

BENEFICIARY CHANGE REQUEST

Insured	Certificate/Policy Number	
Owner (If other than Insured)	Date	
Insured's or Owner's (If other than Insured) Mailing Address		
City ()	State ()	Zip Code
Home Phone Number	Work Phone Number	

I hereby revoke all prior designations of beneficiary and request the present designations below.

Primary Beneficiary

Name (First, Middle, Last)	Home Address (Including City, State, and Zip code)	Date of Birth	Relationship to Insured	Social Security or Tax ID	Percentage of Proceeds*

Contingent Beneficiary

Name (First, Middle, Last)	Home Address (Including City, State, and Zip code)	Date of Birth	Relationship to Insured	Social Security or Tax ID	Percentage of Proceeds*

Please mark here if any of the named Beneficiaries above is a Viatical or Life Settlement Company

*Percentages must total 100%. If no entry is made in this column, proceeds will be paid in equal shares to all primary beneficiaries who survive the Insured; but if none survive, proceeds will be paid in equal shares to all contingent beneficiaries who survive the Insured; otherwise, to the owner or his estate.

If owner is an individual or partnership, please sign in the following section:

Signature of current owner(s)	/	
Signature of current owner's Spouse (Required in AK, AZ, CA, ID, LA, NV, NM, TX, WA, WI)	/	Signature of Witness (Required in MA)
Signature of irrevocable beneficiary (if any)		Printed Name of Witness (above, required in MA)

If owner is a corporation, please sign in the following section:

Signature of Corporate Officer	/	Signature of Corporate Officer
Title		Title

***Notary:** On this day personally appeared before me _____ who executed this form and acknowledged that he or she (or they) signed the same as his or her (or their) free and voluntary act and deed for the uses and purposes therein mentioned.

[Notary Stamp Here]

Given under my hand and official seal this _____ day of _____, _____
Notary Signature

**Please submit the completed form with required documents to Symetra Life Insurance Company
mail: PO Box 7902 London, KY 40742-7902, or by fax: 1-866-532-1361**

Beneficiary Change Instructions

What is a beneficiary?

The beneficiary is the person you wish to receive the death proceeds when the insured dies.

What are the different types of beneficiaries?

- **Primary:** The party or parties who have first rights to receive policy benefits when the benefits of an insurance policy become payable.
- **Contingent:** The party designated to receive life insurance policy proceeds if the primary beneficiary should die before the person whose life is insured. Also call the secondary beneficiary or the successor beneficiary.
- **Irrevocable:** Person named as beneficiary ***may not be changed unless he or she agrees, nor can changes be made to the policy unless the beneficiary is aware of the requested changes.***

How do you change the beneficiary?

Complete the form and mail or fax it to us.

- It is extremely important that the beneficiary designations be clear and free from any possible misunderstandings. Please consult your financial planner for additional terms that you can use in your designations or call a client services representative at 1-800-796-3872 for clarification.
- If you wish to name a contingent beneficiary, please include all information on the contingent beneficiary following complete entry of the primary beneficiary information.
- Be sure to tell us if you wish the beneficiary to be irrevocable by indicating "Irrevocable" in the "Relationship to Insured" entry area. The signature of the irrevocable beneficiaries will need to be included on most future transactions.
- If more than one beneficiary is named, we will pay the benefits in equal shares to the survivor(s) unless you tell us otherwise.
- If the beneficiary is a Trust, please provide the full name of the Trust, the date of the Trust, and the name and address of the Trustee.
- If giving specific instructions for the division of value, **use percentages only. Dollar amounts are not acceptable.**

Mailing Address: Symetra Life Insurance Company
PO Box 7902
London, KY 40742-7902

Fax Number: 1-866-532-1361

What signatures are required to make the change?

- ***If the certificate/policy is owned by an Individual:*** The individual owner must sign. If the change is being executed by a married person residing in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin or any other community property state, it must also be signed by the owner's spouse.
- ***If a partnership owns the certificate/policy:*** At least two partners must sign. Signature authorization may be required.
- ***If a corporation owns the certificate/policy:*** At least two corporate officers must sign. Titles of both corporate officers are required. Signature authorization may be required.
- ***If the certificate/policy is jointly owned:*** The signature of **BOTH** owners is required.

Does the signature need to be witnessed or notarized?

- If the owner's signature does not match what we have on file, a notarized signature will be required.
- If the owner resides in Massachusetts, that owner's signature must be witnessed by a disinterested person, over the age of 18, who is not being named as a beneficiary. (A notary may provide this service for you, but the witness in this state need not be a notary).
- Corporate signatures (without a resolution or verifiable signature) also require notary.

**If you have any questions, please call your agent or our toll-free number:
1-800-SYMETRA, (1-800-796-3872).**