [0.00%]

SEPARATE ACCOUNT: SYMETRA SEPARATE ACCOUNT C

INVESTMENT OPTIONS:

Symetra Fixed Account

[AIM V.I. Mid Cap Core Equity Fund (Series II shares)]
[American Century VP Inflation Protection Class II Fund]
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Retail Funds available to the general public outside of variable annuity and variable life insurance contracts:

[American Funds AMCAP Fund]
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[American Funds Capital World Bond Fund]
[American Funds EuroPacific Growth Fund]
[American Funds The Growth Fund of America]
[American Funds The Investment Company of America]
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Mailing Address:

Symetra Life Insurance Company
Retirement Services
[P.O. Box 3882]
[Seattle, Washington 98124]
Fax: [(866)-532-1359]

SERFF Tracking Number: SYMX-126646133 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 45778
 Company Tracking Number: RSE-0069 5/10
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
 Product Name: Managed Advisory Program Rider
 Project Name/Number: RS- Retirement Services/AV AR0020810F01

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: These are variable forms that are securities and subject to federal jurisdiction, and accordingly the Flesch requirements do not apply.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: See Forms tab		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability.PDF		

STATEMENT OF VARIABILITY

Contract Schedule Pages (RSC-0091 D 5/10, RSC-0092 D 5/10)

Product Name: Based on the distributor, this may change.

Contractholder: This depends on who purchases the Contract.

Plan: The plan name will vary by Contractholder.

Contract Number: Each Contract will be assigned a unique contract number as ID.

Contract Date: This date depends on the date the Contract is issued.

Delivered in the State of: This depends on the Contractholder's location on the Contract Issue Date.

Maximum Participant Issue Age: This age can be between 60 and 95. Initially, the maximum participant age at issue will be 85. We might change this age for new contracts based on the market for retirement savings.

Maximum Annuitization Age: This age can be between 70 and 105. Initially, the maximum annuitization age will be 95, so that annuity payments must begin prior to the Annuitant's 96th birthday. We might change this age for new contracts based on the market for retirement savings.

Minimum Initial Purchase Payment: The minimum initial Purchase Payment can be between \$10 and \$100,000. Initially, it will be \$30. We might change this for new contracts based on plan type and the market for retirement savings.

Minimum Subsequent Purchase Payment: The minimum subsequent Purchase Payment can be between \$10 and \$100,000. Initially, it will be \$30. We might change this for new contracts based on plan type and the market for retirement savings.

Annual Administration Maintenance Charge

Charge: This charge can be between \$0 and \$100 per Certificate Year. Initially, this charge will be either \$30 or \$0, depending on the Contract. It will be \$30 per Certificate Year for the default contract set-up. This charge can be \$0 per Certificate Year for Contracts we anticipate will have lower administrative expenses or lower sales expenses. We can change the charges available for new contracts depending on administration expenses and the market for retirement savings.

Threshold: The Participant Account Value dollar threshold, over which we waive a year's annual administration maintenance charge, can be between \$5,000 and \$100,000. Initially, it will be \$50,000 for all contracts. We can change the threshold for new contracts depending on expenses and the market for retirement savings.

Daily Charges

Mortality and Expense Risk Charge: This can be between 0.70% per year and 3.00% per year. Initially, two different Mortality and Expense Risk Charges will be available, 1.25% and 1.00%. The charge will be 1.25% for the default contract set-up. The charge can be 1.00% per Certificate Year for Contracts we anticipate will have lower administrative expenses or lower sales expenses. We might change the charge rates available for new contracts depending on expenses and on the market for retirement savings.

Sub-Account Fund Facilitation Fee: This fee can be between 0.05% and 1.00% annually, by Sub-Account or by fund family. Initially, only two fund families will have this fee, Vanguard funds and Calvert funds. The daily fee assessed on any allocations to Vanguard Sub-Accounts will be equivalent to 0.25% annually. The daily fee assessed on any allocations to Calvert Sub-Accounts will be equivalent to 0.10% annually. We might change the fee rates, eliminate the fee, or add the fee to other Sub-Accounts or whole fund families on new contracts, depending on fund-company

agreements, expenses, and the market for retirement savings. Plausibly, in the future, none of the Sub-Accounts offered with the product will have a fund facilitation fee.

