

SERFF Tracking Number: SYMT-127734895 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 50100
Company Tracking Number: L-10072 10/11
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: CGB Rider
Project Name/Number: Charitable Giving Rider/L-10072 10/11 and LUC-170 10/11

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: CGB Rider

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: SYMT-127734895 State: Arkansas

SERFF Status: Closed-Approved State Tr Num: 50100

Co Tr Num: L-10072 10/11

State Status: Approved-Closed

Reviewer(s): Linda Bird, Donna Lambert

Authors: Lisa Hampton, Linda

Disposition Date: 10/28/2011

Porter, Jill Morgan, Lisa Richards

Date Submitted: 10/25/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 11/28/2011

State Filing Description:

General Information

Project Name: Charitable Giving Rider

Project Number: L-10072 10/11 and LUC-170 10/11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Linda Porter

Filing Description:

October 20, 2011

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Washington, our state of Domicile will be filed under the IIPRC.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/28/2011

State Status Changed: 10/28/2011

Created By: Lisa Richards

Corresponding Filing Tracking Number:

State of Arkansas, Department of Insurance

Symetra Life Insurance Company

NAIC# 1129-68608

FEIN# 91-0742147

RE: Symetra Life Insurance Company

SERFF Tracking Number: SYMT-127734895 State: Arkansas
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Project Name/Number: Charitable Giving Rider/L-10072 10/11 and LUC-170 10/11
NAIC No. 1129-68608, FEIN: 91-0742147

Included Forms: L-10072 10/11 – Charitable Giving Benefit Rider
LUC-170 10/11 – Life Insurance Application – Part I

Dear Sir or Madam:

We are submitting copies of final versions of the above referenced forms for your review. The content does not deviate from normal company or industry standards and contains no unusual or controversial items.

These forms are submitted in final printed form and are subject only to minor modifications in paper stock, ink, and adaptation to computer printing. At some time in the future, it may be necessary for us to change the format, fonts, page breaks, etc. in this form in order to accommodate new technology or new printing equipment. We reserve the right to make these types of changes without re-filing as long as there is no change to the specific content of these forms. However, any such accommodation will not result in the use of a font or type style or size which would violate any law, regulation or standard.

Rider form L-10072 10/11 is a Charitable Giving Benefit Rider. This form will be available from issue ages 20 to 65. The benefit pays 1% of the base policy face amount, to a maximum of \$100,000, to the charitable organization named by the owner upon his or her death. This rider is elected by the owner on the application and will continue for the lifetime of the insured unless cancelled. This rider cannot be added after the policy has been issued and, once cancelled, this rider cannot be re-elected. There is no premium charged for this rider and this rider has no cash or surrender Value. The Flesch Score is 50.3.

LUC-170 10/11, Part I Life Insurance Application, will be used in the application process and will become a part of the policy at issue. The Flesch Score is 52.1.

LUC-170 10/11 will replace LUC-166 6/11, Part I Life Insurance Application (previously approved).

Our contracts, including the rider submitted, are marketed by licensed representatives who are appointed with the Company and sell through bank or agency distribution systems. Commissions and gross premiums are consistent with those of the Company's individual policies and there is no deviation from usual retention.

These forms are currently pending in Washington, our state of domicile, under an IIPRC filing. We plan to introduce these forms once approval has been received.

The rider is to be attached to the following contracts if elected at issue:

Form Description Filing No. Date Approved/

Deemed/Filed

L-10055 6/11 Flexible Premium Universal Life SYMT-127366145 09-19-11

L-10056 7/11 Flexible Premium Universal Life SYMT-127368083 09-19-11

The application filed here will replace the following previously approved form:

Form Description Filing No. Date Approved/

Deemed/Filed

LUC-166 6/11 Life Insurance Application – Part I SYMT-127366145 09-19-11

The Actuarial Memorandum for the Charitable Giving Rider is included with this submission.

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Thank you for your consideration of this submission.

