

## **ELECTRONIC FUNDS TRANSFER**

In order to participate in the EFT (Electronic Funds Transfer) program, Symetra Life Insurance Company requires Systematic Withdrawal Income Plan (SWIP®) or Repetitive payments to be in force.

Please allow 4-5 business days from date of withdrawal for the funds to appear in your account.

Check one account type and indicate below the financial institution and the account Symetra should credit along with your identifying information:

	☐ Checking	□ Savings	
Name of Financial Institution			Financial Institution Phone Number
Address of Financial Institution			
Transit/ABA Number		Account Number	
	PERSONAL IN	IFORMATION	
Name			Phone Number
Address			
Social Security Number		Account Number	
Signature			Date

## DON'T FORGET TO ENCLOSE A VOIDED CHECK! Thank you.

Please return this form to: Symetra Life Insurance Company PO Box 34690 Seattle, WA 98124-1690