

SERFF Tracking Number: SYMT-127345720 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49694
Company Tracking Number:
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.004 Modified Single Premium
Variable
Product Name: RSA-0036 7/11 - Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: RSA-0036 7/11 - Deferred Annuity Application
SERFF Tr Num: SYMT-127345720 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non- Variable
SERFF Status: Closed-Approved- Closed State Tr Num: 49694

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

Authors: Kristen Kennedy, Rae Disposition Date: 09/07/2011

Anne O'Keefe, Doug Geraci

Date Submitted: 08/31/2011 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Deferred Annuity Application

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Doug Geraci

Filing Description:

Arkansas Department of Insurance

Symetra Life Insurance Company

NAIC# 1129-68608

FEIN# 91-0742147

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/07/2011

State Status Changed: 09/07/2011

Created By: Kristen Kennedy

Corresponding Filing Tracking Number:

RE:

SERFF Tracking Number: SYMT-127345720 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 49694
Company Tracking Number:
TOI: A021 Individual Annuities- Deferred Non- *Sub-TOI:* A021.004 Modified Single Premium
Variable
Product Name: RSA-0036 7/11 - Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/

Symetra Life Insurance Company
NAIC No. 1129-68608, FEIN: 91-0742147

Included Forms:

RSA-0036 7/11 – Fixed Deferred Annuity Application
RSA-0037 7/11 – Electronic Fixed Deferred Annuity Application

Dear Sir or Madam:

We are submitting a copy of the final version of the above referenced forms for your review and request that they be reviewed as part of this submission.

For electronic application form, RSA-0037 7/11, all of the information, except the signature, will be entered into the computer by the agent with the client present. Once all the questions on all the screens have been answered, then the application will auto-populate with the answers. The application will then be submitted by the Agent who sends it to our third party vendor SIGNix who captures the signature electronically. The Owner receives an email from SIGNix inviting them to access and sign the application. The signed application replaces the original and is then transmitted to Symetra Life. Our current process regarding replacements will not change. All replacement business requires original transfer paperwork to be submitted which would include the required state replacement form and a transfer form, both of which would have the client's wet signature on the forms.

Attached is a PDF containing printouts of every screen used in the electronic application process.

The 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.

We plan to introduce these forms in your state once approval has been received.

A Statement of Variability is included with this submission.

Form to be used with forms RSA-0036 7/11 and RSA-0037 7/11 includes:

SERFF Tracking Number: SYMT-127345720 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49694
Company Tracking Number:
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.004 Modified Single Premium
Variable
Product Name: RSA-0036 7/11 - Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/

Form Number / Form Description / Filing Number / Date Approved/Deemed/Filed

RSC-0017 FP 1/07 / Individual Modified Single Premium Fixed Deferred Annuity Contract / SYMT-125085432 / 2/5/2007

Thank you for your consideration of this submission.

Kristen Kennedy
Insurance Compliance Analyst
Symetra Life Insurance Company
800-796-3872 extension 68047

Company and Contact

Filing Contact Information

Kristen Kennedy, Compliance Analyst II kristen.kennedy@symetra.com
777 108th Ave. NE, Suite 1200 425-256-8047 [Phone]
Bellevue, WA 98004-5135 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? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Each application if filed separate from the basic policy.

\$50.00 x 2 = \$100.00

Per Company: No

SERFF Tracking Number: SYMT-127345720 State: Arkansas
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Variable
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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------|----------|----------------|---------------|
| Symetra Life Insurance Company | \$100.00 | 08/31/2011 | 51151952 |

SERFF Tracking Number: SYMT-127345720 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49694
Company Tracking Number:
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.004 Modified Single Premium
Variable
Product Name: RSA-0036 7/11 - Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------------|------------|------------|----------------|
| Approved- Closed | Linda Bird | 09/07/2011 | 09/07/2011 |

SERFF Tracking Number: SYMT-127345720 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 49694
Company Tracking Number:
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Variable
Product Name: RSA-0036 7/11 - Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/

Disposition

Disposition Date: 09/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

FIXED DEFERRED ANNUITY APPLICATION

Custom 5 Select 5 Custom 7]

[Initial Interest Rate Guarantee Period: 3-Year 5-Year 7-Year]

