

SERFF Tracking Number: SYMX-G127020338 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 48019
Company Tracking Number: L-10046 1/11
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: L-10046 1/11 Single Premium Life
Project Name/Number: IND- Individual/AR002631000002

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: L-10046 1/11 Single Premium Life

TOI: L09I Individual Life - Flexible Premium Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: SYMX-G127020338

SERFF Status: Closed-Approved-Closed

Co Tr Num: L-10046 1/11

Author: Symetra Life

Date Submitted: 02/17/2011

State: Arkansas

State Tr Num: 48019

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 02/24/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 03/04/2011

State Filing Description:

General Information

Project Name: IND- Individual

Project Number: AR002631000002

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Symetra Life

Filing Description:

RE: Symetra Life Insurance Company

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

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/24/2011

State Status Changed: 02/24/2011

Created By: Symetra Life

Corresponding Filing Tracking Number:

Included Forms:

L-10046 1/11 Single Premium Permanent Life Insurance Policy

LUC-157 1/11 Single Premium Life Insurance Application

LUC-158 1/11 Single Premium Life Insurance Application

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Dear Sir or Madam:

We are submitting copies of final versions of the above referenced forms for your review, and request that they be reviewed as part of this submission.

The forms are new and do not replace any forms currently in use. The content does not deviate from normal company or industry standards and contain no unusual or controversial items.

They 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 in the text 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.

L-10046 1/11 is a non-participating single-premium permanent life insurance policy. This policy will be available from ages 55 to 85. The policy will be sold without an illustration.

The Flesch Score is 50.3.

A Statement of Variability and Actuarial Memorandum are included on the Supporting Documentation tab with this submission.

LUC-157 1/11 is a simplified issue application that will be used with policy L-10046 1/11. The application has a Flesch Score of 50.1.

LUC-158 1/11 is a fully-underwritten application that will be used with policy L-10046 1/11. The application has a Flesch Score of 50.0.

The Guarantee of the Death Benefit (form L-9946 5/07, approved June 28, 2007, SERFF #SYMX-125200612) will be used with this contract, as will the LUC-123 7/05 Part II Individual Life Insurance application (approved Sept. 28, 2005, SERFF #USPH?6GHLST397), which will be used in the application process for cases requiring medical underwriting.

Additionally, the L-10042 1/11 Accelerated Death Benefit Rider for Cognitive Impairment and Limited Activities of Daily Living and the L-10043 1/11 Accelerated Death Benefit Rider for Terminal Illness will be used with policy L-10046 1/11.

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These ABRs were approved on February 2, 2011 (SERFF # SYMX-G126949470).

Thank you for your consideration of this submission.

Linda Porter
 Symetra Life Insurance Company
 800-796-3872 extension 65495

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: \$150.00
 Retaliatory? No
 Fee Explanation: 3 forms @ \$50.00 each = \$150.00 fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$150.00	02/17/2011	44806453

SERFF Tracking Number: SYMX-G127020338 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/24/2011	02/24/2011

SERFF Tracking Number: SYMX-G127020338 *State:* Arkansas
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Disposition

Disposition Date: 02/24/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMX-G127020338 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	Application	No	No
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Actuarial Memo	No	No
Supporting Document	AR Certification	Yes	Yes
Supporting Document	AR Certification II	Yes	Yes
Form	Single Premium Permanent Life Insurance	Yes	Yes
Form	Life Insurance Application	Yes	Yes
Form	Life Insurance Application	Yes	Yes

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Form Schedule

Lead Form Number: L-10046 1/11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-10046 1/11	Policy/Cont Single Premium ract/Fratern Permanent Life al Insurance Certificate	Initial		50.300	L_10046_111_Final_20110215.PDF
	LUC-157 1/11	Application/Life Insurance Enrollment Application Form	Initial		50.100	LUC-157_111_20100128.PDF
	LUC-158 1/11	Application/Life Insurance Enrollment Application Form	Initial		50.000	LUC-158_111_20100128.PDF

Life Insurance
Policy

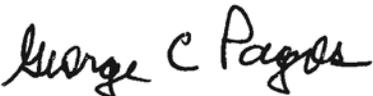
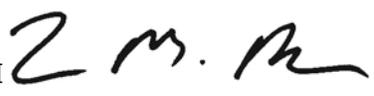
Insured: [John Doe]
Policy Number: [AA0000000000000000] **Class:** [Preferred]
Face Amount: [\$100,000] [Male]
Issue Date: [01/01/11] [Non-Nicotine]

**SINGLE PREMIUM
PERMANENT LIFE INSURANCE POLICY**

- This policy has been issued in consideration of the application and payment of the single premium.
- Symetra Life Insurance Company will pay the insurance benefits and provide the other rights and benefits of this policy in accordance with its provisions.

**THIS POLICY IS A LEGAL CONTRACT BETWEEN YOU AND US.
PLEASE READ YOUR POLICY CAREFULLY.**

Signed for Symetra Life Insurance Company, a stock company, at its Home Office on the issue date.

[] []
[George C. Pagos] [Thomas M. Marra]
[Secretary] [President]

RIGHT TO EXAMINE THE POLICY: Within 30 days after this policy is received, it may be cancelled by delivering or mailing it to the agent through whom it was purchased, or any agent of Symetra, or to our Home Office. Upon cancellation, all money will be refunded.

