



# Foreign National

Instruction / Cover Sheet

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

**Fax Number: 1-877-435-5500**

Date \_\_\_\_\_ Number of pages (including cover sheet) \_\_\_\_\_

Applicant/Insured name \_\_\_\_\_

Producer name \_\_\_\_\_

Producer contact information (phone/fax/email) \_\_\_\_\_

Additional notes \_\_\_\_\_

## HIGH-NET-WORTH FOREIGN NATIONAL PACKAGE For Non-U.S. Owner

**Important Note:** The forms contained in this package are exclusively for Symetra high-net-worth foreign national market sales and must be submitted in addition to the insurance application and any other forms required by the laws of the state where the application is completed.

- Life Insurance Solicitation, Sales and Services Agreement, for Direct Ownership (Non-U.S. Owners)
  - Please select the appropriate check box in section 5b and have the applicant initial lines in section 8.
  - The producer and applicant must sign and date this agreement.
- Department of Homeland Security Records Consent
  - Please complete the necessary information, then sign and date this consent.
- Limited Durable Power of Attorney
  - The Power of Attorney form is optional and not a requirement for the proposed owner and proposed insured.
  - If used, it must be notarized on Page 4. Please complete the necessary information, then sign and date the form.
- W-8BEN – Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)
  - If the producer has any questions on completing form W8-BEN, they should consult with the proposed owner’s accounting professional.
  - Please complete, then sign and date this IRS form.

## SYMETRA LIFE INSURANCE SOLICITATION, SALES AND SERVICES AGREEMENT

### Completion of this Agreement is required as part of the sale

---

For Direct Ownership (Non-U.S. owners)

**PRODUCER:** Ensure you have reviewed the Symetra Foreign National Underwriting Program Guidelines prior to signing this Agreement and submitting an application with your client.

1. Proposed Insured's country(ies) of residence. *(If more than one is listed please indicate the length of time spent in each country):*  
\_\_\_\_\_
2. Name of Policy Owner *(if different from Insured):*  
\_\_\_\_\_
3. Policy Owner's country(ies) of residence. *(If more than one is listed please indicate the length of time spent in each country):*  
\_\_\_\_\_

**THIS LIFE INSURANCE POLICY SOLICITATION, SALES AND SERVICES AGREEMENT** ("Agreement") will become effective on the date signed by the Applicant. Agreement is entered into by and binding on Applicant and Producer and Symetra Life Insurance Company.

**WHEREAS**, Insurer is a life insurance company authorized to engage in life insurance business in the United States of America including all states, the District of Columbia and certain territories; and

**WHEREAS**, the Producer will solicit the Applicant for the sale of a life insurance policy ("Policy") to be issued by the Insurer; and

**WHEREAS**, the Applicant is a non-U.S. citizen residing in a jurisdiction outside of the United States (the "Residence Jurisdiction") and has traveled to the state of \_\_\_\_\_ *[insert state in U.S.]* in the United States to be Solicited for the sale of a life insurance policy, complete an insurance application for and take delivery of a policy in such state;

**NOW, THEREFORE**, in consideration of the mutual promises set forth herein, and intending to be legally bound hereby, the Insurer, the Producer and the Applicant understand and agree to the following:

#### 1. Agreement Definitions

- (a) "Action or Proceeding" is any dispute, claim, demand, controversy, action or proceeding, however characterized, relating to, arising under, in connection with, or incident to this Agreement or the Policy or the solicitation and sale of the Policy.
- (b) "**Agreement**" this document, the SYMETRA LIFE INSURANCE SOLICITATION, SALES AND SERVICES AGREEMENT.
- (c) "**Applicant**" the individual applying for this Policy and receiving the solicitation from the Producer. Upon issuance of the Policy, the Applicant shall also refer to the Policy Owner, Policy Insured or Policy Payor. Reference to Applicant post issue will generally mean the Policy Owner, unless otherwise stated.
- (d) "**Application State**" is a state or territory, within the United States of America, where the Producer Solicits the Applicant for the sale of the Policy, the Applicant completes and signs the application for the purchase of the Policy and the Applicant takes delivery of Policy and signs the Policy delivery receipt (if required).
- (e) "**Producer**" sales agent/s or financial advisor/s, broker/s or financial planner/s who is responsible for the sales process, to include solicitation, generation of illustrations, completion of the application and eventual delivery of the Policy.
- (f) "**Policy**" means the life insurance policy contract issued by Insurer to Applicant / Owner in connection with Solicitation and application completion and submission.
- (g) "**Parties**" shall include the Insurance Company, Producer, Applicant, Owner, Insured and Policy Payor.
- (h) "**Residence Jurisdiction**" means the country of the Applicant's home residence and/ or citizenship.