[RESPONSE REQUIRED] Guaranteed Return of Purchase Payment Yes No]

| | | | | | | | | |
|--|--|-------------|------|--|------------------------------------|-----|-------------------------------|--|
| Owner <i>All policyholder correspondence will be sent to this address.</i> | | | | | Name (first, middle initial, last) | | SSN/EIN | |
| Address | | | City | | State | Zip | Phone No. (include area code) | |
| Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship | | | Marital Status | | Email | |
| Trust <input type="checkbox"/> | Type of Owner (e.g. Individual, Joint, Trust, Corporation, Partnership, Guardianship, Custodian) | | | | | | | |

| | | | | | | | | | | |
|---|--|-------------|------|--|------------------------------------|-----|-------------------------------|--|---------|--|
| Joint Owner <i>Optional, nonqualified annuities only.</i> | | | | | Name (first, middle initial, last) | | Relation to Owner | | SSN/EIN | |
| Address | | | City | | State | Zip | Phone No. (include area code) | | | |
| Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship | | | Marital Status | | Email | | | |

| | | | | | | | | | | |
|---|--|-------------|------|--|------------------------------------|-----|-------------------------------|--|---------|--|
| Annuitant <i>Required if owner is non-natural person. If joint owners are listed, default annuitant is the primary owner.</i> | | | | | Name (first, middle initial, last) | | Relation to Owner | | SSN/EIN | |
| Address | | | City | | State | Zip | Phone No. (include area code) | | | |
| Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship | | | Marital Status | | Email | | | |

| | | | | | | | | | | |
|------------------------|--|-------------|------|--|------------------------------------|-----|-------------------------------|--|---------|--|
| Joint Annuitant | | | | | Name (first, middle initial, last) | | Relation to Owner | | SSN/EIN | |
| Address | | | City | | State | Zip | Phone No. (include area code) | | | |
| Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship | | | Marital Status | | Email | | | |

Owner's Beneficiary Designation *In the event of death of owner, surviving joint owner becomes primary beneficiary.*

| Beneficiary(ies) <i>List any additional beneficiaries on a separate page, signed and dated by the owner(s). P - primary C - contingent</i> | Name (first, middle initial, last) | Date of Birth | SSN | Relationship to Owner | Percentage (%) |
|--|------------------------------------|---------------|-----|-----------------------|----------------|
| <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 | | | | | |
| <input type="checkbox"/> P <input type="checkbox"/> C | | | | | |
| <input type="checkbox"/> P <input type="checkbox"/> C | | | | | |

Plan Type Nonqualified SEP Roth IRA*
 IRA [Employer Name _____] [*First tax year contribution made:
[Contribution: Year _____] Year _____]

Purchase Payment

Purchase Payment \$ _____ (Minimum is [\$10,000.00])

Transfer Information

IRC 1035 Exchange Non-Direct Rollover Direct Rollover Direct Transfer Roth Conversion

Owner's Statement and Signatures

Do you have any existing life insurance policies or annuity contracts with this or any other company?

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

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

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

Company Name

Contract No.

Company Name

Contract No.

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I declare that the statements and answers on this application are full, complete, and true, to the best of my knowledge and belief, and shall form a part of the annuity contract issued hereon. I have read and understand the important disclosure located below.



Owner's Signature

Signed in State

Date

Joint Owner's Signature (if applicable)

Signed in State

Date

Agency Statement

Mail contract directly to:

- Owner
- Producer's office for delivery to owner

To the best of my knowledge does the owner have any existing life insurance policies or annuity contracts?

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

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

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

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

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

[I certify that I have verified the identity of each Owner/Annuitant by reviewing a government-issued photo identification.]



Licensed Primary Producer's Signature

Agency Name and Phone Number

Licensed Producer (print name)

State License Number

Producer Number

Signed (county)

State

Date

Fraud Warning

For Residents of Other States not listed below: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Arkansas: 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: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

You may contact Symetra to receive a free Buyer's Guide.