**IF YOU HAVE ANY QUESTIONS, COMMENTS OR COMPLAINTS,
PLEASE CONTACT SYMETRA LIFE AT 1-800-796-3872**

Single Premium Permanent Life Insurance
Matures at Age 120
Nonparticipating

Symetra Life Insurance Company A Stock Company [Phone 1-800 796-3872 TTY/TDD 1-800 833-6388 (Deaf/HH)]	Home Office: [777 108th Ave NE Suite 1200 Bellevue, WA 98004]	Mailing Address: [PO Box 34690 Seattle, WA 98124-1690 www.symetra.com]
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POLICY NUMBER: [AA00000000000000]

COVERAGE DESCRIPTION -----

PRIMARY INSURED: [JOHN DOE]

ISSUE DATE: [JAN 01, 2011]

SINGLE PREMIUM PAYMENT: [\$57,191.00]

**MONTHLY
ANNIVERSARY:** [1ST DAY OF EACH MONTH]

FACE AMOUNT: [\$100,000]

AMOUNT OF COVERAGE	COVERAGE	MATURITY
[PRIMARY INSURED: \$100,000	JOHN DOE ISSUE AGE: 65 STATE OF ISSUE: [AA] CLASS: PREFERRED MALE NON-NICOTINE LIFE INSURANCE	JAN 01, 2066]

Coverage may expire prior to the Maturity Date shown if premiums paid are insufficient to continue coverage to such date. The disclosure statement you received shows how long coverage will continue on the basis of guaranteed assumptions.

POLICY NUMBER: [AA00000000000000]

COVERAGE DESCRIPTION -----

A Monthly Deduction will be deducted from the Accumulation Fund on each monthly anniversary. See section 5.1.

[We base the minimum Cash Surrender Values on the 2001 Commissioners Standard Ordinary Age Last Birthday Mortality Tables, classified by male or female, smoker or non-smoker, with a guaranteed crediting rate of 3% per year. Deaths are assumed to occur at the end of the policy year.]

The Interest Rate charged in advance for Policy Loans is 5.66%. See section 5.9.

The Guideline Single Premium for this policy is [\$63,501.01]. The Guideline Annual Premium is [\$5,336.67]. The sum of the premiums paid at any date for this policy should not exceed the greater of:

- The guideline single premium, or
- The sum of the guideline annual premiums to such date.

These limitations are to assure that the Death Benefits paid under this policy are not includable in the gross income of the Beneficiary for federal income tax purposes. See section 2.4.

If the coverage under this policy is decreased, the guideline premiums will change.

The Guideline 7-Pay Premium as defined by the Tax and Miscellaneous Revenue Act of 1988 (TAMRA) is [\$9,113.32.]

[Because of its ratio of single premium payment to insurance your policy will be treated as a Modified Endowment Contract (MEC) as required by the Internal Revenue Code. Amounts taken out while the Insured is still living, including loans and collateral assignments, may be subject to federal income tax. There may be a 10% tax penalty on the taxable amount taken before age 59½.]

For information about these or other tax matters relating to life insurance taxation, consult your tax advisor.

POLICY NUMBER: [AA00000000000000]

COVERAGE DESCRIPTION -----

Table of Surrender Charges (See Sec. 5.12)

Year 1	6.50%
Year 2	6.10%
Year 3	5.70%
Year 4	5.30%
Year 5	4.90%
Year 6	4.50%
Year 7	4.00%
Year 8	3.00%
Year 9	2.00%
Year 10	1.00%
Year 11 and after	– no Surrender Charge

POLICY NUMBER: [AA00000000000000]

SCHEDULE OF GUARANTEED MAXIMUM COST OF INSURANCE

MONTHLY RATES PER \$1,000

SCHEDULE FOR PRIMARY INSURED: JOHN DOE

\$100,000 LIFE INSURANCE		
AT BEGINNING OF POLICY YEAR	ON JAN 1	LIFE INSURANCE RATE
01	2011	1.3525
02	2012	1.4817
03	2013	1.6167
04	2014	1.7592
05	2015	1.9192
06	2016	2.1058
07	2017	2.3325
08	2018	2.5975
09	2019	2.8767
10	2020	3.1767
11	2021	3.5033
12	2022	3.8717
13	2023	4.3000
14	2024	4.7975
15	2025	5.3550
16	2026	5.9767
17	2027	6.6525
18	2028	7.3683
19	2029	8.1500
20	2030	9.0192
21	2031	9.9858
22	2032	11.0492
23	2033	12.1983
24	2034	13.4200
25	2035	14.7017
26	2036	15.9783
27	2037	17.2350
28	2038	18.5517
29	2039	19.9400
30	2040	21.4025
31	2041	22.8508
32	2042	24.2650
33	2043	25.7717
34	2044	27.3783
35	2045	29.0925

1. DEFINITIONS -----

“We,” “our,” and “us” mean Symetra Life Insurance Company. The address of our Home Office is 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135. Our Administrative Address is PO Box 7902, London, KY 40742-7902. You should send any payments, notices and correspondence to our Administrative Address.

