

Mailing Address: Symetra Life Insurance Company Group Division PO Box 34690 Seattle, WA 98124-1690

CHANGE OF BENEFICIARY DESIGNATION

Please attach to orginial enrollment form

POLICY#				
EMPLOYER/POLICHOLDER NAME: _				
EMPLOYEE INFORMATION:				
NAME	PHONE NUMBER			
STREET ADDRESS	CITY	STATE	ZIP CODE	
PRIMARY BENEFICIARY(IES):				
NAME		DATE OF BIRTH		
ADDRESS				
RELATIONSHIP		BENEFIT PERCENT		
NAME		DATE OF BIRTH		
ADDRESS				
RELATIONSHIP		BEN	BENEFIT PERCENT	
CONTINGENT BENEFICIARY(IES):				
NAME		DAT	E OF BIRTH	
ADDRESS				
RELATIONSHIP		BEN	EFIT PERCENT	
NAME		DAT	E OF BIRTH	
ADDRESS				
RELATIONSHIP		BEN	EFIT PERCENT	
Definitions: Primary Beneficiary: The person or person primary beneficiary has been named, and share of the benefit. Contingent Beneficiary: The person or person beneficiary is alive on that date. If more that not been designated, then each will received. I, the undersigned, reserve the right to	the specific percentage hersons you want to receiven one contingent benefice an equal share of the b	as not been designated, the the life insurance beneficiary has been named, and enefit.	nen each will receive an equal t if you die and if no primary I the specific percentage has	
EMPLOYEE SIGNATURE			E SIGNED	

Symetra Life Insurance Company • Group Division • 777 108th Avenue NE, Suite 1200 • Bellevue, WA 98004-5135 • www.symetra.com