Transfers

Minimum amount to transfer into an Investment Option: This can be \$10 to \$500. Initially, it will be \$50. We might change it for new contracts depending on fund company agreements, expenses, and market niche. Any such changes will be non-discriminatory and within the range stated above.

Minimum amount to transfer out of an Investment Option: This can be \$50 to \$2,500. Initially, it will be \$500. We might change it for new contracts depending on fund company agreements, expenses, and market niche. Any such changes will be non-discriminatory and within the range stated above.

Remaining Balance required in a Sub-Account after a Transfer: This can be \$50 to \$10,000. Initially, it will be \$500. We might change it for new contracts depending on fund company agreements and expenses. Any such changes will be non-discriminatory and within the range stated above.

Maximum amount to transfer out of the Fixed Account: This can be 5% to 100% annually. Initially, it will be 20%. We might change it for new contracts depending on the risk of anti-selection. Any such changes will be non-discriminatory and within the range stated above.

Transfer Charge

Number of Transfers free of charge: This can be between 1 and 26 per Certificate Year. Initially, it will be 12 per Certificate year. We might change this for new contracts based on expenses, market-timing risk, fund company requirements and charges, and transfer program design. Any such changes will be non-discriminatory and within the range stated above.

Charge: This is the minimum of two charges, one expressed as a rate and the other as a dollar charge. The minimum dollar charge can be \$0 to \$75. Initially, it will be \$10. The minimum rate can be 0% to 7.5%. Initially, it will be 2.0%. We can change these for new contracts based on expenses, market-timing risk, and fund company requirements and charges. Any such changes will be non-discriminatory and within the range stated above. .

Withdrawals

Minimum withdrawal amount: This can be \$50 to \$2,500. Initially, it will be \$500.

Remaining Participant Account Value required after withdrawal: This can be \$100 to \$10,000. Initially, it will be \$2,000.

Past Purchase Payments timeframe for waiving the minimum required value remaining in an Investment Option after Withdrawal: This can be 1 month to 25 months. Initially it will be 12 months.

Withdrawal Charge: This can be \$10 to \$100. Initially, it will be \$25.

Premium Taxes: The tax rate varies as indicated in the filing copies based on the state of issue.

Investment Options: We may add or delete portfolios as Investment Options. In addition, the fund companies can change the names of the portfolios they offer.

Annuity Service Office: In the future, we may change our Home Office address, mailing address, phone numbers, or fax number.

Certificate Schedule Pages (RSC-0096 D 5/10, RSC-0097 D 5/10)

Most of the variable items on the certificate schedule pages are the same as the variable items on the contract schedule pages, with the same ranges, same initial values, and same reasons for possible future changes. Because a contract controls all its certificates, a new certificate issued under an old contract will have a schedule page corresponding to the contract's schedule page and not one reflecting newer contract features and settings.

The following variable items appear on the Certificate Schedule pages but not on the Contract Schedule pages:

Participant: This varies depending on who purchases the Certificate.

Age at Issue: This varies by participant.

Certificate Date: This date varies depending on when the Certificate is issued.

Managed Advisory Program Master Application (RSA-0018 5/10)

Company Address: In the future, our addresses may change.

Product Name: Based on the distributor, this may change.

Fraud Warnings: The states participating in the Multi-State Review Process are bracketed so that as states are added, or removed, they can be added or removed from the application.

Managed Advisory Program Enrollment Application (RSA-0019 5/10)

Company Address: In the future, our addresses may change.

Product Name: Based on the distributor, this may change

Product Information The plan types are bracketed so that as plan types are added or removed, they can be added or removed on this application. We might change plan types offered for new issues for competitive reasons based on the market for retirement savings.

Purchase Payments: We may change the portfolio where we reserve the right to allocate purchase payments during the right-to-examine period, depending upon market conditions, fund-company agreements, and the potentially changing list of Investment Options. In addition, fund companies can change the names of the portfolios they offer.

Investment Instructions: We can add or delete portfolios. In addition, fund companies can change the names of the portfolios they offer.

Fraud Warnings: The states participating in the Multi-State Review Process are bracketed so that as states are added, or removed, they can be added or removed from the application.