“You” and “your” mean the Owner of the policy at the time an Owner’s right is exercised.

2. GENERAL PROVISIONS -----

2.1 The Contract

This policy is issued in consideration of the application and payment of the single premium payment shown in the Coverage Description.

This policy, any riders, benefits, endorsements or amendments, and the attached copy of the initial and all subsequent applications to change the policy make up the entire contract.

2.2 Face Amount

The Face Amount of coverage is shown in the Coverage Description. We do not allow you to increase or decrease the Face Amount of coverage.

2.3 Change of Contract

Only our President, Secretary or one of our Vice Presidents or Assistant Secretaries can modify this policy or waive any of our rights or requirements under it. The person making these changes must put them in writing and sign them.

2.4 Applicable Tax Law

For you and the Beneficiary to receive the tax treatment accorded to life insurance under federal law, this policy must continually qualify as life insurance under the Internal Revenue Code or successor law. Therefore, to secure this qualification we reserve the right to decline to accept premium payments or rate class changes, or to decline to make withdrawals that would cause this policy to fail to qualify as life insurance under applicable tax law as interpreted by us. In the event that this policy fails to qualify as life insurance under applicable tax law as interpreted by us, we will notify you by mail of this fact and inform you of our proposed action. You will have 30 days to tell us if the action we propose is unacceptable. If after 30 days you have not contacted us on this matter, we will take the action we proposed to qualify the policy as life insurance. Any such proposed changes will apply uniformly to all policies that are affected.

2.5 Adjustable Policy Cost Factors

Changes in policy cost factors (credited interest rates, Cost of Insurance deductions and expense charges) will be by class and based upon changes in future expectations for such elements as investment earnings, mortality, persistency, expenses and taxes. Any change in policy cost factors will be determined in accordance with procedures and standards on file, if required, with the insurance supervisory official of the jurisdiction in which this policy is delivered. Gross Interest rates will never be less than 3%.

2.6 Incontestability

We have the right to contest the validity of this policy based on material misrepresentations made in the application, subsequent applications to change the policy or any amendment to an application. We will not contest the validity of this policy after it has been in effect during the lifetime of any Insured for two years from the Issue Date shown in the Coverage Description. We will not contest any policy change that requires an application, or any reinstatement of the policy, after the change or reinstatement has been in effect for two years during the lifetime of the Insured.

No statement will be used to contest a claim unless contained in an application. All statements made in an application are representations and not warranties.

See any additional benefit riders for modifications of this provision that apply to them.

2.7 Misstatement of Age or Sex

If an Insured's age or sex has been misstated on any application, the Death Benefit and any benefits provided by riders to this policy will be adjusted. The adjustment will be to an amount that would have been purchased at the correct age or sex using the Cost of Insurance rates in effect on the Issue Date.

2.8 Suicide Exclusion

If the Insured commits suicide, while sane or insane, within two years of the Issue Date, the proceeds payable will be limited to:

- the premium paid; minus
- any loans and Loan Interest; minus
- any withdrawals of the Net Cash Surrender Value.

2.9 Policy Dates

The Issue Date is shown in the Coverage Description and is the effective date for all coverage in the original application. Policy years and months are measured from the Issue Date. Each yearly anniversary of the Issue Date is a policy anniversary. A monthly anniversary is the same day of each month that coincides with the issue day of the month. The Coverage Description shows the monthly anniversary for this policy.

2.10 Policy Expiration

This policy will expire upon the death of the Insured, or upon maturity or surrender for cash, after payment of the proceeds.

2.11 Basis of Computations

We provide Cash Surrender Values that are at least equal to or more than those required by law. If required to do so, we have filed with the insurance supervisory official of the jurisdiction in which this policy is delivered a detailed statement of our method of computing such values.

The basis for the minimum Cash Surrender Values are described in the Coverage Description.

2.12 Annual Report

On each policy anniversary, we will send you a report. It will show the premiums paid and all expense and insurance charges made since the last report. The report will show the interest credited, current Accumulation Fund, the current Cash Surrender Value, the current Death Benefit, and the amount of outstanding Policy Loans.

We will provide this report at any other time upon your written request. We reserve the right to charge a fee for additional reports. The fee will not exceed \$25.00.

3. OWNER AND BENEFICIARY PROVISIONS -----

3.1 Owner

The Owner of this policy is the Insured unless named otherwise in the application, or later changed.

If this policy is in force and the Insured is living on the Maturity Date, we will pay you the Net Cash Surrender Value as defined in section 5.7. This policy will then end. The Maturity Date is the first policy anniversary after the Insured's 120th birthday.

As Owner, you are entitled to exercise all the rights of this policy while the Insured is living. If you designate an irrevocable Beneficiary or assign the policy, your rights are limited.

3.2 Beneficiary

The Beneficiary is as named in the application, unless later changed. The Beneficiary is entitled to the insurance benefits of this policy. If two or more persons are named, those who survive the Insured will share the insurance benefits equally, unless you have made other arrangements with us.

If there is no designated Beneficiary living at the death of the Insured we will pay the benefits to the Owner or Owner's estate. If any beneficiary dies within 60 days after the Insured, and before payment of any proceeds, payments will be made as though the Beneficiary had died before the Insured. The Beneficiary designation may include provisions that replace these.