Lisa Richards
 Symetra Life Insurance Company
 800-796-3872 extension 65874
 425-256-5874

Company and Contact

Filing Contact Information

Lisa Richards, Compliance Analyst II lisa.richards@symetra.com
 777 108th Avenue NE, Suite 1200 425-256-5874 [Phone]
 Bellevue, WA 98004 425-256-5466 [FAX]

Filing Company Information

Symetra Life Insurance Company CoCode: 68608 State of Domicile: Washington
 777 108th Ave NE, Suite 1200 Group Code: 1129 Company Type: Insurance
 Bellevue, WA 98004-5135 Group Name: State ID Number:
 (800) 796-3872 ext. [Phone] FEIN Number: 91-0742147

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$0.00	10/25/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/28/2011	10/28/2011

SERFF Tracking Number: SYMT-127734895 *State:* Arkansas
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Disposition

Disposition Date: 10/28/2011

Implementation Date: 11/28/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMT-127734895 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Actuarial Memo	Approved	No
Supporting Document	Statement of Variability	Approved	Yes
Form	Charitable Giving Rider	Approved	Yes
Form	Life Insurance Application - Part 1	Approved	Yes

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Form Schedule

Lead Form Number: L-10072 10/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/28/2011	L-10072 10/11	Policy/Cont ract/Fratern al	Charitable Giving Rider	Initial		50.300	L-10072_10- 11 CGB Rider.pdf
Approved 10/28/2011	LUC-170 10/11	Application/ Enrollment	Life Insurance Application - Part 1 Form	Initial		52.100	LUC-170_10- 11_Basic.pdf

CHARITABLE GIVING RIDER

This Rider provides an additional Death Benefit which is paid directly to the Charitable Beneficiary.

GENERAL PROVISIONS

This Rider will be issued as an attachment to Your Policy if Your Face Amount is an amount that meets Our underwriting guidelines for issuance of this Rider and You elect this Rider. You must exercise the option to attach this Rider to Your Policy at the time of Your application. The terms of the Policy also apply unless they conflict with the specific terms of this Rider. There is no cost for this Rider.

BENEFIT

You must name a Charitable Beneficiary when You elect this Rider. If the Death Benefit becomes payable while this Rider is in force, We will pay the Charitable Gift Amount to the Charitable Beneficiary. If the Death Benefit becomes payable and no Charitable Beneficiary is named, no Charitable Gift Amount will be paid.

CHARITABLE GIFT AMOUNT

The Charitable Gift Amount is 1% of the base policy Face Amount, but will not exceed \$100,000. The Charitable Gift Amount is in addition to the Death Benefit payable under the Policy.

CHARITABLE BENEFICIARY

The Charitable Beneficiary may be any organization exempt from taxation pursuant to Section 501(c) of the Internal Revenue Code and eligible to receive a charitable contribution as defined in Section 170(c) of the Internal Revenue Code.

If the Charitable Beneficiary is not in existence or no longer qualifies as a 501(c) organization at the time the Charitable Gift Amount becomes payable, the Owner (or the Owner's estate representative if the Owner is the Insured) must designate in writing a new Charitable Beneficiary to whom the Charitable Gift Amount will be payable. If We do not receive such written designation within 90 days of Our request, no Charitable Gift Amount will be paid.

CHANGES

Changing the Charitable Beneficiary. While the Policy and this Rider are in force, You may change the Charitable Beneficiary by sending a signed, written notice to Our administrative office.

Changing the Owner of the Policy. If the Owner of the Policy is changed while this Rider is in force, the new Owner may name a new Charitable Beneficiary.

Effect of Transactions on the Charitable Gift Amount. The Charitable Gift Amount will never increase. The Charitable Gift Amount will decrease if the Face Amount of the base Policy decreases.

TERMINATION

This Rider will terminate on the earliest of:

- the date of the Insured's death; or
- the date the Policy terminates; or
- the date We receive Your written request to remove this Rider.

This Rider is effective on the date of issue or the effective date of Reinstatement of the Policy to which it is attached.

Symetra Life Insurance Company



[Thomas M. Marra]
[President]

Symetra Life Insurance Company

[777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135]

Send to: [Service Center: Fax: 1-888-274-0802]

[PO Box 84068 | Seattle, WA 98124-9718]

LIFE INSURANCE APPLICATION — PART I LUC-170 10/11

PROPOSED INSURED INFORMATION	Life Insurance for First MI Last			Soc. Sec./Tax I.D.		
	<input type="checkbox"/> Male <input type="checkbox"/> Female					
	Street/PO Box		City	State	Zip	
	Phone Number		Best Time to call	Best Day to call		
	Occupation		Employer	Annual Income	State of Birth	
	Height	Weight	Driver's License #		Date of Birth	
	Owner if other than Proposed Insured			Soc. Sec./Tax I.D.	Relationship	
	Owner Address		Street/PO Box	City	State	Zip
Insurance Needed For <input type="checkbox"/> Debt/Family/Business Protection <input type="checkbox"/> Income Replacement <input type="checkbox"/> Retirement/Estate Planning <input type="checkbox"/> Other _____						

