

SERFF Tracking Number: SYMT-127359513 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49696
Company Tracking Number:
TOI: A07I Individual Annuities - Special Sub-TOI: A07I.001 Equity Indexed
Product Name: RSA-0038 7/11 - Fixed Indexed Deferred Annuity Application
Project Name/Number: Fixed Indexed Deferred Annuity Application/

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: RSA-0038 7/11 - Fixed Indexed SERFF Tr Num: SYMT-127359513 State: Arkansas

Deferred Annuity Application

TOI: A07I Individual Annuities - Special

SERFF Status: Closed-Approved-
Closed State Tr Num: 49696

Sub-TOI: A07I.001 Equity Indexed

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Kristen Kennedy, Rae

Disposition Date: 09/08/2011

Anne O'Keefe, Doug Geraci

Date Submitted: 09/01/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Fixed Indexed Deferred Annuity Application

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/08/2011

State Status Changed: 09/08/2011

Deemer Date:

Created By: Kristen Kennedy

Submitted By: Doug Geraci

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Department of Insurance

Symetra Life Insurance Company

NAIC# 1129-68608

FEIN# 91-0742147

RE:

Symetra Life Insurance Company

SERFF Tracking Number: SYMT-127359513 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49696
Company Tracking Number:
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: RSA-0038 7/11 - Fixed Indexed Deferred Annuity Application
Project Name/Number: Fixed Indexed Deferred Annuity Application/
NAIC No. 1129-68608, FEIN: 91-0742147

Included Forms:

RSA-0038 7/11 – Individual Single Premium Fixed Indexed Deferred Annuity With Market Value Adjustment Feature Application
RSA-0039 7/11 – Electronic Individual Single Premium Fixed Indexed Deferred Annuity With Market Value Adjustment Feature Application
RSA-0040 7/11 – Individual Single Premium Fixed Indexed Deferred Annuity Application
RSA-0041 7/11 – Electronic Individual Single Premium Fixed Indexed 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 forms, RSA-0039 7/11 and RSA-0041 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 these forms 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.

SERFF Tracking Number: SYMT-127359513 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49696
Company Tracking Number:
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: RSA-0038 7/11 - Fixed Indexed Deferred Annuity Application
Project Name/Number: Fixed Indexed Deferred Annuity Application/

We intend 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-0038 7/11 and RSA-0039 7/11 includes:

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

RSC-0341 11/10 / Individual Single Premium Fixed Indexed Deferred Annuity With Market Value Adjustment Feature Contract / SYMX-G126930384 / 12/9/10

Form to be used with forms RSA-0040 7/11 and RSA-0041 7/11 includes:

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

RSC-0342 11/10 / Individual Single Premium Fixed Indexed Deferred Annuity Contract / SYMX-G126930384 / 12/9/10

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

SERFF Tracking Number: SYMT-127359513 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49696
Company Tracking Number:
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
Product Name: RSA-0038 7/11 - Fixed Indexed Deferred Annuity Application
Project Name/Number: Fixed Indexed Deferred Annuity Application/

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? Yes
Fee Explanation: Each application if filed separate from the basic policy.

\$50.00 x 4 = \$200.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$200.00	09/01/2011	51200271

SERFF Tracking Number: SYMT-127359513 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49696
Company Tracking Number:
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Product Name: RSA-0038 7/11 - Fixed Indexed Deferred Annuity Application
Project Name/Number: Fixed Indexed Deferred Annuity Application/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/08/2011	09/08/2011

SERFF Tracking Number: SYMT-127359513 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 49696
Company Tracking Number:
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: RSA-0038 7/11 - Fixed Indexed Deferred Annuity Application
Project Name/Number: Fixed Indexed Deferred Annuity Application/

Disposition

Disposition Date: 09/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SYMT-127359513 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 49696
 Company Tracking Number:
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
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 Project Name/Number: Fixed Indexed Deferred Annuity Application/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Screen Prints for Electronic Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Individual Single Premium Fixed Indexed Deferred Annuity With Market Value Adjustment Feature Application		Yes
Form	Electronic Individual Single Premium Fixed Indexed Deferred Annuity With Market Value Adjustment Feature Application		Yes
Form	Individual Single Premium Fixed Indexed Deferred Annuity Application		Yes
Form	Electronic Individual Single Premium Fixed Indexed Deferred Annuity Application		Yes