3.3 Changing Owner or Beneficiary

While the Insured is living and this policy is in force, you may change the Owner or Beneficiary by sending a written notice to our Administrative Address. The written notice must have the name of the new Beneficiary or name and notarized signature of the new Owner, and be signed by you. As permissible by law, changes related to beneficiaries and ownership will take effect as of the date received at our Administrative Address.

3.4 Assignment

You may assign this policy. We will not accept or be bound by an assignment unless we receive at our Administrative Address a written assignment that is signed by you. Your rights and those of any other person referred to in this policy will be subject to the assignment. We assume no responsibility for the validity of an assignment. A collateral assignment will not change ownership. We will consider an absolute assignment as a change of ownership.

4. PREMIUM PROVISIONS-----

4.1 Payment of Premium

The single premium payment shown in the Coverage Description is due on or before delivery of the policy. No insurance will take effect under this policy before the full single premium payment is paid.

4.2 Grace Period

The duration of insurance coverage depends upon the Net Cash Surrender Value being sufficient to cover the Monthly Deductions, as defined in section 5.1. If the Net Cash Surrender Value at the beginning of any policy month is less than such deductions for that month, we will send a written notice to you and any assignee on our records at the last known addresses stating that a grace period of 61 days has begun; starting with the date the notice is mailed. The notice will also state the amount of the premium payment or loan repayment sufficient to cover 3 Monthly Deductions.

If we do not receive the amount stated in the notice at our Administrative Address before the end of the grace period, this policy will terminate without value.

If the Primary Insured dies during the grace period we will pay the insurance benefits as defined in section 6.1.

4.3 Reinstatement

If this policy has ended without value, you may reinstate it prior to the Insured's age 120 while the Insured is alive if you:

- apply for reinstatement within 5 years after the end of the grace period;
- provide evidence of insurability satisfactory to us;
- make a premium payment in an amount sufficient to keep the policy in force for at least 3 months after the date of reinstatement; and
- pay any indebtedness against the policy.

The Accumulation Fund on the reinstatement effective date will be equal to the premium payment plus indebtedness payment received as required for reinstatement.

The effective date of the reinstated policy will be the monthly anniversary following the date we approve your reinstatement application.

5. POLICY VALUE PROVISIONS-----

5.1 Monthly Deductions

We will make a Monthly Deduction from the Accumulation Fund on each monthly anniversary to cover administrative charges and to provide insurance coverage. The Monthly Deduction is:

- a Monthly Administration Expense for the next month; plus
- the Cost of Insurance for the next month.

5.2 Monthly Administration Expense

The Monthly Administration Expense is equal to 0.25% of the Accumulation Fund on the day prior to the monthly anniversary.

5.3 Cost of Insurance

The monthly Cost of Insurance is our current monthly Cost of Insurance rate divided by 1,000 and multiplied by the result of:

- the current Death Benefit divided by 1.00246627; minus
- the Accumulation Fund after the Monthly Administration Expense.

The current and guaranteed monthly Cost of Insurance rates are based on issue age, policy duration and rating class of the Insured. The guaranteed rates are shown in the Table of Guaranteed Maximum Insurance Cost Rates.

After the first policy year, we may increase or decrease the current monthly Cost of Insurance rates. We may not increase these rates above the guaranteed monthly Cost of Insurance rates. We may increase current rates only once in any 12 month period, but can decrease them at any time. We will notify you of any change in the current rates.

We cannot change the current rates for this policy to adjust for our losses or gains realized prior to the date of change. Any change will be based on our expected future experience with regard to investment earnings, mortality, terminations and expenses. The rates for any supplemental benefits included in this policy will not be changed.

Any change in rates will apply to all Insureds of the same issue age, policy duration and rating class. No changes in rates will discriminate against any Insured for any reason, including changes in insurability.

5.4 Interest Rate

We will establish the net interest rates which are used to determine the Accumulation Fund. For the first policy year we will credit interest to the Accumulation Fund at the net interest rate in effect on the day we receive your single premium. Prior to each subsequent Policy anniversary, we will establish the net interest rate that will apply for the upcoming policy year.

Net interest credited to the Accumulation Fund in any month is the amount of gross interest less the Monthly Administration Expense and the Cost of Insurance charge. The gross interest amount is determined by the gross interest rate. The gross interest rate will never be less than an annual effective rate of 3% in any month. A gross interest rate above 3% generates excess interest. Excess interest will be credited at our sole discretion. Excess interest will not be credited to that portion of the Accumulation Fund that is security for any loan.

The net interest rate will determine interest for the Accumulation Fund except in the following circumstances:

- If the net interest rate corresponds to a gross interest rate that is less than 3%, a gross rate of 3% will be credited;
- If there is a loan, the net interest rate will apply only to that portion of the Accumulation Fund that is not security for the loan.

5.5 Accumulation Fund

On each monthly anniversary, we will calculate the Accumulation Fund as:

- the Accumulation Fund on the prior monthly anniversary; plus
- one month's interest; minus
- any withdrawals taken since the prior monthly anniversary.