SERFF Tracking Number: SYMX-126646133 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 45778
 Company Tracking Number: RSE-0069 5/10
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
 Product Name: Managed Advisory Program Rider
 Project Name/Number: RS- Retirement Services/AV AR0020810F01

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/25/2010	Form	Contract Schedule Page-Alternate	05/27/2010	RSC-0092 D 5_10.PDF (Superseded)
05/25/2010	Form	Certificate Schedule Page-Main	05/27/2010	RSC-0096 D 5_10.PDF (Superseded)
05/25/2010	Form	Certificate Schedule Page-Alternate	05/27/2010	RSC-0097 5_10.PDF (Superseded)
05/25/2010	Form	Contract Schedule Page-Main	05/27/2010	RSC-0091 D 5_10.PDF (Superseded)

CONTRACT SCHEDULE PAGE

PRODUCT NAME: Symetra [Retirement Passport] Group Variable Annuity

CONTRACTHOLDER: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

PLAN: [City Hall 403b Plan]

CONTRACT NUMBER: [000000000]

CONTRACT DATE: [03/01/2005]

DELIVERED IN THE STATE OF: [Any State] **AND GOVERNED BY ITS LAWS.**

MAXIMUM PARTICIPANT ISSUE AGE: [85] The Certificate Date must be prior to the Participant's [86th] birthday.

MAXIMUM ANNUITIZATION AGE: [95] Annuity payments must begin prior to the Participant's [96th] birthday.

MINIMUM PURCHASE PAYMENT: [\$30.00]

MINIMUM SUBSEQUENT PURCHASE PAYMENT: [\$30.00]

MINIMUM GUARANTEED INTEREST RATE: 1.50% This is an annual effective interest rate.

ANNUAL ADMINISTRATION MAINTENANCE CHARGE: [\$30.00] each Certificate year. The charge will not be deducted if the Participant Account Value is [\$50,000] or more when the charge is to be deducted.

DAILY CHARGES:

Mortality and Expense Risk Charge: Equal on an annual basis to [1.25%] of the average daily net assets of each Portfolio.

[Sub-Account Fund Facilitation Fee]: [.25%]. This is deducted if you are invested in any of the [Vanguard] Variable Insurance Fund Portfolios.
[.10%]. This is deducted if you are invested in any of the [Calvert] Variable Insurance Fund Portfolios.]

MANAGED ADVISORY PROGRAM FEE Equal on an annual basis to 0.75% of the Program Account Value, if enrolled.

SURRENDER CHARGE SCHEDULE:	Years Elapsed Since Certificate Date	Surrender Charge As A Percentage of Amount Withdrawn
	0	9% of amount withdrawn
	1	8% of amount withdrawn
	2	7% of amount withdrawn
	3	6% of amount withdrawn
	4	5% of amount withdrawn
	5	4% of amount withdrawn
	6	3% of amount withdrawn

7	2% of amount withdrawn
8	1% of amount withdrawn
9+	0% of amount withdrawn

[We will not deduct the surrender charge for the following:

- if the total amount withdrawn during the Certificate Year does not exceed 10% of the Participant Account Value;
- payments made under an annuity option;
- the death of a Participant;
- the disability of a Participant, as defined by the Plan;
- the retirement of a Participant in accordance with the Plan;
- a separation of service with the employer;
- payments of required minimum distributions to a Participant under Internal Revenue Code Section 401(a)(9) or other applicable section of the Internal Revenue Code requiring minimum distributions;
- a loan to a Participant and applicable loan charges;
- withdrawals when the Participant Account has been in effect for at least 5 years and the Participant has attained age 59½;
- return of excess deferrals, excess contributions, or excess aggregate contributions as certified by the Plan;
- the annual administration maintenance charge, withdrawal charge, transfer charge or premium taxes;
- repetitive withdrawals, if the withdrawals are equal or substantially equal and are expected to deplete the Participant Account Value over the Participant's life expectancy or the joint life expectancy of the Participant and Beneficiary; and
- to make a payment pursuant to a qualified domestic relations order.]

TRANSFERS:

[\$50.00] minimum amount to transfer into any Investment Option.

[\$500.00] minimum amount to transfer out of an Investment Option at one time, or the entire amount in an Investment Option, if the remaining balance will be less than [\$500.00].

[20%] allowed to be transferred out of the Fixed Account, per Certificate Year. After a transfer from the Fixed Account, the Participant may not make a transfer back into the Fixed Account for 180 days, unless such transfer is part of a Symetra approved Investment Options rebalancing program.

