

PRODUCER APPOINTMENT APPLICATION

LOA Producer

Please return the completed form by fax at 1-866-817-9751 or email contracting@symetra.com
 If you need assistance, please contact us by phone at 1-800-210-1106 Option 1, or email contracting@symetra.com.

A. Type of Appointment

Agency Principal/Owner Producer Registered Representative

I have pending business Yes No

Referring BGA/GA _____

Referring Agency _____

B Applicant Demographic Information

| | | |
|---|--------------------------|---|
| Licensed first name | Middle initial | Last name |
| SSN # (required) | Date of birth (required) | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Resident street address | | |
| City | State | Zip code |
| Business mailing address | | |
| City | State | Zip code |
| Business location address (if different than mailing) | | |
| City | State | Zip code |
| Email address (required) | | |
| Phone Number (Business) | Cell | Fax |

C. Licenses and Registration

| | | |
|--|--|-----|
| Resident license state | License number | NPN |
| Non-resident appointments (list states needed) | | |
| CRD number | Check applicable series <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 65 <input type="checkbox"/> 66 | |

D Assignment of Commissions

I understand that as a producer/writing producer/registered representative, Symetra is not responsible for payment to me of any commissions or other compensation for policies issued from applications solicited by me. I understand that such amounts will be paid by Symetra to my Agency/Broker Dealer and I will look solely to them for my compensation

Agree (required)

E. Background Information

If you answer "yes" to any questions, you must attach an explanation with all relevant information, including dates and supporting documents.

| | |
|--|--|
| 1. Has an errors and omissions claim ever been filed against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has any life insurance company cancelled your contract/appointment or asked you to resign for any reason other than production? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been charged, indicted, arrested, or convicted of any crime, regardless of the nature, outcome or disposition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has your insurance license or securities registration ever been suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever been named in any inquiry or complaint by any regulator (including the SEC or FINRA)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Within the past 10 years have you: a. filed for bankruptcy? b. exercised control over an organization that filed for bankruptcy based on events that occurred while under your control? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you currently subject to a lien by the IRS or any other entity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you now or have you ever been involved in insurance or any investment-related litigation, arbitration or similar matter? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are there currently any outstanding or unsatisfied judgments or liens against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do you currently owe or have an outstanding obligation or debt to any entity, employer, or insurer related to your insurance or investment business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you currently involved in any pending or unresolved customer complaint? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

F. Fair Credit Reporting Act Disclosure and Authorization to Obtain Consumer Reports

By this page, as part of the appointment process, Symetra Life Insurance Company and its affiliates or partners (collectively, "the Company") discloses that one or more consumer reports, including investigative consumer reports, may be obtained with respect to establishing my eligibility for appointment. The reports may contain information regarding my character, general reputation, personal characteristics and mode of living. The nature and scope of the reports may include: credit, criminal, employment address, licensing and disciplinary history.

The authorization to obtain consumer reports and/or investigative consumer reports and updates for appointment purposes will remain on file and serve as ongoing authorization during the length of my active appointment with the Company. This authorization will be valid in original, faxed or photocopied form.

I have the right to make a written request within a reasonable period of time to Symetra Life Insurance Company and its affiliates or partners for complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Employers and other insurance companies I am or have been appointed with are authorized to release all information they may have about me, personal or otherwise, to the Company.

Oklahoma and Minnesota producers only

Check here if you would like a copy of your background investigation report.

G. Signature

By signing below:

- I acknowledge that I have read and understand the above Fair Credit Reporting Act Disclosure statement.
- I understand that I must comply with all applicable guidance in the Symetra Market Conduct and Reference Guide. *

Applicant signature

Date
