

**FIXED DEFERRED ANNUITY APPLICATION**

- Custom:  1-Year  3-Year  5-Year Initial Interest Rate Guarantee Period  
 Select  Secure  Flex Premium Plus

<b>Owner</b> <i>All policyholder correspondence will be sent to this address.</i>	Name (first, middle initial, last)			SSN
	Address (number and street, city, state, zip)			Phone No. (include area code)
	Date of Birth	Trust <input type="checkbox"/>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status

<b>Joint Owner</b> <i>Optional, nonqualified annuities only.</i>	Name (first, middle initial, last)			SSN
	Address (number and street, city, state, zip)			Phone No. (include area code)
	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status	

<b>Annuitant</b> <i>If different from the owner(s).</i>	Name (first, middle initial, last)			SSN
	Address (number and street, city, state, zip)			Phone No. (include area code)
	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Owner	

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

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

<b>Plan Type</b>	<input type="checkbox"/> IRA	<input type="checkbox"/> Roth IRA*	<input type="checkbox"/> Nonqualified	<input type="checkbox"/> 403(b) TSA
	<input type="checkbox"/> SEP IRA*	<input type="checkbox"/> SIMPLE IRA*	<input type="checkbox"/> 457 Deferred Compensation	<input type="checkbox"/> 457(f)
	Contribution: Year _____ Initial Purchase Payment \$ _____		Initial Purchase Payment \$ _____	
* First tax year contribution made: Year _____				

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

<b>TSA, 457, SEP and SIMPLE Plans only</b>	Employer Name
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**Owner's Statement and Signatures**

Do you have any existing life insurance 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 annuity or insurance contract 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 represent that all statements and answers in this application are complete and true. I have read and understand the important disclosures located on the reverse (page 2) of this application.

Owner's Signature	Joint Owner's Signature (if applicable)
Signed at (city, state)	Date

**Agency Statement**  
*Mail contract directly to:*

Owner  
 Agent's office for delivery to owner

To the best of my knowledge the owner has an existing annuity or life insurance policy or contract?  
 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 annuity or life insurance?  
 Yes (complete any state specific replacement forms, if required)  No

Did the agent/registered representative present and leave the applicant insurer-approved sales material?  Yes  No

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

Licensed Agent's Signature and Date	Agency Name and Phone No.	
Licensed Agent (print name)	State License No.	Agent No.

**Fraud  
Warning**

**In some states we are required to disclose to you the following:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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

**30-Day Right to Examine the Contract:** On the owner's written request, Symetra is required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of this contract. If for any reason the owner is not satisfied with this contract, the owner may return this contract within 30 days after it is delivered and receive a refund of all monies paid.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Connecticut:** I was provided and reviewed an illustration at the minimum guaranteed rate.

Custom and Flex Premium Plus guarantee a minimum interest rate of no less than 2% for the first seven contract years and never be less than 1.5% thereafter. Secure and Select guarantee a minimum interest rate of no less than 1.5%. These rates may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.

Owner's Signature

Joint Owner's Signature (if applicable)

Signature of Agent

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Multi-State [California, Florida, Georgia, Louisiana, Nevada, Texas and Washington D.C.]:**

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

**Residents of other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.