COVERAGES	Amount of Coverage \$	Quoted Premium \$	Net Credited Interest Rate (SPL Only)	%
	[Plan Choice	[Riders		

RATE CLASS	Rate class applied for (Check one only)							
		Juvenile	Standard (Nicotine)	Non-Nicotine (Standard)	Standard Plus (Nicotine)	Preferred (Non-Nicotine)	Preferred Plus (Non-Nicotine)	Preferred Best (Non-Nicotine)
	Term Plan	N/A						
	Term Plan with ROP	N/A					N/A	N/A
	UL							
	VUL	N/A						
		Juvenile	Traditional (Nicotine)	Traditional (Non-Nicotine)	Preferred (Nicotine)	Preferred (Non-Nicotine)	Preferred Plus (Non-Nicotine)	Preferred Best (Non-Nicotine)
	SPL	N/A					N/A	N/A

The percentage for each product and each type of beneficiary must total 100%. Do not indicate multiple beneficiaries as a group – e.g., "All Children of Proposed Insured." If more space is needed, please add additional beneficiaries in the Remarks section.							
BENEFICIARY INFORMATION	P = Primary C = Contingent	Name (first, middle initial, last) or Organization Name and Address	Date of Birth/Trust	SSN, TIN or 501(c) Tax ID Number	Relationship to Proposed Insured	%	
	<input type="checkbox"/> P						
	<input type="checkbox"/> P						
	<input type="checkbox"/> P <input type="checkbox"/> C						
	<input type="checkbox"/> P <input type="checkbox"/> C						
[Charitable Giving Rider]							
TEMPORARY INSURANCE	Temporary Life Insurance Agreement (TIA) questions: For any "Yes" answers to questions 1 – 2 please provide details in the Remarks section, including doctor names, addresses, dates and treatments.					Yes	No
	1. Within the past 90 days, has the Proposed Insured been admitted to, or been advised to be admitted to, a hospital?					<input type="checkbox"/>	<input type="checkbox"/>
	2. In the past two years has the Proposed Insured been treated for: heart disease, stroke, tumor, mass, cancer, alcohol, drugs, or Acquired Immunodeficiency Syndrome (AIDS)/Aids Related Complex (ARC) by a medical professional?					<input type="checkbox"/>	<input type="checkbox"/>
If you are under age 81 and your face amount is \$1,000,000 or less and you answered NO to the TIA questions above, you will be covered under the TIA if a check is collected for the initial payment or you sign up for initial payment by EFT or wire transfer (maximum coverage is \$250,000) . NOTE TO AGENT/INSURANCE PRODUCER: For any Yes answers to questions 1 - 2 or if the face amount is greater than \$1,000,000, do not collect premium. No TIA coverage will be in effect.							
APPLICANT REPLACEMENT	1. Do you have any other existing insurance policies or annuity contracts in force or applied for with this or any other company?					Yes	No
	Company	MO/YR Issued	Face Amount	Policy Type	Annual Premium		
	2. To the best of the Applicant's knowledge, will the policy applied for replace any existing life insurance policy or annuity, or is any part of the premium to be paid by policy loan, or cash value on insurance presently in force? (If yes, attach state replacement disclosure.)					Yes	No
	3. Existing Policy Cash Value \$ _____ Amount of Surrender Charge \$ _____						
	4. Will new policy have surrender charges?					<input type="checkbox"/>	<input type="checkbox"/>

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I hereby authorize and request any medical care provider, pharmacy, pharmacy benefits manager, individual employer, insurance company, reinsuring company, medical examiners, government unit, consumer reporting agency, or other person or organization, and MIB, Inc., to disclose any and all medical information, non-medical information, employment information, and insurance information they hold concerning me, to the employees, agents, or attorneys of Symetra Life Insurance Company. This disclosure Authorization will permit employees, agents or reinsurers of Symetra Life Insurance Company to view, copy, be furnished copies, share, or be given details of all such information described above including, but not limited to, mental and physical condition, evaluation, diagnoses, treatment, prognoses, prescription records, and/or toxicology results; specifically to include drug or alcohol use, mental illness, psychiatric treatment or diagnosis, testing and/or treatment of HIV (AIDS virus) and/or other sexually-transmitted diseases. Symetra Life Insurance Company obtains medical information only in connection with specific products or claims. Symetra Life Insurance Company will not use or share personally identifiable medical information for any purpose other than the underwriting or administration of your policy, claim or account. I understand that the information obtained pursuant to this Authorization will be used for the purpose of verifying, evaluating, negotiating, and other pertinent legal uses, with respect to my application for insurance, or claim under a policy of insurance. This Authorization will expire at the end of the contestability period of any insurance policy issued in reliance on the records obtained through this Authorization or twenty-four (24) months after the date of signing this Authorization. The individual signing this Authorization has the right to revoke Authorization in writing, except to the extent that action has been taken in reliance on the Authorization, or during a contestability period. A written statement revoking this Authorization delivered to Symetra Life Insurance Company at its usual business address will revoke this Authorization. Any copy of this Authorization shall have the same authority as the original. I also understand that I or my representative have a right to receive a copy of this Authorization upon request.