On any day other than a monthly anniversary, the Accumulation Fund will be:

- the Accumulation Fund on the preceding monthly anniversary; plus
- pro rata compound interest since the preceding monthly anniversary; minus
- any withdrawals taken since the most recent monthly anniversary.

The Accumulation Fund on the Issue Date will be the single premium paid on or before the delivery of this policy, minus the Monthly Deduction for the month following the Issue Date.

5.6 Cash Surrender Value

The Cash Surrender Value on any date is equal to:

- the amount in the Accumulation Fund on that date; minus
- any applicable Surrender Charge.

If the surrender charge is greater than the Accumulation Fund, the Cash Surrender Value is zero.

5.7 Net Cash Surrender Value

The Net Cash Surrender Value is equal to:

- the Cash Surrender Value; minus
- any loan and Loan Interest.

You may give up this policy for its Net Cash Surrender Value at any time while the Insured is living. You may do this by sending us a written request in good order and this policy or a lost policy affidavit. We will compute the Net Cash Surrender Value as of the date we receive your request and this policy at our Administrative Address.

We have the right to postpone payment for the period permitted by law. We will not postpone payment for more than 6 months after we receive the surrender request. All insurance coverage under this policy ends when payment is made.

5.8 Policy Loans

While this policy is in force, you may borrow money from us on the sole security of this policy. The maximum loan amount is:

- 90% of the Net Cash Surrender Value of this policy; minus
- interest on the loan to the next policy anniversary.

You may borrow all or part of the maximum loan available. The minimum loan amount is \$1,000.00. We have the right to postpone making a Policy Loan for the period permitted by law. We will not postpone a Policy Loan for more than 6 months after we receive the written loan request.

5.9 Loan Interest

Loan Interest is payable in advance and will be charged on any Policy Loan from the date of the loan to the next policy anniversary. Loan Interest will again be due and payable on each Policy anniversary. If the Loan Interest is not paid, it will be added to the loaned amount and will bear interest at the loan rate.

The rate of interest on any loan will be an annual effective rate of 6% which is equivalent to 5.66% payable in advance.

5.10 Loan Repayment

You can repay all or part of a Policy Loan and Loan Interest in whole or in part at any time while the Insured is alive and this policy is in force. Failure to repay a Policy Loan or to pay Loan Interest will not terminate this policy unless the Net Cash Surrender Value is less than the Monthly Deduction due on a monthly anniversary.

A Policy Loan may have a permanent effect on your benefits under this policy even if it is repaid.

5.11 Withdrawal

You may withdraw a portion of the Accumulation Fund of this policy upon written request. Withdrawing a portion of the Accumulation Fund is considered a partial surrender.

The maximum withdrawal amount is the lesser of:

- 90% of the Net Cash Surrender Value; or
- an amount that will not reduce the Net Cash Surrender Value below \$5,000.

The minimum withdrawal amount is the lesser of:

- \$1,000; or
- 10% of the Accumulation Fund.

The Accumulation Fund will be reduced by the amount of the withdrawal and any associated Surrender Charge. Withdrawals will reduce the Face Amount of insurance by the same proportion that the Accumulation Fund is reduced.

We have the right to postpone payment for the period permitted by law. We will not postpone payment for more than 6 months after we receive the withdrawal request.

Such withdrawal and resulting reductions will take effect on the date we receive your request in good order at our Administrative Address. We will send you an endorsement to the policy reflecting the change.

We reserve the right to decline a request for a withdrawal of the Net Cash Surrender Value if:

- the Death Benefit would be reduced below the minimum amount for which we would then issue this policy under our rules; or
- we determine that the withdrawal would cause this policy to fail to qualify as life insurance under applicable tax law. See section 2.4.

5.12 Surrender Charges

We will deduct Surrender Charges from your Accumulation Fund if:

- you surrender your policy for its Net Cash Surrender Value; or
- you withdraw in excess of 10% of the Accumulation Fund as determined on the most recent anniversary in any policy year; or
- your policy terminates at the end of the grace period.

For a withdrawal from the policy, the Surrender Charge is equal to the applicable percentage in the table of Surrender Charges shown in the Coverage Description multiplied by the amount of the withdrawal. The Surrender Charge on a withdrawal will not exceed the charge that would be incurred on a full surrender at that time.

For a full surrender, the Surrender Charge is equal to the applicable percentage in the table of Surrender Charges shown in the Coverage Description multiplied by the single premium less any Surrender Charges on prior withdrawals. Any surrender taken within 30 days following a policy anniversary, will not be less than the value available on that anniversary date.

We will waive Surrender Charges if:

- the total amount withdrawn does not exceed 10% of the Accumulation Fund as determined on the most recent anniversary in the policy year in which the withdrawals are made; or
- the withdrawal is taken after the Insured has been confined to a hospital or skilled nursing facility for 180 consecutive days if:
- the confinement begins after the effective date of the policy; and
- the withdrawal is taken during confinement or within 180 days after confinement ends. You must send us a written request and proof of confinement satisfactory to us within 180 days from initial eligibility.

Hospital may be defined in one of two ways. It may mean a lawfully operated institution that is licensed as a hospital by the Joint Commission on Accreditation of Hospitals, or it may mean a lawfully operated institution that gives in-patient treatment under the direction of a staff of physicians and has 24 hour per day care.