FIXED DEFERRED ANNUITY APPLICATION

Product _____

[Initial Interest Rate Guarantee Period:

1-Year 2-Year 3-Year 4-Year 5-Year 6-Year 7-Year 8-Year 9-Year 10-Year]

[RESPONSE REQUIRED: Guaranteed Return of Purchase Payment Yes No]

Plan Type

| | | | | | | | | | |
|-----------------------------------|--|-------------|--|------|----------------|------------------------------------|-------|-------------------------------|--|
| Owner | | | | | | Name (first, middle initial, last) | | SSN/EIN | |
| Address | | | | City | | State | Zip | Phone No. (include area code) | |
| Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship | | | Marital Status | | Email | | |
| Trust <input type="checkbox"/> | Type of Owner (e.g. Individual, Joint, Trust, Corporation, Partnership, Guardianship, Custodian) | | | | | | | | |

| | | | | | | | | | | | |
|--------------------|--|-------------|--|------|----------------|------------------------------------|-------|-------------------------------|--|---------|--|
| Joint Owner | | | | | | Name (first, middle initial, last) | | Relation to Owner | | SSN/EIN | |
| Address | | | | City | | State | Zip | Phone No. (include area code) | | | |
| Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship | | | Marital Status | | Email | | | | |

| | | | | | | | | | | | |
|------------------|--|-------------|--|------|----------------|------------------------------------|-------|-------------------------------|--|---------|--|
| Annuitant | | | | | | Name (first, middle initial, last) | | Relation to Owner | | SSN/EIN | |
| Address | | | | City | | State | Zip | Phone No. (include area code) | | | |
| Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship | | | Marital Status | | Email | | | | |

| | | | | | | | | | | | |
|------------------------|--|-------------|--|------|----------------|------------------------------------|-------|-------------------------------|--|---------|--|
| Joint Annuitant | | | | | | Name (first, middle initial, last) | | Relation to Owner | | SSN/EIN | |
| Address | | | | City | | State | Zip | Phone No. (include area code) | | | |
| Date of Birth | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship | | | Marital Status | | Email | | | | |

FOR INTERNAL USE ONLY

Order Number _____ Submitted _____ Brokerage Account _____
Account Designation _____ Owner Type _____

Payments *More than 3 payments*

| | | |
|----------------|------------------------|----------|
| Money Source | Purchase Payment \$ | Tax Year |
| Payment Method | | |
| Money Source | Purchase Payment \$ | Tax Year |
| Payment Method | | |
| Money Source | Purchase Payment \$ | Tax Year |
| Payment Method | | |

Roth IRA first tax year contribution made: Year _____

**Producer/
Representative** *More than 4 Producers*

| | | | |
|-----------------------|-------------------|---------|------------|
| Firm Name | | | |
| Producer Printed Name | State License No. | Split % | Agency No. |
| | | | |
| | | | |
| | | | |

**Owner's
Statement
and
Signatures**

Do you have any existing life insurance policies or annuity contracts with this or any other company?

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

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

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

| | |
|--------------|--------------|
| Company Name | Contract No. |
| | |
| Company Name | Contract No. |
| | |

Under penalties of perjury, I certify that the Social Security or Tax ID number listed on this application is correct. I declare that the statements and answers on this application are full, complete and true to the best of my knowledge and belief and shall form a part of the annuity contract issued hereon. I understand that I am purchasing an annuity contract. I believe that this contract is consistent with my financial needs and that the replacement information is correct.

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

| | | |
|---|-----------------|------|
| Owner's Signature | Signed in State | Date |
| | | |
| Joint Owner's Signature (if applicable) | Signed in State | Date |
| | | |

**Agency
Statement**

Deliver contract
to:

Producer

Owner

To the best of my knowledge does the owner have any existing life insurance policies or annuity contracts?

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

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

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

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

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

[I certify that I have verified the identity of each Owner/Annuitant by reviewing a government-issued photo identification.]

Licensed Primary Producer's Signature

Agency Name and Phone Number

Licensed Producer (print name)

State License Number

Producer Number

Signed (county)

State

Date

**Fraud
Warning**

For Residents of Other States not listed below: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Arkansas: 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: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 Variable
 Product Name: RSA-0036 7/11 - Deferred Annuity Application
 Project Name/Number: Deferred Annuity Application/

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Flesch Certification | | |
| Comments: | | |
| Attachment: RSA-0036_0711_Flesch_Score_Certification_20110808.pdf | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Application | | |
| Comments: This is an application filing. See Form Schedule for applications. | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Bypassed - Item: Life & Annuity - Acturial Memo | | |
| Bypass Reason: Not applicable. This is an application filing. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: Statement of Variability | | |
| Comments: | | |
| Attachment: RSA-0036_711_Statement_of_Variability_20110824.pdf | | |

| | Item Status: | Status Date: |
|---|---------------------|---------------------|
| Satisfied - Item: Screen Prints for Electronic Application | | |
| Comments: | | |