I, the Owner, certify under the penalties of perjury that (1) the number shown in Proposed Insured Information section is my correct taxpayer identification number, and (2) I am not subject to backup withholding.

I (we) agree that all statements and answers recorded on this application are true and complete to the best of my/our knowledge and belief, and shall form a part of any policy issued. I have also read the Temporary Life Insurance Agreement. (Maximum Coverage is \$250,000.)

Fraud Warnings

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

District of Columbia Residents: 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.

Oregon Residents: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a materially false or deceptive statement may be guilty of insurance fraud.

I acknowledge this insurance policy was not a prerequisite to receiving credit, property or services from any bank and that the amount of insurance I am applying for may not meet my complete financial needs. I have received information both orally and in writing stating that this insurance product is not a deposit or other obligation of, or guaranteed by, any bank or an affiliate of a bank and that the insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, or an affiliate of a bank.

Signed this _____, at _____, State of _____
Date City State

Printed Name of Proposed Insured

Print Name of Writing or Authorized Insurance Producer

Signature of Proposed Insured (Age 15 or older)

Signature of Writing or Authorized Insurance Producer

Signature of Applicant/Owner* if other than Proposed Insured

Insurance Producer Phone

Insurance Producer Stat Number

Insurance Producer Email

Branch Name _____ Branch # _____ Cost Center # _____ Rep ID # _____

* If Applicant is corporation/partnership, a corporate officer/partner other than Proposed Insured must sign.

NOTICE OF INSURANCE INFORMATION PRACTICES

MIB, Inc. (Medical Information Bureau, MIB) – Information regarding your insurability will be treated as confidential. Symetra Life or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Information for consumers about MIB may be obtained on its website at www.mib.com. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB may also be contacted at 1-866-692-6901 (TTY 1-866-346-3642). Symetra Life or its reinsurers may also release information in its file to others insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Investigative Consumer Report – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this in the remarks section on the reverse side of this application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice.

Disclosure to Others – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to MIB.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

Access and Correction – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Life New Business Department of Symetra Life, PO Box 84068, Seattle, Washington 98124-9918. Your comments will be carefully considered and corrections made where justified.

TEMPORARY LIFE INSURANCE AGREEMENT

AMOUNT OF COVERAGE: If the Temporary Life Insurance questions have been answered "no" and if money has been accepted as advance payment for life insurance and the Proposed Insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

- (a) the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or
- (b) a maximum amount under all Temporary Life Insurance Agreements with Symetra Life of \$250,000.

COVERAGE BEGINS: Life insurance under this Agreement will begin on the date of this application, if the Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

COVERAGE ENDS: Life insurance under this Agreement will terminate on the earliest of:

- (a) 90 days from the date of this Agreement; or
- (b) the date that insurance takes effect under the policy applied for; or
- (c) the date a policy, other than as applied for, is offered to the Applicant; or
- (d) the date the Company mails notice of termination of coverage and a return of the payment to the Applicant.

LIMITATIONS:

- (a) This Agreement does not provide benefits for disability.
- (b) Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.
- (c) If the Proposed Insured is less than 15 days old or more than 80 years old, the Company's liability under this Agreement is limited to a refund of the payment made.
- (d) If the Proposed Insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- (e) If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement.
- (f) No one is authorized to waive or modify the terms of this Agreement.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch_certification_CGB_Rider.pdf	Approved	10/28/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Application filed for approval is attached at Forms Tab Comments:	Approved	10/28/2011