**1. Agreement Definitions** *(continued)*

- (i) **"Solicit"** or **"Solicitation"** means any activity related to the sale, presentation, marketing, generation of sales illustrations, of or related to the Policy or proposed and anticipated Policy. Such presentations may include, but are not limited to, delivery of contracts, marketing brochures or letters soliciting the purchase of insurance, meetings, presentations, completion of suitability forms (if required), applications and related forms, telephone calls, faxes or other electronic or delivered and exchanged correspondence, mailings, seminars, advertisements, or any other activity designed or intended to generate an interest in the Policy or any specific insurance policy or insurance contract.
- (j) **"Communications"** or **"Policy Communications"** shall mean any correspondence or messages created or originated by the Insurer or Producer related to the Policy, its application and issuance, including, but not limited to, any and all premium notices, privacy notices, lapse notices, grace period notices, annual statements, Policy change requests or confirmations, and any other interactions generated in the course of administering the Policy. Such communications shall include but not be limited to, written mailed interactions as well as electronic exchanges.
- (k) **"Insurer"** shall be Symetra Life Insurance Company.
- (l) **"U.S. Address"** shall mean a street address in the United States which shall be used for all billing purposes and Policy Communications. A Post Office Box (P.O. Box) **will not be acceptable** for the purpose of a U.S. Address.
- (m) **"U.S. Bank"** and **"U.S. Bank Account"** shall mean a bank chartered in the United States and subject to U.S. domestic banking laws, regulations and requirements. A U.S. Bank Account shall mean an account held by the Policy Owner at a U.S. Bank.

**2. Policy Solicitation, Application, Issuance and Delivery**

- (a) Connection (nexus) to the United States  
The Applicant understands and agrees that he/she, must have a connection and intention for ongoing interactions in the United States in the form of assets located in the U.S., ownership of real estate in the U.S., close family residing in the U.S., regular and ongoing travel to the U.S. for business or pleasure, employment with a U.S. based company, or similar significant and quantifiable connection in order to be considered an eligible client and purchase the Policy. This connection to the U.S. must be clearly articulated and documented to the Producer and Insurer as an application requirement and as part of the sales process.
  - (b) Sales and Solicitation Guidelines  
The Applicant and the Producer agree to comply with the Insurer's Solicitation Guidelines applicable to life insurance sales to foreign nationals (non-resident aliens) and that the Producer disclosed and explained to the Applicant the Insurer's Solicitation Guidelines. Applicant affirms they understand and agree to the guidelines presented to them.
  - (c) Policy Application and Issue  
The Applicant, (consisting of Owner and/or Insured) and the Producer signed or will sign the Policy application and also associated forms and documentation in the State of Application and the Policy will be issued in and under the laws and meeting all the requirements of the State of Application.
  - (d) Policy Delivery  
The Applicant understands and agrees to take delivery of the Policy issued by the Insurer and to sign the delivery receipt (if required) in the state in which the Solicitation and Application were completed. The Applicant may use an attorney-in-fact appointed under an acceptable Power of Attorney, to accept delivery of the Policy and for receipt of Policy Communications as expressed in Section 3 of this Agreement.
-