SERFF Tracking Number: SYMT-127345720 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 49694
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TOI: A02I Individual Annuities- Deferred Non- *Sub-TOI:* A02I.004 Modified Single Premium
Variable
Product Name: RSA-0036 7/11 - Deferred Annuity Application
Project Name/Number: Deferred Annuity Application/

Attachment:

Screen_Prints_Electronic_Application_RSA-0037_0711.pdf

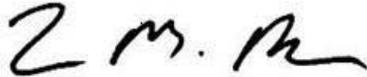
Symetra Life Insurance Company

Flesch Score Certification

SERFF Filing Number: SYMT-127345720

As required by the standards applicable for this product, I certify that the forms listed below meet the minimum Flesch score of 50.

| <u>Form</u> | <u>Flesch</u> |
|---------------|---------------|
| RSA-0036 7/11 | 50.8 |
| RSA-0037 7/11 | 50.6 |



Thomas M. Marra
President
Symetra Life Insurance Company
August 5, 2011

Statement of Variability

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

August 24, 2011

Forms: RSA-0036 7/11 – Annuity Application
 RSA-0037 7/11 – Electronic Annuity 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.

| RSA-0036 7/11 – Annuity Application | | |
|--|--|---|
| Field | Range | Explanation of Variation |
| Company Address and Telephone Number | | Displays the current address and telephone number of the company. |
| <input type="checkbox"/> Custom 5 <input type="checkbox"/> Select 5 <input type="checkbox"/> Custom 7] | | Displays the current marketing name for the product. Bracketed to allow company to add or remove marketing names listed. |
| [Initial Interest Rate Guarantee Period: <input type="checkbox"/> 3-Year <input type="checkbox"/> 5-Year <input type="checkbox"/> 7-Year] | 1-10 years | Displays the Initial Interest Rate Guarantee Periods for newly issued contracts. The Initial Interest Rate Guarantee Period may be changed based on factors such as current interest rates and the competitive environment. Bracketed to allow company to remove this option if does not apply to the product selected. |
| [RESPONSE REQUIRED Guaranteed Return of Purchase Payment <input type="checkbox"/> Yes <input type="checkbox"/> No] | | Provides an option to elect Guaranteed Return of Premium. Bracketed to allow the company to remove this option should it no longer be available in the future. |
| Plan Type | Non-Qualified, Traditional IRA, ROTH IRA, or SEP IRA | Displays the plan types. The plan type may vary based on marketing segment or future changes in tax law. |
| Minimum Purchase Payment | \$10,000 to \$250,000 | Displays the minimum single Purchase Payment amount. |
| [I certify that I have verified the identity of each Owner by reviewing a government-issued photo identification.] | | Due to OFAC requirements this will only show in those states that require it. |
| RSA-0037 7/11 – Electronic Annuity Application | | |
| Field | Range | Explanation of Variation |
| Company Address and Telephone Number | | Displays the current address and telephone number of the company. |
| Product | | Displays the current marketing name for the product. |
| [Initial Interest Rate Guarantee Period: <input type="checkbox"/> 1-Year <input type="checkbox"/> 2-Year <input type="checkbox"/> 3-Year <input type="checkbox"/> 4-Year <input type="checkbox"/> 5-Year <input type="checkbox"/> 6-Year <input type="checkbox"/> 7-Year <input type="checkbox"/> 8- | 1-10 years | Displays the Initial Interest Rate Guarantee Periods for newly issued contracts. The Initial Interest Rate Guarantee Period may be changed based on factors such as current interest rates and the competitive environment. Bracketed to allow company to remove |

| | | |
|--|--|---|
| Year <input type="checkbox"/> 9-Year <input type="checkbox"/> 10-Year] | | this option if does not apply to the product selected. |
| [RESPONSE REQUIRED Guaranteed Return of Purchase Payment <input type="checkbox"/> Yes <input type="checkbox"/> No] | | Provides an option to elect Guaranteed Return of Premium. Bracketed to allow the company to remove this option should it no longer be available in the future. |
| Plan Type | Non-Qualified, Traditional IRA, ROTH IRA, or SEP IRA | Displays the plan types. The plan type may vary based on marketing segment or future changes in tax law. |
| [I certify that I have verified the identity of each Owner by reviewing a government- issued photo identification.] | | Due to OFAC requirements this will only show in those states that require it. |

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.