Skilled Nursing Facility is defined as a health facility or a distinct part of a hospital which provides continuous skilled nursing care on an extended basis. It provides 24 hour per day inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services and an activity program.

6. INSURANCE COVERAGE PROVISIONS -----

6.1 Death of Insured

We will pay the insurance benefits of this policy to the Beneficiary when we receive at our Administrative Address:

- proof that the Insured died while this policy was in force; and
- all other requirements deemed necessary before such payment may be made.

These insurance benefits include the following amounts for the Insured, which we will determine as of the date of the Insured's death:

- the Death Benefit; minus
- any loan and Loan Interest on the policy; minus
- any overdue deductions if the Insured dies during the grace period.

We will pay interest on the resulting amount from the date we receive due proof of death at the rate we pay under section 7.2, unless otherwise required by law.

Payment of these benefits may also be affected by sections 2.6, 2.7, 2.8 and 4.2. Any special exclusions or limitations are listed in the Coverage Description.

6.2 Amount of Death Benefit

If the Primary Insured dies while the policy is in force, this policy will provide a Death Benefit. The Death Benefit is the greater of:

- the Face Amount on the date of death, or
- the applicable percentage of the Accumulation Fund on the date of death (see below).

The applicable percentage depends upon the attained age, last birthday of the Primary Insured at the beginning of the policy year, as follows:

TABLE OF APPLICABLE PERCENTAGES

<u>AGE</u>	<u>PERCENTAGE</u>	<u>AGE</u>	<u>PERCENTAGE</u>	<u>AGE</u>	<u>PERCENTAGE</u>
40 and under	250	59	134	78	105
41	243	60	130	79	105
42	236	61	128	80	105
43	229	62	126	81	105
44	222	63	124	82	105
45	215	64	122	83	105
46	209	65	120	84	105
47	203	66	119	85	105
48	197	67	118	86	105
49	191	68	117	87	105
50	185	69	116	88	105
51	178	70	115	89	105
52	171	71	113	90	105
53	164	72	111	91	104
54	157	73	109	92	103
55	150	74	107	93	102
56	146	75	105	94	101
57	142	76	105	95 and over	100
58	138	77	105		

7. BENEFIT PAYMENT PROVISIONS -----

7.1 Optional Methods of Payment

We will pay the following in a lump sum, unless you choose Option 1 or Option 2 as described below:

- withdrawals;
- surrender of the Net Cash Surrender Value;
- the Accumulation Fund payable on the Maturity Date; and
- the insurance benefits payable on the death of an Insured.

If you do not choose an option before the Insured dies, the Beneficiary will have this right when the Insured dies.

We may require that the payee under any option selected be a natural person. We may require proof of the payee's age if the amount or duration of payments is affected. Selection of an option will also be subject to our rules in effect at the time of selection. Such rules include the minimum amount to be applied under an option and the minimum amount for each payment. All funds held by us under Option 2 will earn interest at a rate of not less than 2% per year.

Payment choices, or any later changes, will take effect when notice is received and recorded, and will control payments made after that time. To the extent permitted by law, amounts applied under these options will not be subject to the claims of creditors or to legal process.

7.2 Option 1

Proceeds may be left on deposit with us. They will earn interest at a rate not less than 2% per year compounded and credited annually. The entire amount, or an amount of \$250 or more, may be withdrawn at any time. We have the right to postpone payment for the period permitted by law. We will not postpone payment for more than six months after we receive the written request.

7.3 Option 2

The Death Benefit may be paid in equal installments for a fixed period of up to 30 years. We show the amount of monthly installments for each \$1,000 of Death Benefit in the Table of Monthly Payments under Option 2 per \$1,000 of Proceeds.

TABLE OF MONTHLY PAYMENTS UNDER OPTION 2 PER \$1,000 OF PROCEEDS

Option 2 Payments for a Fixed Period

<u>Years</u>	<u>Amount</u>	<u>Years</u>	<u>Amount</u>	<u>Years</u>	<u>Amount</u>
1	84.84	11	9.31	21	5.81
2	43.25	12	8.69	22	5.64
3	29.40	13	8.17	23	5.49
4	22.47	14	7.72	24	5.35
5	18.32	15	7.34	25	5.22
6	15.15	16	7.00	26	5.10
7	13.59	17	6.71	27	5.00
8	12.12	18	6.44	28	4.90
9	10.97	19	6.21	29	4.80
10	10.06	20	6.00	30	4.72

Single Premium Permanent Life Insurance
Matures at Age 120
Nonparticipating

Symetra Life Insurance Company
A Stock Company
[Phone 1-800-796-3872
TTY/TDD 1-800-833-6388 (Deaf/HH)]

Home Office:
[777 108th Avenue NE
Suite 1200
Bellevue, WA 98004]

Mailing Address:
[PO Box 34690
Seattle, WA 98124-1690
www.symetra.com]

PROPOSED INSURED INFORMATION	Occupation		Annual Income	State or Foreign Country of Birth	
	Height	Weight	Driver's License #		Date of Birth
	Insurance Needed For: <input type="checkbox"/> Estate Planning <input type="checkbox"/> Other: _____				
	If Policyowner is other than the Proposed Insured, provide their name and Social Security or Tax I.D. Number : _____				

BENEFICIARY INFORMATION		Name (first, middle initial, last)	Date of Birth/Trust	SSN or TIN	Relationship to Proposed Insured	%
	<input type="checkbox"/> P					
	<input type="checkbox"/> P <input type="checkbox"/> C					
	<input type="checkbox"/> P <input type="checkbox"/> C					
	<input type="checkbox"/> P <input type="checkbox"/> C					
P – Primary C – Contingent Please add information about additional beneficiaries in the Remarks section. 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/Annuitant."						