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Form Schedule

Lead Form Number: RSA-0038 7/11

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RSA-0038 7/11	Application/ Enrollment Form	Individual Single Premium Fixed Indexed Deferred Annuity With Market Value Adjustment Feature Application	Initial		50.600	RSA-0038_711_MVA_application_20110816.pdf
	RSA-0039 7/11	Application/ Enrollment Form	Electronic Individual Single Premium Fixed Indexed Deferred Annuity With Market Value Adjustment Feature Application	Initial		50.900	RSA-0039_711_MVA_AnnuityNet_Application_20110816.pdf
	RSA-0040 7/11	Application/ Enrollment Form	Individual Single Premium Fixed Indexed Deferred Annuity Application	Initial		50.100	RSA-0040_711_no_MVA_Application_20110816.pdf
	RSA-0041 7/11	Application/ Enrollment Form	Electronic Individual Single Premium Fixed Indexed Deferred Annuity Application	Initial		50.500	RSA-0041_711_no_MVA_AnnuityNet_application_20110816.pdf

**INDIVIDUAL SINGLE PREMIUM FIXED INDEXED DEFERRED ANNUITY
WITH MARKET VALUE ADJUSTMENT FEATURE APPLICATION
[Fixed Indexed Annuity]**

[Surrender Charge Period: 5-Year 7-Year]

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])

Interest Crediting Method Options

Allocate amounts to the following options in whole percentages only. Total allocation must equal 100%. The minimum allocation to any Interest Crediting Method Option is [\$2,000]. Your initial funds will be automatically allocated according to the selections made below, on the first available Allocation Date after the Contract Date.

Indexed Account options:	Fixed Account option:
[S&P 500® Index Point-to-Point _____%]	Fixed Account _____ %
[S&P 500® Index Monthly Average _____%]	
[S&P GSCI® Excess Return Index Point-to-Point _____%]	
[S&P GSCI® Excess Return Index Monthly Average _____%]	

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 disclosures located below.

I understand that withdrawals from an Indexed Account on a non-Indexing Date will not receive indexed interest.

I UNDERSTAND THAT I AM PURCHASING A FIXED INDEXED ANNUITY CONTRACT AND THAT WHILE THE VALUE OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK, EQUITY OR COMMODITY INVESTMENTS.

Amounts payable under the contract are subject to a market value adjustment prior to the date specified in the contract.



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.

**INDIVIDUAL SINGLE PREMIUM FIXED INDEXED DEFERRED ANNUITY
WITH MARKET VALUE ADJUSTMENT FEATURE APPLICATION**

Product: _____

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	
<input type="checkbox"/> Trust	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			

Interest Crediting Method Options

Allocate amounts to the following options in whole percentages only. Total allocation must equal 100%. The minimum allocation to any Interest Crediting Method Option is [\$2,000]. Your initial funds will be automatically transferred to the Indexed Account or Fixed Account, according to the selections made below, on the first available Allocation Date after the Contract Date.

Indexed Account options:	Fixed Account option:
[S&P 500® Index Point-to-Point _____%]	Fixed Account _____%
[S&P 500® Index Monthly Average _____%]	
[S&P GSCI® Excess Return Index Point-to-Point _____%]	
[S&P GSCI® Excess Return Index Monthly Average _____%]	

FOR INTERNAL USE ONLY

Order Number: _____ Submitted: _____ Brokerage Account: _____

Account Designation: _____ Owner Type: _____

Payments

More than 3 payments

Money Source	Amount \$	Tax Year
--------------	--------------	----------

Payment Method

Money Source	Amount \$	Tax Year
--------------	--------------	----------

Payment Method

Money Source	Amount \$	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 disclosures located on this application.

I understand that withdrawals from an Indexed Account on a non-Indexing Date will not receive indexed interest.

I UNDERSTAND THAT I AM PURCHASING A FIXED INDEXED ANNUITY CONTRACT AND THAT WHILE THE VALUE OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK, EQUITY OR COMMODITY INVESTMENTS.

