

DISCLOSURE STATEMENT

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

Name of Proposed Insured _____ Age _____ Sex _____

Name of Agent preparing disclosure _____

Agent home or agency address _____

Telephone number of Agent _____

Name of Insurer: Symetra Life Insurance Company

Home Office Address of Insurer: 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135

Direct all correspondence: Symetra Life Insurance Company, P.O. Box 84068, Seattle, WA 98124-9918

	Descriptive Title of Coverage	Face Amount of Coverage (1) If not applicable, Description of Coverage	Annual Premium If not known, Premium for Mode Quoted (2)
Policy			
Rider(s)			
Supplemental Benefit(s) (built into policy)			The cost is included in the premium for the policy.

(1) The face amount of coverage of the policy rider changes as follows _____

(2) The premium for the policy rider changes: the ultimate _____ (mode) premium will be _____ at _____ policy year (age) [or representative _____ (mode) premiums will be _____ and _____, and the ultimate _____ (mode) premium will be _____ at _____ and _____ and _____ policy years (ages) respectively.]

Total (initial) _____ (mode) premium for the policy and will be _____.

Retirement Income. Your policy is designed to pay a guaranteed income of \$ _____ starting at age _____ for life, with payment for ten years guaranteed.

Guaranteed Cash Value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for each \$1,000 (or face amount). You may borrow against this cash value at an annual _____% loan interest charge.*

Numbers of Years Policy Has been in Force	5	10	20	age 65
Total Accumulated Cash Value per \$1,000 (or Total Face Amount)				

A surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies.

The prospective insured has _____ has not _____ requested an earlier delivery of the index.

Upon request either the company or agent will furnish you with additional information about the insurance described.

*If not applicable to insurance being offered, section may be clearly marked "Not Applicable".



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135
Telephone 1-800-796-3872

**Surrender Comparison Index Disclosure
Per \$1,000 of Face Amount of Basic Insurance**

Name of Insured _____ Age _____ Sex _____

Face Amount of Policy _____

Descriptive Title of Policy _____

Policy Number _____

10 Year Surrender Index _____

20 Year Surrender Index _____

The Surrender Comparison Index was designed to measure the relative cost of life insurance protection and may be useful for comparison of similar policies offered by other companies or fraternal benefit societies. Technically, the Index shows the relationship between the amounts paid by the insured (the average annual premiums minus any average annual dividend) and the amounts paid by the insurer (the cash value of the policy in the event of surrender over periods of 10 and 20 years) all adjusted for compound interest at the rate of five percent per annum to reflect the timing of the payments.

When comparing similar policies, if all things are equal, the policy with the lower Index is generally the lower cost policy and the better buy in the event that the policy was surrendered at the end of the designated period. If death would occur during the designated period, the policy with the lower Index would not necessarily be the lower cost policy. The Index does not take into account, among other things: (1) the value of the services of an agent or company or fraternal benefit society; (2) the relative strength and reputation of the company or fraternal benefit society; and (3) small differences in policy provisions. The Index does assume that annual premiums are paid, that dividends are taken in cash or applied to premiums, and that no additional benefit provisions are included.



Symetra Life Insurance Company
P.O. Box 34690
Seattle, WA 98124-1690
Telephone (800) 796-3872
TTY/TDD (800) 833-8388

**AGENT'S CERTIFICATION FOR
PENNSYLVANIA SOLICITATION REGULATIONS**

Pennsylvania Solicitation Regulations require that a Disclosure Statement be completed and given to the Applicant of an insurance policy prior to taking an application, and that a Surrender Cost Comparison Index be completed and given to the Applicant either prior to taking the application or upon delivery of the policy. Completion of the above is to be certified by the agent. This form will serve as certification that the Disclosure Statement and the Surrender Cost Index have been delivered to the Applicant.

This is to certify that:

- _____ The Disclosure Statement (LU-302) or an illustration was delivered to the Applicant prior to my taking the application.
- _____ The Surrender Comparison Index Disclosure (LU-303) was delivered to the Applicant prior to taking the application.
- _____ The Surrender Comparison Index Disclosure (LU-303) will be given to the Applicant upon delivery of the policy.

NAME OF INSURED: _____

NAME OF APPLICANT: _____

AGENT'S SIGNATURE: _____

DATE SIGNED: _____