

How to Submit the Perfect Application

Highlights of the Product Application

Complete sections A – E. If Increase Option is selected, complete section F.

Choose only one of the check boxes in section G. Fill in any blanks for that choice. For Joint and Survivor plans, complete the survivor percent for both annuitants. If a life option is chosen, proof of age must be provided.

In section H, check "Yes" or "No." If "Yes," the quote software will calculate the number of certain payments.

Complete all information for Owner and Joint Owner (if there is one). Qualified annuities may not have a Joint Owner.

If the Annuitant is the Owner, section K may be left blank. If the Joint Annuitant is the Joint Owner, section L may be left blank.

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ADVANTAGE INCOME

Single Premium Immediate Annuity Application

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A. Contract Type	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
B. Purchase Payment	\$ _____ <i>Minimum \$10,000</i>
C. Payment Start Date	_____ / _____ / _____
D. Annuity Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
E. Annuity Payment Amount	\$ _____
F. Annual Payment Increase <i>(optional)</i>	_____ % <i>(up to 6½%)</i>
G. Payout Option <i>(select one)</i> <i>If you choose a Life option, proof of age, such as a Driver's License, Passport or Birth Certificate must be submitted.</i>	<input type="checkbox"/> Period Certain <i>(Not available in MD)</i> – Payments guaranteed for a certain period. Number of Years: _____ <i>(minimum 5 year period)</i> <input type="checkbox"/> Single Life – Payments for the Annuitant's life. No payments are guaranteed under this option. <input type="checkbox"/> Single Life with Period Certain – Payments for the longer of the Annuitant's life or the certain period. Number of Years Certain: _____ <input type="checkbox"/> Joint and Survivor Life – Payments for the Annuitant's and Joint Annuitant's life. The payments continue at the survivorship percentage until the surviving Annuitant dies. If Annuitant survives, payments continue at: _____ % <i>(100%, 66⅔%, 50%)</i> If Joint Annuitant survives, payments continue at: _____ % <i>(100%, 66⅔%, 50%)</i> <input type="checkbox"/> Joint and Survivor Life with Period Certain – Payments for the longer of the Annuitant's life, the Joint Annuitant's life, or the certain period. Number of Years Certain: _____ If Annuitant survives, payments continue at: _____ % <i>(100%, 66⅔%, 50%)</i> If Joint Annuitant survives, payments continue at: _____ % <i>(100%, 66⅔%, 50%)</i>
H. Installment Refund Option <i>(optional for Single Life or Joint & Survivor Life only)</i>	If the last Annuitant dies before the Purchase Payment is recovered, Annuity Payments will continue to be paid to the Beneficiary, at the same payment frequency, until the Purchase Payment has been recovered. Include this option? <input type="checkbox"/> Yes <input type="checkbox"/> No Calculated number of certain payments: _____
I. Owner <i>(Owner must be Annuitant for Qualified)</i> <i>Maximum issue age 95</i>	Name (first, middle initial, last) _____ SSN or TIN _____ Address (number and street, city, state, zip) _____ Date of Birth _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Contact Phone No. (include area code) _____
J. Joint Owner <i>(Non-Qualified only)</i> <i>Maximum issue age 95</i>	Name (first, middle initial, last) _____ SSN or TIN _____ Address (number and street, city, state, zip) _____ Date of Birth _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Contact Phone No. (include area code) _____
K. Annuitant <i>(if other than the Owner)</i> <i>Maximum issue age 95</i>	Name (first, middle initial, last) _____ SSN or TIN _____ Address (number and street, city, state, zip) _____ Date of Birth _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Contact Phone No. (include area code) _____
L. Joint Annuitant <i>(if other than the Joint Owner)</i> <i>Maximum issue age 95</i>	Name (first, middle initial, last) _____ SSN or TIN _____ Address (number and street, city, state, zip) _____ Date of Birth _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Contact Phone No. (include area code) _____

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Complete Beneficiary information in section M.

Check either "Yes" or "No" in section N.

Be sure the client reads the Fraud Warning.

In section P, questions 1 and 2 must be answered. List any life insurance or annuity contracts that are being replaced. Complete the remaining questions in section P. In part 4, choose either "Mail Check" or "Direct Deposit" and complete the information for the option selected. In part 5, make sure the client reads the certification.

Have client(s) sign and date the form here. Include the city and state where signed.

M. Beneficiaries		Name (first, middle initial, last)	Date of Birth	SSN or TIN	Relationship to Owner	Percentage (%)
Percentage must total 100% for each category P - primary C - contingent	<input type="checkbox"/> P					
	<input type="checkbox"/> P					
	<input type="checkbox"/> C					
	<input type="checkbox"/> C					

Please attach a separate, signed, dated page for additional beneficiaries. Do not indicate multiple beneficiaries as a group — e.g. "All Children of Owner" Do not use "per stirpes" designation.

N. Commutation to Beneficiary Option If the last Annuitant dies before the end of the Period Certain, the Beneficiary may request a commuted value of remaining guaranteed payments.
 Include this option? Yes No
(Not available in OR)

O. Fraud Warning 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.

P. Owner Statements

1. Do you have any existing life insurance or annuity contracts with this or any other company? Yes No

2. Will this contract replace any existing annuity or insurance contract with this or any other company? Yes No
 If yes, please complete the following and complete and attach appropriate state-required replacement forms to this application:

Policy No.	Type	Company Name
_____	_____	_____
_____	_____	_____

3. Federal/State Withholding Election:

Elect Federal Income Tax Withholding: Withhold at a rate of _____% (not less than 10%) from each annuity payment.

Waive Federal Income Tax Withholding: I elect to waive Federal Income Tax withholding. I understand I am liable for the payment of Federal Income Tax on the amount received. I also understand that I may be subject to Federal Income Tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

State Income Tax Withholding: [CA, GA, IA, MA, ME, OK, OR, VT, VA] are mandatory withholding states and State Income Tax will be withheld according to state requirements if Federal Income Tax is elected.
 Elect to withhold State Income Tax? Yes No
 Withhold \$ _____ or _____% of my taxable distribution or _____% of my Federal Income Tax.

4. Payment Instructions:

Mail Check to the Owner Annuitant
 at the address listed on page one at the following address:
 Address _____

Direct Deposit into Checking Account Savings Account *(voided check or deposit slip must be attached)*
 By instructing Symetra Life to electronically direct deposit funds into my account, I agree that this deposit will meet any payment obligation for which Symetra makes the deposit and allow Symetra to make debit and credit entries to correct any error made in crediting my account.

5. 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.

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

Be sure to complete all parts of section Q.

**Q. Agency/
Agent
Statements**

1. Does the owner have any existing life insurance policies or annuity contracts with this or any other company?
 Yes No
2. Will this contract replace any existing annuity or insurance contract with this or any other company?
 Yes No If yes, I have attached state-required replacement forms.
3. Agency's explanation of how this contract serves the Owner's needs:
 Needs defined income stream
 Other:

4. Mail Contract directly to: Owner Agent's office for delivery to Owner

5. I hereby certify that the answers to the questions above are true to the best of my knowledge and belief.

Agent Name (print)	Agent Stat No.
Agency Name	
Signature of Agent	Date
Agent Location/State ID No.	Telephone

**R. Home Office
Use Only**

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