### **3. Policy Administration and Payment of Premium**

- (a) U.S. Street Address Requirement
  - (i) The Applicant and Owner agree to receive all Policy Communications regarding the Policy at a street address in the United States (the "U.S. Address").
  - (ii) The Applicant shall provide a U.S. Address in the application to be used by Insurer for all Policy Communications. The provided U.S. Address shall not be the address of the producer, agency, financial advisor or anyone associated with the sale or solicitation of the Policy.
  - (iii) The Applicant and Owner understand and affirmatively agree with the following:
    - (1) the mailing of Policy Communications to the U.S. Address shall be the address for purposes of the Insurer's communications records,
    - (2) the Insurer reserves the right to refuse to send any Policy Communications directly to a non-U.S. address of the Applicant or Owner, and
    - (3) the mailing of any Policy Communications to the U.S. Address constitutes compliance with any legal or Policy contractual requirements to mail or transmit such communications and correspondence to the Applicant, Owner or Insured. Such mailings may include but are not limited to, all premium billing notices and confirmations, grace period notifications, notice of Policy lapse or unclaimed funds / abandoned property subject to escheatment under state law of the state of application and Policy issue.
  - (iv) The Applicant and Owner agree not to request a change from the U.S. Address to an address outside of the United States for receipt of mailings and/ or Policy Communications.
- (b) U.S. Bank and Bank Account Requirement
  - (i) The Owner/Applicant agrees that all premium payments must be paid in U.S. currency and originated (either through EFT or paper check) from the Applicant's/ Owner's own bank account held with a U.S. bank.
- (c) Application, Policy and Policy Communications in English
  - (i) The Applicant and Owner understand that the Application, Policy and all Communications will be in English. The Producer is not authorized to translate the Solicitation materials, Policy contract or any Policy Communications. If the Applicant does not read or understand English, the Applicant is encouraged to obtain reliable translation services at their own expense.
- (d) Compliance with Laws.
  - (i) The Applicant agrees that responsibility for compliance with any laws, regulations, rules or governmental requirements in the Applicant's jurisdiction of residence (the "Residence Jurisdiction") shall be the sole responsibility of the Applicant, Owner and Insured.
- (e) Applicant affirms they have obtained legal advice in their Residence Jurisdiction and application, purchase and ownership of the contemplated U.S. Policy is allowable under the laws in their Residence Jurisdiction. Once Policy is issued, if legal requirements impacting the ownership of a U.S. life insurance policy change in the Owner's Resident Jurisdiction, it is the obligation of the Owner to inform the Insurer of such legal requirements or restrictions.

### **4. Miscellaneous Provisions**

- (a) Governing Law and Jurisdiction
    - (i) This Agreement shall be governed in all respects, including validity, interpretation and effect, without regard to principles of conflicts of laws, by the laws of the Application State within the United States.
    - (ii) Any "Action or Proceeding" shall be filed and heard in the U.S. state or U.S. federal courts applicable to the Application State. The state and federal courts located in or applicable to the Application State shall have exclusive jurisdiction over the parties to the Action or Proceeding.
-

**4. Miscellaneous Provisions** (continued)

(b) General Provisions (continued)

- (i) This Agreement constitutes the entire agreement between the Parties relating to the contemplated insurance sale and all matters hereof. This Agreement shall supersede all prior or contemporaneous discussions, understandings and agreements, whether oral or written, not specifically referenced and not made a part of this Agreement.
  - (ii) This Agreement may be amended only in writing signed by all parties, and no purported oral agreement or understanding, or conduct or course of conduct, shall be binding on either Party hereto, unless reduced to writing and executed by authorized officers of the Insurer. The obligations of this Agreement shall be binding upon and inure to the benefit of the Insurer and the Producer and to their respective successors and assigns.
  - (iii) If any provision of this Agreement shall be deemed invalid, illegal or unenforceable in any respect under applicable law, the validity, legality and enforceability of the remaining provisions shall not be affected or impaired thereby.
  - (iv) This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
  - (v) The Applicant is prohibited from assigning or transferring this Agreement to any third party. No forbearance or neglect on the part of Insurer shall be construed as a waiver of any of the terms hereof and shall not waive any such terms or provisions or release the other party in any way nor imply the existence of any authority not expressly granted in this Agreement. The Producer is not authorized to make any contract, incur any debt in, or otherwise to use the name of the Insurer or any of its affiliates. The Producer is not authorized to make, modify, or amend any solicitation materials, application for insurance or any policy or contract of insurance or this Agreement.
  - (vi) The Applicant and Owner agree and understand transfer of ownership or assignment of interest of the issued Policy may be restricted, in the exclusive judgement of the Insurer.
  - (vii) The Applicant and Owner have no plans for third-party funding at policy issue and will not change to a third-party payor in the future without notice and approval of the Insurer. Third-party funding does not include immediate family or Owner's business or trust. The Applicant agrees that payments of the death benefit and / or surrenders or withdrawal proceeds will be payable in U.S. funds to the Policy beneficiary or Policy Owner as is appropriate per the terms of the policy.
  - (viii) The Applicant agrees that payments of the death benefit and / or surrenders or withdrawal proceeds will be payable in U.S. funds to the Policy beneficiary or Policy Owner as is appropriate per the terms of the policy.
- (d) Effective Date
- (i) This Agreement shall be deemed effective and binding as of the signature date of the Applicant and shall be binding upon the Policy Owner, Insured, beneficiary and payor.