COVERAGES	Premium \$ _____ Amount of Life Insurance Coverage \$ _____ Net Credited Interest Rate _____ %
	Return of Premium <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT REPLACEMENT	8. Does the Proposed Insured have other existing life insurance policies or annuity contracts in force or applied for with this or any other company?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Company	MO/YR Issued	Face Amount	Policy Type	Annual Premium		
	9. 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 <input type="checkbox"/>	No <input type="checkbox"/>
10. If the policy being replaced has cash value or surrender charges, please provide this information in the remarks section, on the first page of this application.							

AGENT REPLACEMENT	11. Does the Applicant have existing life insurance or annuity contracts with this or any other company?					<input type="checkbox"/>	<input type="checkbox"/>
	12. To the best of your knowledge, will this insurance replace or change any existing life insurance or annuity?					<input type="checkbox"/>	<input type="checkbox"/>
	13. If replacing, how does this policy better serve the Applicant's needs?						

ADDITIONAL INFORMATION	For any "Yes" answers to questions 14 – 16, please provide details in the Remarks section.		Yes	No	
	14. Does the applicant/owner or proposed insured intend to assign or sell, or have they been involved in any discussion about the possible sale or assignment of, the life insurance policy for which the application is being made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15. Has the applicant/owner or proposed insured ever sold a policy to a life settlement, viatical or other secondary market provider, or are they in process of selling a policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT & TEMPORARY INSURANCE	<p>Premium Payment:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer Funds to Symetra Life Payment with Application \$ _____</p> <p>Who is providing the premium for this policy? _____</p> <hr/> <p>If your face amount is \$1,000,000 or less and you answered "no" to questions 1-4, you will be covered under the Temporary Life Insurance Agreement if a check is collected for the payment or if you authorize payment by wire (Maximum coverage is \$250,000).</p>
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REMARKS	
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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 examiner, 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 Personal History 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. (Max. Coverage is \$250,000.)

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.

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

Printed Name of Writing or Authorized Agent

Signature of Proposed Insured (Age 15 or older)

Signature of Writing or Authorized Agent

Signature of Applicant/Owner* if other than Proposed Insured

Agent Phone

Agent Stat Number

Agent Email

Branch Name _____ Branch # _____ 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 Individual 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 (questions 1-4 in Personal History Section) 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 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 years old or more than 85 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. (For citizens of Missouri, suicide is no defense unless we can show that the insured intended suicide when the application was completed.)
- (e) If the 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.

Symetra Life Insurance Company

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

Send to: [Attn: Financial Inst. Team Fax: 1-888-274-0802]

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

LIFE INSURANCE APPLICATION — PART I LUC-158 1/11

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			Annual Income	State of Birth	
	Height	Weight	Driver's License #			Date of Birth
	Owner if other than Proposed Insured			Soc. Sec./Tax I.D.		
	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 _____					
	Amount of Coverage \$		Quoted Premium \$		Net Credited Interest Rate (SPL Only) %	
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) <input type="checkbox"/> 20-yr <input type="checkbox"/> 30-yr <input type="checkbox"/> Universal Life Plan (UL) _____ Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing <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 _____			Riders (not applicable for Single Premium Life) <input type="checkbox"/> Term Rider On Self (UL Only) \$ _____ <input type="checkbox"/> Term Rider On others (please complete Part I for each rider) How many? _____ (For Term Life only 1 available) <input type="checkbox"/> Insured Children's Benefit (please complete the Part III ICB form) <input type="checkbox"/> Waiver <input type="checkbox"/> Disability Income Rider for Accidental Injury (Term with ROP Only) \$ _____ Monthly benefit min \$50, max \$3,000 not to exceed 1.5% of the face amount <input type="checkbox"/> Other _____			

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)	
RATE CLASS	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

BENEFICIARY INFORMATION		Name (first, middle initial, last)	Date of Birth/Trust	SSN or TIN	Relationship to Proposed Insured	%
	<input type="checkbox"/> P					
	<input type="checkbox"/> P <input type="checkbox"/> C					
	<input type="checkbox"/> P <input type="checkbox"/> C					
	<input type="checkbox"/> P <input type="checkbox"/> C					

P – Primary C – Contingent

Please add information about additional beneficiaries in the Remarks section. 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/Annuitant."