Michael Murphy
Vice President
Symetra Life Insurance Company



NEW APPLICATION

| | | |
|---|--|---------------|
| <p>PATH</p> | <p>State Selection</p> | |
| <p><input checked="" type="checkbox"/> Investment Professional Selection <input checked="" type="checkbox"/> Distributor State</p> | <p>Solicitation State*</p> <ul style="list-style-type: none">AlabamaAlaskaArizonaArkansasCaliforniaColoradoConnecticutDelawareDistrict of ColumbiaFlorida | |
| <p>← previous</p> | <p>X close & save</p> | <p>→ next</p> |

ANNUITYNET

A Product of ERIEXCHANGE

NEW APPLICATION

PATH

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection
- Benefits
- Individual Owner
- Beneficiaries
 - Beneficiary 1
- Payment 1
 - Detail
- Additional Information
- Suitability

Carrier and Product Selection

Carrier*

Symetra

Product*

Custom 7 Annuity

- Focus Deferred Variable Annuity
- Income Builder Annuity
- Select Annuity
- Spinnaker Advisor Variable Annuity
- Symetra Edge Fixed Indexed Annuity
- Symetra Edge Pro Fixed Indexed Annuity
- Symetra Select 3 Fixed Annuity
- Symetra Select 5 Annuity
- Symetra Select 7 Annuity

← previous

X done & save

next →

Trans. Ref. GUID Version: _40aa71bc-6e1f-e62b-0121-8f5e1f3dd5b1

ANNUITYNET

A PRODUCT OF FIDEXCHANGE

NEW APPLICATION

PATH

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection
- Benefits
- Individual Owner Beneficiaries
- Beneficiary 1
- Payment 1
- Detail
- Payment Summary
- Initial Premium
- Investment Professional
- Suitability
- Verify

[Transaction Detail](#)

[Transaction Comment Entry and Summary](#)

Benefits Selection

Riders

Bonus*

- Yes - Guaranteed Return Of Purchase Payment (Lower Rate)
- No - Guaranteed Return Of Purchase Payment (Higher Rate)

Surrender Charges*

- Surrender Charge Schedule - 5 Year CDSC
- Surrender Charge Schedule - 7 Year CDSC

[← previous](#)

[✕ close & save](#)

[next →](#)

Trans. Ref. GUID/Version: 3e44c7b0-d945-b5be-a985-49ce3299c713



NEW APPLICATION

PATH

- [Investment Professional Selection](#)
- [Distributor](#)
- [State](#)
- [Carrier / Product](#)
- [Account Designation / Plan / Owner Selection](#)
- [Benefits](#)
- [Individual Owner](#)
- Beneficiaries
 - [Beneficiary 1](#)
- Payment 1
 - [Detail](#)
 - [Payment Summary](#)
- Initial Premium**
 - [Investment Professional](#)
 - [Verify](#)

- [Transaction Detail](#)

- [Transaction Comment Entry and Summary](#)

Initial Premium

- 1 Year Fixed Fund
- 3 Year Fixed Fund
- 5 Year Fixed Fund

previous

close & save

next

Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c556

ANNUITYNET

A Product of LIFECHANGE

NEW APPLICATION

| | | |
|---|---|--|
| PATH | Account Designation, Plan, and Owner Type Selection | |
| <input checked="" type="checkbox"/> Investment Professional Selection <input checked="" type="checkbox"/> Distributor <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Carrier / Product Account Designation / Plan / Owner Selection <input checked="" type="checkbox"/> Investment Professional <input type="checkbox"/> Vant | Account Designation* <input type="checkbox"/> Custodial <input type="checkbox"/> Joint <input type="checkbox"/> Owner <input type="checkbox"/> Trust | Plan Type* <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Traditional IRA |
| Transaction Detail | <ol style="list-style-type: none">1. Custodial: held for the benefit of the annuitant in a custodial arrangement. The custodian will handle all tax reporting.2. Joint: jointly owned with rights of survivorship - Joint Account Designation requires that the contract have joint owners.3. Owners: owned by the beneficial owner for a non-qualified contract. Joint owners are not precluded.4. Trust: held in trust for the beneficial owner - the owner entity type is always Trust. However, sometimes the owner Entity Type may be Trust, and the account designation may be other than Trust such as Owner. | |
| Transaction Comment Entry and Summary | Owner Type* Select a Plan Type <input type="text"/> | |
| | Do you own any life insurance policies or annuities? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| | <input type="button" value="Previous"/> | <input checked="" type="button" value="Next Step"/> |
| | | <input type="button" value="Cancel"/> |