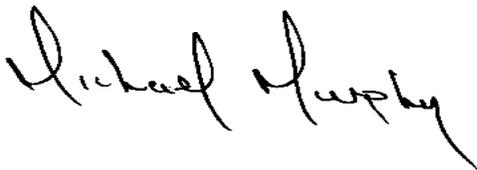
	Item Status:	Status Date:
Satisfied - Item: Actuarial Memo Comments: Attachment: Actuarial Memo CGBR10-21-2011.pdf	Approved	10/28/2011

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: SOV_LUC-170_1011.pdf	Approved	10/28/2011

Symetra Life Insurance Company

Flesch Certification

Form	Flesch Score
L-10072 10/11 Charitable Giving Benefit Rider	50.3
LUC-170 10/11 Life Insurance Application – Part 1	52.1



Michael Murphy
Vice President
Symetra Life Insurance Company

October 20, 2011

Statement of Variability

Symetra Life Insurance Company
NAIC # 68608/ FEIN #91-0742147

October 20, 2011

Forms: LUC-170 10/11 – Part I Application

The variability for bracketed items in the above-referenced forms is provided below. This Statement of Variability reflects bracketing of items that will vary based upon policy specific information. In addition, this Statement of Variability also reflects bracketing of items that Symetra Life Insurance Company might vary within the range provided for future issues without requiring a re-filing. We have bracketed these items so we may more quickly respond to changes in the market, in company experience, or in the regulatory environment. Any changes made in such items will be determined based on sound actuarial practice and administered in a uniform and non-discriminatory manner. With the exception of the current Company and address, such variable information will not be changed for issued policies, only for new issues.

LUC-170 10/11 – Life Insurance Application		
Field	Range	Explanation of Variation
[Company Address and Telephone Number]		Displays the current address and telephone number of the administrative office or service center.
Send to: [Administrative Office, Fax Number and Mailing Address]		Displays the administrative office or mailing office address and it's fax number.
[Page Numbers]	1-10	Displays the page number and total number of pages, which may vary dependent upon length.
[Plan Choice]	<input type="checkbox"/> Term (please select term) <input type="checkbox"/> 10-yr <input type="checkbox"/> 15-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 30-yr <input type="checkbox"/> Term with Return of Premium (ROP) (please select term) [(please complete the Part III ICB form)] <input type="checkbox"/> Universal Life Plan (UL) _____ Death Benefit Option: <input type="checkbox"/> A Level <input type="checkbox"/> B Increasing] [<input type="checkbox"/> C Face Amount plus premiums less distributions (subject to limits shown in the Policy)] <input type="checkbox"/> Variable Universal Life (VUL) _____ Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing] <input type="checkbox"/> Single Premium Life (SPL) _____] [Include Return of Premium: <input type="checkbox"/> Yes <input type="checkbox"/> No] <input type="checkbox"/> Other _____]	Displays available plans. Only those that are approved and available will be displayed

[Riders]	<input type="checkbox"/> Term Rider on Self (UL only) \$_____ <input type="checkbox"/> Term Rider on Others <small>(please complete part 1 for each rider)</small> How many: _____ (for Term Life only 1 available) <input type="checkbox"/> Insured Children's Benefit <small>(please complete the Part III ICB form)</small> <input type="checkbox"/> Waiver of Premium] <input type="checkbox"/> Waiver of Monthly Deduction <input type="checkbox"/> Return of Premium Benefit <input type="checkbox"/> Disability Income Rider for Accidental Injury <small>(Monthly benefit min \$50, max \$3,000 not to exceed 1.5% of the face amount)</small> <input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> Guaranteed Insurance Option <input type="checkbox"/> Charitable Giving Rider <small>(Base Policy Face amount must be at least \$500,000) A Charitable Beneficiary must be named in the Beneficiary section of this application.]</small> <input type="checkbox"/> Accelerated Benefit Rider (TI or CI) <input type="checkbox"/> Other: _____	Displays the Riders and Benefits offer under the policy. Only those that are approved and available for a particular plan will be displayed.
[Charitable Giving Rider]	<input type="checkbox"/> Charitable Giving Rider (subject to underwriting guidelines) Name of Charitable Beneficiary: _____ 501(c) Tax ID Number: _____ Address: _____ Who will provide confirmation to the charitable organization, choose one: <input type="checkbox"/> I will notify the charity of my intent OR <input type="checkbox"/> Permit the Company to notify the charity of my intention upon my death.]	This will be added if the Charitable Giving Rider has been elected in the rider section of the application.

CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification. I further certify that any change or modification to a variable item shall be administered in the variability of information section, including any requirements for prior approval of a change or modification.



Michael Murphy
Vice President
Symetra Life Insurance Company