TRANSFER CHARGE:

[12] transfers free of charge, each Certificate Year. Thereafter, [\$10] or [2%] of the amount transferred, whichever is less.

WITHDRAWALS:

[\$500.00] minimum amount or the entire amount from the Investment Option, if less.

Remaining Participant Account Value required after the withdrawal [\$2,000], unless Purchase Payments for a Participant have been received within the past [12] months.

WITHDRAWAL CHARGE: [\$25.00] for each withdrawal after the first withdrawal in a Certificate Year.

PREMIUM TAXES: [0.00%]

SEPARATE ACCOUNT: SYMETRA SEPARATE ACCOUNT C

INVESTMENT OPTIONS:

Symetra Fixed Account

[AIM V.I. Mid Cap Core Equity Fund (Series II shares)]
[American Century VP Inflation Protection Class II Fund]
[American Century VP International Class II Fund]
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[Retail Funds available to the general public outside of variable annuity and variable life insurance contracts:]

[American Funds AMCAP Fund]
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[Neuberger Berman Genesis Fund - Advisor Class]

ANNUITY SERVICE OFFICE:

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Symetra Life Insurance Company
[Retirement Services]
[777 108th Avenue NE Suite 1200
Bellevue, Washington 98004]
Telephone: [1-800-796-3872 x22299]

Mailing Address:

Symetra Life Insurance Company
[Retirement Services]
[P.O. Box 3882
[Seattle, Washington 98124]
Fax: [(866) 532-1359]

CERTIFICATE SCHEDULE PAGE

PRODUCT NAME: Symetra [Retirement Passport] Group Variable Annuity

PARTICIPANT: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

AGE AT ISSUE: [52]

CONTRACTHOLDER: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

PLAN: [City Hall 403b Plan]

CONTRACT NUMBER: [000000000]

CONTRACT DELIVERED IN: [Any State]

CERTIFICATE DATE: [03/01/2005]

MAXIMUM PARTICIPANT ISSUE AGE: [85] The Certificate Date must be prior to the Participant's [86th] birthday.

MAXIMUM ANNUITIZATION AGE: [95] Annuity payments must begin prior to the Participant's [96th] birthday.

MINIMUM PURCHASE PAYMENT: [\$30.00]

MINIMUM SUBSEQUENT PURCHASE PAYMENT: [\$30.00]

MINIMUM GUARANTEED INTEREST RATE: 1.50% This is an annual effective interest rate.

ANNUAL ADMINISTRATION MAINTENANCE CHARGE: [\$30.00] each Certificate year. The charge will not be deducted if the Participant Account Value is [\$50,000] or more when the charge is to be deducted.

DAILY CHARGES:

Mortality and Expense Risk Charge: Equal on an annual basis to [1.25%] of the average daily net assets of each Portfolio.

[Sub-Account Fund Facilitation Fee: [.25%]. This is deducted if you are invested in any of the [Vanguard] Variable Insurance Fund Portfolios. [.10%]. This is deducted if you are invested in any of the [Calvert] Variable Insurance Fund Portfolios.]

MANAGED ADVISORY PROGRAM FEE Equal on an annual basis to 0.75% of the Program Account Value, if enrolled.

SURRENDER CHARGE SCHEDULE:

	Years Elapsed Since Certificate Date	Surrender Charge As A Percentage of Amount Withdrawn
--	---	---

0	9% of amount withdrawn
1	8% of amount withdrawn
2	7% of amount withdrawn
3	6% of amount withdrawn
4	5% of amount withdrawn
5	4% of amount withdrawn
6	3% of amount withdrawn
7	2% of amount withdrawn
8	1% of amount withdrawn
9+	0% of amount withdrawn

[We will not deduct the surrender charge for the following:

- if the total amount withdrawn during the Certificate Year does not exceed 10% of the Participant Account Value;
- payments made under an annuity option;
- the death of a Participant;
- the disability of a Participant, as defined by the Plan;
- the retirement of a Participant in accordance with the Plan;
- a separation of service with the employer sponsoring the Plan if the separation occurs after the Participant reaches ages 55 and the Participant has been invested in the Contract for at least five years unless the separation is due to Plan termination or employer shutdown;
- payments of required minimum distributions to a Participant under Internal Revenue Code Section 401(a)(9) or other applicable section of the Internal Revenue Code requiring minimum distributions;
- a loan to a Participant and applicable loan charges;
- withdrawals when the Participant Account has been in effect for at least 5 years and the Participant has attained age 59½;
- return of excess deferrals, excess contributions, or excess aggregate contributions as certified by the Plan;
- the annual administration maintenance charge, withdrawal charge, transfer charge or premium taxes;
- repetitive withdrawals, if the withdrawals are equal or substantially equal and are expected to deplete the Participant Account Value over the Participant's life expectancy or the joint life expectancy of the Participant and Beneficiary; and
- to make a payment pursuant to a qualified domestic relations order.]

TRANSFERS:

[\$50.00] minimum amount to transfer into any Investment Option.

[\$500.00] minimum amount to transfer out of an Investment Option at one time, or the entire amount in an Investment Option, if the remaining balance will be less than [\$500.00].

[20%] allowed to be transferred out of the Fixed Account, per Certificate Year. After a transfer from the Fixed Account, the Participant may not make a transfer back into the Fixed Account for [180] days, unless such transfer is part of a Symetra approved Investment Options rebalancing program.

TRANSFER CHARGE: [12] transfers free of charge, each Certificate Year. Thereafter, [\$10] or [2%] of the amount transferred, whichever is less.

WITHDRAWALS: [\$500.00] minimum amount or the entire amount from the Investment Option, if less.

Remaining Participant Account Value required after the withdrawal [\$2,000], unless Purchase Payments for a Participant have been received within the past [12] months.

WITHDRAWAL CHARGE: [\$25.00] for each withdrawal after the first withdrawal in a Certificate Year.

PREMIUM TAXES: [0.00%]

SEPARATE ACCOUNT: SYMETRA SEPARATE ACCOUNT C

INVESTMENT OPTIONS:

Symetra Fixed Account

[AIM V.I. Mid Cap Core Equity Fund (Series II shares)]
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[Neuberger Berman AMT Regency Portfolio– Class S]
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[American Funds American Balanced Fund]
[American Funds American High-Income Trust Fund]
[American Funds Capital World Bond Fund]
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[American Funds Washington Mutual Investors Fund]
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[Neuberger Berman Genesis Fund - Advisor Class]

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Retirement Services
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[Bellevue, Washington 98004]
Telephone: [1-800-796-3872 x22299]

Mailing Address:

Symetra Life Insurance Company
Retirement Services
[P.O. Box 3882]
[Seattle, Washington 98124]
Fax: [(866)-532-1359]

CERTIFICATE SCHEDULE PAGE

PRODUCT NAME: Symetra [Retirement Passport] Group Variable Annuity

PARTICIPANT: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

AGE AT ISSUE: [52]

CONTRACTHOLDER: [City Hall]
[Box 1234]
[Any Place, Washington 99876]

PLAN: [City Hall 403b Plan]

CONTRACT NUMBER: [000000000]

CONTRACT DELIVERED IN: [Any State]

CERTIFICATE DATE: [03/01/2005]

MAXIMUM PARTICIPANT ISSUE AGE: [85] The Certificate Date must be prior to the Participant's [86th] birthday.

MAXIMUM ANNUITIZATION AGE: [95] Annuity payments must begin prior to the Participant's [96th] birthday.

MINIMUM PURCHASE PAYMENT: [\$30.00]

MINIMUM SUBSEQUENT PURCHASE PAYMENT: [\$30.00]

MINIMUM GUARANTEED INTEREST RATE: 1.50% This is an annual effective interest rate.

ANNUAL ADMINISTRATION MAINTENANCE CHARGE: [\$30.00] each Certificate year. The charge will not be deducted if the Participant Account Value is [\$50,000] or more when the charge is to be deducted.

DAILY CHARGES:

Mortality and Expense Risk Charge: Equal on an annual basis to [1.25%] of the average daily net assets of each Portfolio.

[Sub-Account Fund Facilitation Fee]: [0.25%]. This is deducted if you are invested in any of the [Vanguard] Variable Insurance Fund Portfolios.
[0.10%]. This is deducted if you are invested in any of the [Calvert] Variable Insurance Fund Portfolios.]

MANAGED ADVISORY PROGRAM FEE Equal on an annual basis to 0.75% of the Program Account Value, if enrolled.