**5. Representations and Warranties**

- (a) The **Insurer** represents and warrants that the Insurer is authorized and licensed to do business as an insurance company in the Application State.
- (b) **Applicant, Owner and Insured Representations and Warranties**
  - (i) The Applicant, Owner and Insured represent and warrant the following:
    - (1) The Applicant, Owner and Insured (if different), has an established connection to the U.S. as indicated below:

Same Insured and Owner	Different Insured and Owner		Connection to the U.S. Please check all which apply. At least <b>one</b> connection is required to be an eligible client.
	Insured	Owner	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a residence in the U.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Own real estate in the U.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Own a business in the U.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is an employee of a U.S. domiciled company.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has primary employment at a location in the U.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has U.S. tax liability.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has immediate family residing in the U.S.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular and ongoing travel to the U.S. for business or pleasure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have a U.S. bank account or brokerage account.

**5. Representations and Warranties** *(continued)*

- (2) The Solicitation of the Policy, the signing of the application and delivery of the Policy took place in the Application State and no Solicitation activity by any person with the Applicant occurred outside of the United States.
- (3) The Applicant read the application for the Policy and understood that by signing the application, the Applicant acknowledged and agreed that any Action or Proceeding, as defined in the Policy shall be governed by the laws of the Application State and that any Action or Proceeding must be filed and heard in the state or federal courts located in or applicable to the Application State.
- (4) The Applicant has been advised to consult with their own tax, legal, and financial planners to ensure compliance with requirements within the Residence Jurisdiction to include, but not be limited to:
- (a) any asset/ financial/ tax reporting for any insurance policy issued outside their Residence Jurisdiction;
  - (b) providing the Insurer with all information and direction required to remit policy proceeds to the owner or any beneficiary as required by the laws of the Residence Jurisdiction prior to any disbursement request; and
  - (c) any restrictions, limitations and/or reporting associated with conversion of policy.
- (5) The Applicant and Owner have sought and obtained for themselves legal and tax advice from competent counsel including, but not limited to, all income, gift and estate tax consequences regarding the purchase and ownership of the Policy, the naming of the Insured, the Insured's spouse, the descendants of the Insured and the spouses of the Insured's descendants as beneficiaries of the Policy, the Policy's direct ownership by the Applicant/ Owner in the U.S. or their Residence Jurisdiction
- (6) The Applicant affirms, the Insurer provided no legal or tax advice regarding the purchase of the Policy or regarding the application of or compliance with, any laws or regulatory requirements of the Applicant's Resident Jurisdiction outside the U.S.
- (7) The Applicant has read and understood the terms of the Application and any sales illustrations and features and requirements of the Policy applied for and has undertaken the appropriate translation services for any and all materials needed for such comprehension and decision making.
- (8) I, Applicant / Owner hereby certify that the following statements are true and accurate:  
(Applicant must initial before each of the five statements attesting to their understanding, agreement and accuracy)
- \_\_\_\_\_ No aspects of the solicitation for sale of life insurance were conducted outside of the U.S.
- \_\_\_\_\_ No materials (marketing, illustration, application, etc.) were provided outside of the U.S.
- \_\_\_\_\_ The Applicant, Owner and Insured(s) were advised that:
- Symetra is not authorized to sell insurance in their country of residence.
  - Policies issued are not subject to laws or regulatory systems or supervision of insurers in their country of residence.
- \_\_\_\_\_ The Applicant, Owner and Insured have a basic understanding of the English language or have made the appropriate provisions for translations of the documents associated with this application and sale
- \_\_\_\_\_ Neither the Applicant, Owner nor the insured was assisted in the completion of the application or any forms supporting the sale by anyone other than the Producer.
-