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 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					Yes	No
	1. Do you have any other existing insurance policies or annuity contracts inforce or applied for with this or any other company?				<input type="checkbox"/>	<input type="checkbox"/>
	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.)				<input type="checkbox"/>	<input type="checkbox"/>
3. Existing Policy Cash Value \$ _____		Amount of Surrender Charge \$ _____				
4. Will new policy have surrender charges?				<input type="checkbox"/>	<input type="checkbox"/>	

AGENT REPLACEMENT			Yes	No
	1. Does the Applicant have any existing life insurance policies or annuity contracts with this or any other company?		<input type="checkbox"/>	<input type="checkbox"/>
	2. To the best of your knowledge, will this insurance replace or change any existing life insurance or annuity?		<input type="checkbox"/>	<input type="checkbox"/>
3. If replacing, how does this policy better serve the Applicant's needs?				

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.)

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.

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 Agent

Signature of Proposed Insured (Age 15 or older)

Signature of Writing or Authorized Agent

Signature of Applicant/Owner* if other than Proposed Insured

Agent Phone

Agent Stat Number

Agent 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 Individual 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.

SERFF Tracking Number: SYMX-G127020338 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 48019
Company Tracking Number: L-10046 1/11
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: L-10046 1/11 Single Premium Life
Project Name/Number: IND- Individual/AR002631000002

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR Readability Cert.PDF

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.PDF

Item Status: **Status Date:**

Satisfied - Item: AR Certification

Comments:

Attachment:

AR Certification.PDF

Item Status: **Status Date:**

Satisfied - Item: AR Certification II

Comments:

Attachment:

AR Certification II.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Symetra Life Insurance Company

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

Form Number	Score
L-10046 1/11	50.3
LUC-157 1/11	50.1
LUC-158 1/11	50

Signed: _____



Name: Michael F. Murphy

Title: Vice President

Date: February 17, 2011

Statement of Variability – Form L-10046 1/11

Policy Jacket	
Insured Name	Name of insured person
Policy Number	Number assigned to policy will vary
Face Amount	Payment made to Symetra Life Insurance under this Policy by or on behalf of the Owner.
Issue Date	Date policy period begins will vary
Rate Class	Varies according to insured
Company Officer Information	This information could change in the future
Name, Address and Phone Number of Company	This information could change in the future
Coverage Description Page 0001	
Primary Insured	Name of insured person will vary
Issue Date	Date policy period begins will vary
Single Premium Payment	Premium amount will vary
Monthly Anniversary	Date will vary depending on policy start date
Face Amount	Will vary depending on policy
Primary Insured	Name of insured person will vary
Issue Age	Will vary according to insured person
Class	Will vary according to insured
Amount of Coverage	Will vary according to insured
Maturity Date	Will vary according to insured
Coverage Description Page 0002	
Cash Surrender Values	<p>For preferred classes, this language will be used:</p> <p><i>We base the minimum Cash Surrender Values on the 2001 Commissioners Standard Ordinary Age Last Birthday Mortality Tables, classified by male or female, smoker or non-smoker, with a guaranteed crediting rate of 3% per year. Deaths are assumed to occur at the end of the policy year.</i></p> <p>For traditional classes, this language will be used:</p> <p><i>We base the minimum Cash Surrender Values on 250% of the 2001 Commissioners Standard Ordinary Age Last Birthday Mortality Tables, classified by male or female, smoker or non-smoker with, with a guaranteed crediting rate of 3% per year. Deaths are assumed to occur at the end of the policy year.</i></p>
Guideline Single Premium	Will vary depending on the single premium paid and the insured
Guideline Annual Premium	Will vary depending on the single premium paid and the insured

Guideline 7-Pay Premium	Will vary depending on the single premium paid and the insured
Modified Endowment Contract (MEC)	<p>The policy may be a non-MEC at issue. If the policy is not a MEC at issue, then it will include this language:</p> <p><i>The Guideline 7-Pay Premium as defined by the Tax and Miscellaneous Revenue Act of 1988 (TAMRA) is [amount will vary based on the premium paid and the insured].</i></p> <p>.</p> <p>If it is a MEC, the following language will also be used:</p> <p><i>Because of its ratio of single premium payment to insurance your policy will be treated as a Modified Endowment Contract (MEC) as required by the Internal Revenue Code. Amounts taken out while the Insured is still living, including loans and collateral assignments, may be subject to federal income tax. There may be a 10% tax penalty on the taxable amount taken before age 59 ½.</i></p>

LUC-157 1/11 & LUC-158 1/11 Application Forms

Company Address, Mailing Address and Telephone Number	The company address, mailing address, and telephone numbers have been bracketed as variable to allow for future address changes. The telephone number on the application has been bracketed as variable to allow for future telephone number changes.
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State of Arkansas

CERTIFICATION

L-10046 1/11

I hereby certify that we are in compliance with 23-79-138; Bulletin 6-87; Bulletin 11-88; and Regulation 49.

A handwritten signature in cursive script that reads "Laura Johnson".

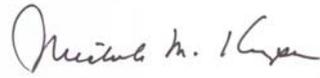
Laura Johnson, A.V.P.
Symetra Life Insurance Company

State of Arkansas

CERTIFICATION

L-10046 1/11

I hereby certify that to the best of my knowledge this filing is in compliance with Regulation 19s 10B and all other applicable requirements of the Department.

A handwritten signature in black ink, appearing to read "Michele M. Kemper". The signature is written in a cursive style with a large initial 'M'.

Michele Kemper, V.P.
Symetra Life Insurance Company