SURRENDER CHARGE SCHEDULE:

Years Elapsed Since Certificate Date	Surrender Charge As A Percentage of Amount Withdrawn
---	---

0	9% of amount withdrawn
1	8% of amount withdrawn
2	7% of amount withdrawn
3	6% of amount withdrawn
4	5% of amount withdrawn
5	4% of amount withdrawn
6	3% of amount withdrawn
7	2% of amount withdrawn
8	1% of amount withdrawn
9+	0% of amount withdrawn

[We will not deduct the surrender charge for the following:

- if the total amount withdrawn during the Certificate Year does not exceed 10% of the Participant Account Value;
- payments made under an annuity option;
- the death of a Participant;
- the disability of a Participant, as defined by the Plan;
- the retirement of a Participant in accordance with the Plan;
- a separation of service with the employer;
- payments of required minimum distributions to a Participant under Internal Revenue Code Section 401(a)(9) or other applicable section of the Internal Revenue Code requiring minimum distributions;
- a loan to a Participant and applicable loan charges;
- withdrawals when the Participant Account has been in effect for at least 5 years and the Participant has attained age 59½;
- return of excess deferrals, excess contributions, or excess aggregate contributions as certified by the Plan;
- the annual administration maintenance charge, withdrawal charge, transfer charge or premium taxes;
- repetitive withdrawals, if the withdrawals are equal or substantially equal and are expected to deplete the Participant Account Value over the Participant's life expectancy or the joint life expectancy of the Participant and Beneficiary; and
- to make a payment pursuant to a qualified domestic relations order.]

TRANSFERS:

[\$50.00] minimum amount to transfer into any Investment Option.

[\$500.00] minimum amount to transfer out of an Investment Option at one time, or the entire amount in an Investment Option, if the remaining balance will be less than [\$500.00].

[20%] allowed to be transferred out of the Fixed Account, per Certificate Year. After a transfer from the Fixed Account, the Participant may not make a transfer back into the Fixed Account for 180 days, unless such transfer is part of a Symetra approved Investment Options rebalancing program.

TRANSFER CHARGE:

[12] transfers free of charge, each Certificate Year. Thereafter, [\$10] or [2%] of the amount transferred, whichever is less.

WITHDRAWALS: [\$500.00] minimum amount or the entire amount from the Investment Option, if less.

Remaining Participant Account Value required after the withdrawal [\$2,000], unless Purchase Payments for a Participant have been received within the past [12] months.

WITHDRAWAL CHARGE: [\$25.00] for each withdrawal after the first withdrawal in a Certificate Year.

PREMIUM TAXES: [0.00%]

SEPARATE ACCOUNT: SYMETRA SEPARATE ACCOUNT C

INVESTMENT OPTIONS:

Symetra Fixed Account

[AIM V.I. Mid Cap Core Equity Fund (Series II shares)]
[American Century VP Inflation Protection Class II Fund]
[American Century VP International Class II Fund]
[BlackRock Global Allocation V.I. Fund, Class III]
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[Mutual Shares Securities Fund – Class 2]
[Templeton Developing Markets Securities Fund – Class 2]
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[Neuberger Berman AMT Guardian Portfolio – Class S]
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[PIMCO Total Return Portfolio – Advisor Class Shares]
[Vanguard VIF – Balanced Portfolio]
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Retail Funds available to the general public outside of variable annuity and variable life insurance contracts:

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Mailing Address:

Symetra Life Insurance Company
Retirement Services
[P.O. Box 3882]
[Seattle, Washington 98124]
Fax: [(866)-532-1359]