**5. Representations and Warranties** (continued)

(9) I Applicant / Owner hereby certify that the following personal background statements are true and accurate: (Applicant must initial before each of the statements attesting to their understanding, agreement and accuracy). Applicant / Owner:

- \_\_\_\_\_ Does not currently hold and has not held a position in the government or in a government controlled entity or enterprise. Nor does family member (spouse, parent, siblings, children, and spouses' parents and siblings) currently hold such a position\*
- \_\_\_\_\_ Does not currently and has not held a senior or prominent position in an international non-governmental organization\*
- \_\_\_\_\_ Has not been a party to any legal proceeding involving financial wrongdoing or impropriety
- \_\_\_\_\_ Has never been arrested, cited, charged, or detained for any reason by any law enforcement official\*
- \_\_\_\_\_ Has never plead guilty to, or been convicted of, a crime, felony, or misdemeanor in any country\*
- \_\_\_\_\_ Has never been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)
- \_\_\_\_\_ Has never knowingly engaged in money laundering or financial crimes or aided, assisted, conspired, or colluded with others in money laundering or financial crimes

\* For answers that require explanation, please include a separate sheet of paper.

**(c) Producer Representations and Warranties**

- (i) The Producer represents and warrants the following:
  - (1) The Producer is properly licensed and appointed by the Insurer, in the Application State and licensed and appointed in all other states which may require such licensing and appointment necessary for this sale.
  - (2) The Producer followed the Insurer's solicitation guidelines and did not solicit the purchase of the Policy outside of the Application State.
  - (3) The Producer did not engage in any marketing activities or presentation of sales of marketing materials outside the U.S. related to this sale
  - (4) The Producer is not authorized to and did not provide translation services, modify or amend the Application or the Policy, or perform any services other than those of an insurance agent on behalf of the Insurer.

**IN WITNESS WHEREOF**, the Parties have signed this Agreement as of the date first written below.

By the signatures below, the signers attest to the truth and accuracy of the statements made within this Agreement.

Owner/Applicant name (please print)

Owner/Applicant signature

Date

Insured name (if other than the Owner)

Insured signature (if other than the Owner)

Date

Producer name (please print)

Producer signature

Date



**Symetra Life Insurance Company**

777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135

Mail to New Business: PO Box 549291 | Waltham, MA 02454-9291

Fax: 1-877-435-5500

**DEPARTMENT OF HOMELAND SECURITY RECORDS CONSENT AGREEMENT**

Last name <i>(Surname as it appears on Passport)</i>		First name <i>(Given name as it appears on Passport)</i>
Date of birth <i>(mm/dd/yyyy)</i>	Passport number	Passport Country of Issuance

I, \_\_\_\_\_, hereby authorize Symetra Life insurance Company (“Insurer”) to access my arrival/departure information to/from the United States that is maintained in the U.S. Customs and Border Protection’s (CBP’s) Nonimmigrant Information System (NIIS), including but not limited to the data which may be accessed through the website which is property of the U.S. Government. This information is to be used only by Insurer for the purpose of verifying identity and confirming my presence in the United States at the time of solicitation, application and for purchase of an insurance policy and in connection with administration of any insurance policy issued. This is my consent for Insurer to use my name, date of birth, and passport information as stated above and my application for insurance to access these records. I agree that Insurer may review the data obtained and retain a copy in its underwriting file and may share this information with reinsurers, the agent working with my application and/or policy and as otherwise necessary to administer the terms and conditions of this insurance policy. This authorization and consent shall remain in effect (1.) twenty-four months from the date of signature below; (2.) twenty-four months following termination of any policy issued; or (3.) in the event of payment of any death claim arising from the policy.

