

ROLLOVER, TRANSFER AND/OR EXCHANGE REQUEST

Existing Contract Issued by: Company _____ Phone (____) _____
Street Address _____
City/State/Zip _____ Attn _____
Existing Contract/Policy(s): Number _____
Existing Contract Owner(s): _____
Name _____ Social Security Number _____

AUTHORIZATION TO TRANSFER/DIRECT ROLLOVER

I agree that I am responsible for and will settle any Required Minimum Distribution (RMD) due me in the year of this transfer/rollover. Symetra will not be responsible for determining any RMD until calendar years following the year it receives the transfer.

I intend that this transfer be a nontaxable carrier-to-carrier transfer in accordance with IRS rulings and that it will not constitute actual or constructive receipt by me for Federal income tax purposes. I hereby request and direct the transfer of proceeds of the account listed above. The type of transfer is as follows:

Please check one in each section.

From:

To:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> IRA | Roth <input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) | <input type="checkbox"/> IRA | Roth <input type="checkbox"/> IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) |
| <input type="checkbox"/> IRA Traditional | <input type="checkbox"/> 401(a) | <input type="checkbox"/> IRA Traditional | <input type="checkbox"/> 401(a) |
| <input type="checkbox"/> IRA Rollover | <input type="checkbox"/> 401(k) | <input type="checkbox"/> IRA Rollover | <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> SEP/SARSEP IRA | <input type="checkbox"/> 403(b) | <input type="checkbox"/> SEP/SARSEP IRA | <input type="checkbox"/> 403(b) |
| <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> 457 | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> 457 |
| | | Income Annuity <input type="checkbox"/> Qualified <input type="checkbox"/> Nonqualified | |

NON-QUALIFIED CONTRACTS

Transfer or 1035 Exchange — I assign my contract(s) identified above to Symetra. I agree Symetra will surrender the contract(s) and apply the entire cash surrender value it receives from the contract(s) for the new Symetra policy. Symetra furnishes this form and participates in this exchange at my request. I agree that Symetra makes no representation and takes no responsibility concerning my tax treatment under Section 1035(a).

AMOUNT REQUESTED & DIRECTED FOR PAYMENT REPRESENTS

The existing contract I wish to surrender is an insurance contract (annuity or life insurance)

Type of Annuity Fixed Variable

Transfer/Rollover

Partial Liquidation \$ _____
(Amount)

or _____ % \$ Amount if %: \$ _____
(Approximate Amount)

Full Liquidation \$ _____
(Approximate Amount Requested)

Apply Proceeds to:

- A New Contract
 An Existing Contract
Contract # _____

I request that the check be made payable to Symetra Financial at the address below.

Symetra Life Insurance Company
PO Box 3882
Seattle, WA 98124-3882

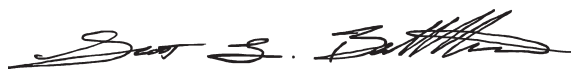
Signature of Owner/Participant Date

Joint Owner, if applicable Date

Plan Administrator's Authorization for an ERISA and/or Section 457 Plan Date

Please provide Symetra Life Insurance Company with any records or documents they may request with respect to this transfer. I acknowledge that Symetra assumes no responsibility or liability for any tax treatment on this transfer under the Internal Revenue Code or otherwise.

ACCEPTANCE: Symetra Life Insurance Company will accept the proceeds transferred and credit them to an annuity as described above. Please do not withhold any taxes from the amount being transferred.


Scott Bartholomaus, Vice President
Retirement Services
Symetra Life Insurance Company


Kim McSheridan, Vice President
Income Annuities
Symetra Life Insurance Company