CONTRACT SCHEDULE PAGE

PRODUCT NAME:	Symetra [Retirement Passport] Group Variable Annuity	
CONTRACTHOLDER:	[City Hall] [Box 1234] [Any Place, Washington 99876]	
PLAN:	[City Hall 403b Plan]	
CONTRACT NUMBER:	[000000000]	
CONTRACT DATE:	[03/01/2005]	
DELIVERED IN THE STATE OF:	[Any State] AND GOVERNED BY ITS LAWS.	
MAXIMUM PARTICIPANT ISSUE AGE:	[85] The Certificate Date must be prior to the Participant's [86th] birthday.	
MAXIMUM ANNUITIZATION AGE:	[95] Annuity payments must begin prior to the Participant's [96th] birthday.	
MINIMUM PURCHASE PAYMENT:	[\$30.00]	
MINIMUM SUBSEQUENT PURCHASE PAYMENT:	[\$30.00]	
MINIMUM GUARANTEED INTEREST RATE:	1.50% This is an annual effective interest rate.	
ANNUAL ADMINISTRATION MAINTENANCE CHARGE:	[\$30.00] each Certificate year. The charge will not be deducted if the Participant Account Value is [\$50,000] or more when the charge is to be deducted.	
DAILY CHARGES:		
Mortality and Expense Risk Charge:	Equal on an annual basis to [1.25%] of the average daily net assets of each Portfolio.	
[Sub-Account Fund Facilitation Fee:	[.25%]. This is deducted if you are invested in any of the [Vanguard] Variable Insurance Fund Portfolios. [.10%]. This is deducted if you are invested in any of the [Calvert] Variable Insurance Fund Portfolios.]	
MANAGED ADVISORY PROGRAM FEE	Equal on an annual basis to 0.75% of the Program Account Value, if enrolled.	
SURRENDER CHARGE SCHEDULE:	Years Elapsed Since Certificate Date	Surrender Charge As A Percentage of Amount Withdrawn
	0	9% of amount withdrawn
	1	8% of amount withdrawn
	2	7% of amount withdrawn
	3	6% of amount withdrawn
	4	5% of amount withdrawn
	5	4% of amount withdrawn
	6	3% of amount withdrawn

7	2% of amount withdrawn
8	1% of amount withdrawn
9+	0% of amount withdrawn

[We will not deduct the surrender charge for the following:

- if the total amount withdrawn during the Certificate Year does not exceed 10% of the Participant Account Value;
- payments made under an annuity option;
- the death of a Participant;
- the disability of a Participant, as defined by the Plan;
- the retirement of a Participant in accordance with the Plan;
- a separation of service with the employer sponsoring the Plan if the separation occurs after the Participant reaches ages 55 and the Participant has been invested in the Contract for at least five years unless the separation is due to Plan termination or employer shutdown;
- payments of required minimum distributions to a Participant under Internal Revenue Code Section 401(a)(9) or other applicable section of the Internal Revenue Code requiring minimum distributions;
- a loan to a Participant and applicable loan charges;
- withdrawals when the Participant Account has been in effect for at least 5 years and the Participant has attained age 59½;
- return of excess deferrals, excess contributions, or excess aggregate contributions as certified by the Plan;
- the annual administration maintenance charge, withdrawal charge, transfer charge or premium taxes;
- repetitive withdrawals, if the withdrawals are equal or substantially equal and are expected to deplete the Participant Account Value over the Participant's life expectancy or the joint life expectancy of the Participant and Beneficiary; and
- to make a payment pursuant to a qualified domestic relations order.]

TRANSFERS:

[\$50.00] minimum amount to transfer into any Investment Option.

[\$500.00] minimum amount to transfer out of an Investment Option at one time, or the entire amount in an Investment Option, if the remaining balance will be less than [\$500.00].

[20%] allowed to be transferred out of the Fixed Account, per Certificate Year. After a transfer from the Fixed Account, the Participant may not make a transfer back into the Fixed Account for 180 days, unless such transfer is part of a Symetra approved Investment Options rebalancing program.

TRANSFER CHARGE:

[12] transfers free of charge, each Certificate Year. Thereafter, [\$10] or [2%] of the amount transferred, whichever is less.

WITHDRAWALS:

[\$500.00] minimum amount or the entire amount from the Investment Option, if less.

Remaining Participant Account Value required after the withdrawal [\$2,000], unless Purchase Payments for a Participant have been received within the past [12] months.

WITHDRAWAL CHARGE: [\$25.00] for each withdrawal after the first withdrawal in a Certificate Year.

PREMIUM TAXES: [0.00%]

SEPARATE ACCOUNT: SYMETRA SEPARATE ACCOUNT C

INVESTMENT OPTIONS:

Symetra Fixed Account

[AIM V.I. Mid Cap Core Equity Fund (Series II shares)]
[American Century VP Inflation Protection Class II Fund]
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[American Funds The Growth Fund of America]
[American Funds The Investment Company of America]
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