Amounts payable under the contract are subject to a market value adjustment prior to the date specified in the contract.

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.

INDIVIDUAL SINGLE PREMIUM FIXED INDEXED DEFERRED ANNUITY APPLICATION
[Fixed Indexed Annuity]

[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"/> 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])

Interest Crediting Method Options

Allocate amounts to the following options in whole percentages only. Total allocation must equal 100%. The minimum allocation to any Interest Crediting Method Option is [\$2,000]. Your initial funds will be automatically transferred to the Indexed Account or Fixed Account, according to the selections made below, on the first available Allocation Date after the Contract Date.

Indexed Account options:	Fixed Account option:
[S&P 500® Index Point-to-Point _____%]	Fixed Account _____%
[S&P 500® Index Monthly Average _____%]	
[S&P GSCI® Excess Return Index Point-to-Point _____%]	
[S&P GSCI® Excess Return Index Monthly Average _____%]	

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 disclosures located below.

I understand that withdrawals from an Indexed Account on a non-Indexing Date will not receive indexed interest.

I UNDERSTAND THAT I AM PURCHASING A FIXED INDEXED ANNUITY CONTRACT AND THAT WHILE THE VALUE OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK, EQUITY OR COMMODITY INVESTMENTS.



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**

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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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INDIVIDUAL SINGLE PREMIUM FIXED INDEXED DEFERRED ANNUITY APPLICATION

Product _____

[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	
<input type="checkbox"/> Trust	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			

Interest Crediting Method Options

Allocate amounts to the following options in whole percentages only. Total allocation must equal 100%. The minimum allocation to any Interest Crediting Method Option is [\$2,000]. Your initial funds will be automatically transferred to the Indexed Account or Fixed Account, according to the selections made below, on the first available Allocation Date after the Contract Date.

Indexed Account options:
 [S&P 500® Index Point-to-Point _____%]
 [S&P 500® Index Monthly Average _____%]
 [S&P GSCI® Excess Return Index Point-to-Point _____%]
 [S&P GSCI® Excess Return Index Monthly Average _____%]

Fixed Account option:
 Fixed Account _____%

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 disclosures located on this application.

I understand that withdrawals from an Indexed Account on a non-Indexing Date will not receive indexed interest.

I UNDERSTAND THAT I AM PURCHASING A FIXED INDEXED ANNUITY CONTRACT AND THAT WHILE THE VALUE OF THE CONTRACT MAY BE AFFECTED BY AN EXTERNAL INDEX, THE CONTRACT DOES NOT DIRECTLY PARTICIPATE IN ANY STOCK, EQUITY OR COMMODITY INVESTMENTS.

Owner's Signature Signed in State Date

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

Agency Statement

Mail contract directly 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.

SERFF Tracking Number: SYMT-127359513 State: Arkansas
 Filing Company: Symetra Life Insurance Company State Tracking Number: 49696
 Company Tracking Number:
 TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed
 Product Name: RSA-0038 7/11 - Fixed Indexed Deferred Annuity Application
 Project Name/Number: Fixed Indexed Deferred Annuity Application/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: RSA-0038_0711_Flesch_Score_Certification_20110808.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: This is an application filing. Please see the Form Schedule tab for the applications included with this filing.		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Screen Prints for Electronic Application		
Comments:		
Attachment: Screen_Prints_Electronic_Application_RSA-0039_0711_and_RSA-0041_0711.pdf		

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

SERFF Tracking Number: SYMT-127359513 *State:* Arkansas
Filing Company: Symetra Life Insurance Company *State Tracking Number:* 49696
Company Tracking Number:
TOI: A071 Individual Annuities - Special *Sub-TOI:* A071.001 Equity Indexed
Product Name: RSA-0038 7/11 - Fixed Indexed Deferred Annuity Application
Project Name/Number: Fixed Indexed Deferred Annuity Application/
RSA-0038_711_Statement_of_Variability_20110824.pdf

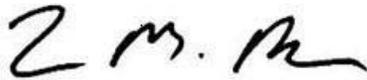
Symetra Life Insurance Company

Flesch Score Certification

SERFF Filing Number: SYMT-127359513

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-0038 7/11	50.6
RSA-0039 7/11	50.9
RSA-0040 7/11	50.1
RSA-0041 7/11	50.5



