SYMETRA®
FINANCIAL

CERTIFICATE/POLICY CHANGE

INSURED _____ CERTIFICATE/POLICY NUMBER _____

OWNER (IF OTHER THAN INSURED) _____ DATE _____

MAILING ADDRESS: Insured's or Owner's (if other than Insured)

_____

Street   City   State   Zip Code

HOME PHONE NUMBER (____) _____ WORK PHONE NUMBER (____) _____

☐ Reduce the amount of insurance to $ _____
☐ Remove the following benefit(s) or rider(s) or insured(s):

_____

_____

It is expressly represented and warranted that no other person, firm or corporation has any interest in said certificate/policy except the undersigned and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.

Change Universal Life or Variable Universal Life Death Benefit Option to:

☐ Level — Death Benefit equals face amount of certificate/policy
☐ Increasing — Death Benefit equals face amount of certificate/policy plus cash value

It is agreed that any changes requested shall be subject to the provisions and conditions of the certificate/policy and that the Company may require any of the following: (1) evidence of insurability satisfactory to the Company; (2) payment of any premium due for such changes; (3) return of the certificate/policy; (4) any additional information requested. It is further agreed that the changes above requested shall not become effective until and unless this application is approved by the Company and that when approved, this application and the statements on the Insurability/Application form shall become a part of said certificate/policy and, as such, a part of the contract between the Insured and the Company.

SIGNATURE REQUIRED

If owner is an individual or partnership:

_____ / _____   _____
Signature of owner(s)   Signature of assignee (if any)

_____   _____
Signature of owner's spouse (if required)   Signature of irrevocable beneficiary (if any)

If owner or assignee is a corporation:

_____   _____
Signature of President   Signature of Sec./Treas.

Notary: On this day personally appeared before me the person(s) 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.

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