PAH

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection
- Benefits
- Individual Owner

Carrier Questions:

If the policy being replaced is a Roth IRA, please provide tax year of first contribution:*

← previous

X close & save

→ next

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NEW APPLICATION

PATH

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection
- Benefits
- Individual Owner
- Beneficiaries
- Beneficiary 1
- Payment 1
- Detail**
- Payment Summary
- Initial Premium
- Investment Professional Verify
- Transaction Detail
- Transaction Comment
- Entry and Summary

Detail

Money Form*

New Money / Contribution

Money Form Descriptions

1. New Money /-Contribution: New money or a new contribution into an annuity that is not part tax free exchange from another life or annuity policy, IRA or other qualified retirement plan.
2. 1035 Exchange: The exchange of an existing, in force life or annuity policy(-ies) for a new a policy.

Amount*

\$250000.00

Payment Method*

Check payable to Carrier

Payment Method Descriptions

1. Check payable to Carrier: A check made payable to the Carrier.
2. ACH payable to Carrier: Automated clearing house debit to be initiated by the Carrier.
3. CD redemption by Carrier: Carrier will initiate direct movement of money out of the CD by contacting ceding institution - if the Money Form is Rollover, then this is a Direct Rollover.
4. Mutual fund redemption by Carrier: Carrier will initiate direct movement of money out of the fund by contacting ceding institution - if the Money Form is Rollover, then this is a Direct Rol
5. Other non-insurance exchange: The money is currently invested in a REIT, external brokerage account, or other investment (not a Mutual Fund, CD, or insurance product). The Carrier will direct movement of money from the ceding institution - if the Money Form is Rollover, then t Direct Rollover.
6. Insurance exchange: Carrier will initiate direct movement of money from a life insurance pol annuity contract by contacting ceding insurance company - if the Money Form is Rollover, th is a Direct Rollover.

Insurance Replacement Questions

Are you considering discontinuing making premium payments, replacing, surrendering, forfeiting, as to the insurer, or otherwise terminating your existing policy or contract?*

Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the policy or contract? (This includes taking withdrawals or loans and using these funds to pay premium new policy or contract.)*

Yes No

← previous

X close & save

→ next

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NEW APPLICATION

PATH

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection
- Benefits

Individual Owner

- Beneficiaries
- Beneficiary 1
- Payment 1 Detail
- Payment Summary
- Initial Premium
- Investment Professional Verify

Transaction Detail

Transaction Comment Entry and Summary

Individual Owner

First Name*

Middle Name

Last Name*

Suffix

Gender* Male Female

Date of Birth* (MMDDYYYY format)

Social Security Number* (no dashes)

Physical Street Address (APO or FPO is acceptable) - Required by Patriot Act

Address*

City*

State*

Zip Code* (Zip or Zip+4, no dashes)

Mailing Address (if different from above)

Address

City

State

Zip Code (Zip or Zip+4, no dashes)

Phone Number (no dashes, parentheses, or extensions)

Email Address

Citizenship*

United States

Regarding Annuitants

Is the Annuitant the same as the Owner?*

- Yes
- No

Is there a Joint Annuitant?*

- Yes
- No



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- ▼ LAUREL / PRODUCT
- ▼ Account Designation / Plan / Owner Selection
- ▼ Benefits
- ▼ Individual Owner
- ▼ Beneficiaries
- ▼ Beneficiary 1
- ▼ Payment 1
- ▼ Detail
- ▼ Additional Information
- ▼ Suitability
- ▼ Payment Summary
- ▼ Initial Premium
- ▼ Investment Professional
- ▼ Suitability
- ▼ Verify
- Transaction Detail
- Transaction Comment Entry and Summary