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



NEW APPLICATION

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

ANNUITYNET

A Product of EBEXCHANGE

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
- Surrenderability
- Yearly
- Transaction Detail**
- Transaction Comment Entry and Summary**

Initial Premium

Allocation	Investment
<input type="checkbox"/> %	Symetra Life Insurance Company - FIA Fixed Account
<input type="checkbox"/> %	Symetra Life Insurance Company - S&P 500 Monthly Average
<input type="checkbox"/> %	Symetra Life Insurance Company - S&P 500 Point-to-Point
<input type="checkbox"/> %	Symetra Life Insurance Company - S&P GSCI Monthly Average
<input type="checkbox"/> %	Symetra Life Insurance Company - S&P GSCI Point-to-Point
<input type="checkbox"/> %	Investment Total

← previous

X close & print

next →

Trans. Ref. GUID (Version): 4e4dc760-2942-4c0be-9-35-490202850710

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 Transaction Comment Entry and Summary	<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.	
	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

Trans. Ref. GUID Version: _40aa71bc-6e4f-e62b-0121-8fae1f3dd5b1



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

Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c559



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



Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c559

- ▼ LAIFER / 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

Trans. Ref. GUID Version: _40aa71bc-6e4f-e52b-0121-8fee173dd5b1



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*

Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c559



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

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"/> %

Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c559



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

Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c559



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

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.

Verify

← previous

✕ close & save

Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c559



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

Trans. Ref. GUID Version: 645c7dde-95f8-4f7e-aa2f-1c559

Statement of Variability

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

August 24, 2011

Forms: RSA-0038 7/11 – MVA Annuity Application
 RSA-0039 7/11 – MVA Electronic Annuity Application
 RSA-0040 7/11 – non MVA Annuity Application
 RSA-0041 7/11 – non MVA 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-0038 7/11 – MVA Annuity Application		
Field	Range	Explanation of Variation
Company Address and Telephone Number		Displays the current address and telephone number of the company.
Product Name		Displays the current marketing name for the product.
[Surrender Charge Period <input type="checkbox"/> 5-Year <input type="checkbox"/> 7-Year]	4-7 years	We may choose to add or remove Surrender Charge Periods that are available for newly issued contracts based on factors such as current interest rates and the competitive environment.
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.
Interest Crediting Method Options		Displays the Index or Crediting Method options. These options may change based on factors such as the current interest rates, market volatility, and the competitive environment.
Interest Crediting Method Options – Minimum Allocation	\$2,000 to \$5,000	Displays the minimum amount that the policy owner may allocate to certain interest crediting method options.
[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-0039 7/11 – MVA 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.
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.

Interest Crediting Method Options		Displays the Index or Crediting Method options. These options may change based on factors such as the current interest rates, market volatility, and the competitive environment.
Interest Crediting Method Options – Minimum Allocation	\$2,000 to \$5,000	Displays the minimum amount that the policy owner may allocate to certain interest crediting method options.
[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-0040 7/11 – non MVA Annuity Application

Field	Range	Explanation of Variation
Company Address and Telephone Number		Displays the current address and telephone number of the company.
Product Name		Displays the current marketing name for the product.
[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.
Interest Crediting Method Options		Displays the Index or Crediting Method options. These options may change based on factors such as the current interest rates, market volatility, and the competitive environment.
Interest Crediting Method Options – Minimum Allocation	\$2,000 to \$5,000	Displays the minimum amount that the policy owner may allocate to certain interest crediting method options.
[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.

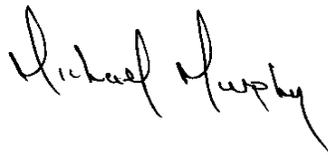
RSA-0041 7/11 – non MVA Electronic Annuity Application

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.
[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.
Interest Crediting Method Options		Displays the Index or Crediting Method options. These options may change based on factors such as

		the current interest rates, market volatility, and the competitive environment.
Interest Crediting Method Options – Minimum Allocation	\$2,000 to \$5,000	Displays the minimum amount that the policy owner may allocate to certain interest crediting method options.
[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