

Symetra Life Insurance Company

777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135 Mailing Address: Benefits Division | PO Box 34690 | Seattle, WA 98124-1690 Phone 1-800-426-7784 | Fax 1-866-348-0056 | TTY/TDD 1-800-833-6388

CHANGE OF BENEFICIARY DESIGNATION

Plea	ase attach to original enrollment form	
POLICY#		
EMPLOYER/POLICYHOLDER NAME		
EMPLOYEE INFORMATION		
NAME	PHONE NU	JMBER
STREET ADDRESS	CITY	STATE ZIP CODE
PRIMARY BENEFICIARY(IES):		
NAME		DATE OF BIRTH
ADDRESS		
RELATIONSHIP		BENEFIT PERCENT
NAME		DATE OF BIRTH
ADDRESS		
RELATIONSHIP		BENEFIT PERCENT
CONTINGENT BENEFICIARY(IES):		
NAME		DATE OF BIRTH
ADDRESS		
RELATIONSHIP		BENEFIT PERCENT
NAME		DATE OF BIRTH
ADDRESS		
RELATIONSHIP		BENEFIT PERCENT

DEFINITIONS

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

EMPLOYEE SIGNATURE DATE SIGNED