Marital Status (Please select N/A if not applicable)

Owner:*

- Single
- Married
- N/A

Joint Owner:*

- Single
- Married
- N/A

◀ previous

✕ close & save

▶ next

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NEW APPLICATION

PATH

- Investment Professional Selection
- Distributor
- State
- Carrier / Product
- Account Designation / Plan / Owner Selection
- Benefits
- Individual Owner
- Beneficiaries
 - Beneficiary 1**
 - Payment 1
 - Detail
 - Payment Summary
 - Initial Premium
 - Investment Professional
 - Verify
- Transaction Detail
- Transaction Comment Entry and Summary

Beneficiaries

The total percentage entered for Primary Beneficiaries must equal 100%. Additionally, if there are Contingent Beneficiaries, their total must also equal 100%.

Beneficiary Type* Primary Contingent

Percentage* %

Irrevocable?*

Yes
 No

First Name

Middle Name

Last Name

Suffix

Entity Name

Date of Birth (MMDDYYYY format)

Social Security Number or Tax Identification Number (no dashes)

Relation To Owner*

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NEW APPLICATION

PATH

- Investment Professional Selection
- Distributor
- State
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- Account Designation / Plan / Owner Selection
- Benefits
- Individual Owner Beneficiaries
- Beneficiary 1
- Payment 1
- Detail
- Payment Summary
- Initial Premium
- Investment Professional Verify**
- Transaction Detail
- Transaction Comment Entry and Summary

Investment Professional Information

Client Account Number*

First Name

Middle Initial

Last Name

SSN

Phone Number

Firm Name

Commission Basis*

Commission Split

| | First Name* | Last Name* | SSN* | Percent |
|-----------------|----------------------------------|------------------------------------|--|------------------------------------|
| Primary Advisor | Kristen | Kennedy | <input type="text" value="555666444"/> | <input type="text" value="50"/> % |
| Advisor #2 | <input type="text" value="Jim"/> | <input type="text" value="Smith"/> | <input type="text" value="123456789"/> | <input type="text" value="50"/> % |
| Advisor #3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Advisor #4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | | | | <input type="text" value="100"/> % |

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NEW APPLICATION

PATH

- ✓ Investment Professional Selection
- ✓ Distributor
- ✓ State
- ✓ Carrier / Product
- ✓ Account Designation / Plan / Owner Selection
- ✓ Benefits
- ✓ Individual Owner Beneficiaries
- ✓ Beneficiary 1
- Payment 1
- Detail
- Payment Summary
- Initial Premium
- Investment Professional
- Verify

Transaction Detail

Transaction Comment Entry and Summary

Submit

This transaction is ready for submission. Once you submit this transaction, it cannot be altered. If you are not ready to submit this transaction you may choose to pend it by clicking on "Close & Save". When to submit, please click on the "Submit" button - a confirmation that the transaction has been successfully submitted for processing will be displayed.

Submit

X close & save

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NEW APPLICATION

| | |
|---|---|
| <p>PATH</p> | <p>Verify You have completed the data entry process for this transaction. When ready to process this transaction please click on the "Verify" button to determine whether this transaction contains any errors or warnings. Errors must be corrected and warnings accepted before this transaction can be submitted.</p> |
| <ul style="list-style-type: none">✓ Investment Professional Selection✓ Distributor✓ State✓ Carrier / Product✓ Account Designation / Plan / Owner Selection✓ Benefits✓ Individual OwnerBeneficiaries<ul style="list-style-type: none">✓ Beneficiary 1Payment 1<ul style="list-style-type: none">DetailPayment SummaryInitial PremiumInvestment Professional | <p style="text-align: right;"><input type="button" value="Verify"/></p> |
| <p>Verify</p> | <p style="text-align: center;"><input type="button" value="← previous"/> <input type="button" value="X close & save"/></p> |
| <p>Transaction Detail</p> | <p style="text-align: right;">Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c559</p> |
| <p>Transaction Comment Entry and Summary</p> | |



NEW APPLICATION

MENU

Transactions
New Application
New Subpay

Information
Status of Business

Manage Users
My Account

Log Out
Log Out

Confirmation

Thank you for submitting your transaction.

Confirmation Number: SY000799884

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