Insured/Applicant signature	Date
-----------------------------	------



## LIMITED DURABLE POWER OF ATTORNEY (For Use By Non-US Resident Foreign National Owner Of Symetra Life Insurance Policy Only)

---

### Notice To Principal (Policy Owner)

---

The purpose of this power of attorney is to give the person you designate (your "attorney-in-fact") limited powers to take receipt of your policy and any subsequent service mailings and billing notices. This power of attorney does not impose a duty on your attorney-in-fact to exercise granted powers, but when powers are exercised, your attorney-in-fact must use due care to act for your benefit and in accordance with this power of attorney. Any such action undertaken by your attorney-in-fact, within the scope of this power of attorney document, is legally binding upon you. Your attorney-in-fact may exercise the powers given here throughout your lifetime, even after you become incapacitated, unless you expressly limit the duration of these powers or you revoke these powers or a court acting on your behalf terminates your attorney-in-fact's authority.

This document does not authorize anyone to make changes to your policy or request transactions on your Symetra life insurance policy. This document does not authorize any person to act on your behalf for any other financial product, insurance policy, property or holding unrelated to your Symetra policy.

Your attorney-in-fact must keep your property separate from your attorney-in-fact's property. A court can take away the powers of your attorney-in-fact if it finds your attorney-in-fact is not acting properly.

If there is anything about this form that you do not understand, you should ask a legal professional of your own choosing to explain it to you.

You may revoke this power of attorney if you later wish to do so. Notice of revocation must be sent to and received by Symetra Life Insurance Company for effectiveness at the address below:

Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004

---

### ACKNOWLEDGEMENT

---

#### I HAVE READ OR HAD THIS DOCUMENT EXPLAINED TO ME AND I UNDERSTAND ITS CONTENTS

---

Signature of Principal / Policy Owner

Date

Name of Principal / Policy Owner

---

---

Power Of Attorney

---

I, \_\_\_\_\_ the Proposed Policy Owner, (hereafter  
Owner  
referred to as the Principal) have applied for a life insurance policy with Symetra Life Company (hereafter  
referred to as Company), on or about \_\_\_\_\_ hereby authorize \_\_\_\_\_,\*  
Date Attorney-in-Fact  
to act as my attorney-in-fact exclusively for the limited purposes outlined below:

---

*\*(Note: The attorney-in-fact must be an adult 18 year old professional or family member who is a full time U.S. resident with an available street address and cannot be an individual involved with the sale, solicitation or marketing of the Symetra Life Insurance Company policy.)*

---

The following powers are granted by Principal to the attorney-in-fact. If the Principal does not wish to grant any of the below powers and authority, they should cross out the entire numbered section.

If the power is not crossed out, it will be included in the powers granted to the attorney-in-fact.

1. Power to accept delivery in the state where the solicitation and application was taken of the above referenced Policy issued by Company, in accordance with the procedures in effect at Company. In conjunction with this authority, the attorney-in-fact designated herein may also accept and sign on my behalf any amendment or endorsement to the Policy and/or any Policy illustration which may accompany it with delivery and which the Company permits to be signed by my attorney-in-fact.

I understand that I will be bound by my attorney-in-fact's acceptance on my behalf of any such amendment or endorsement and agree to be bound by any representations made in the amendment or endorsement as if they were my own and by all resulting terms and conditions of the Policy, and further agree that any Policy illustration will remain applicable as if delivery were made to me directly in person.

2. Power to receive, on my behalf at my attorney-in-fact's street mailing address as provided to the Company, any Policy communications and correspondence generated by the Company. Such communications shall include but will not be limited to, any and all premium or billing notices, privacy notices, lapse notices, grace period notices, annual statements, Policy change confirmations, and any other communications generated in the course and scope of Company's administration of the Policy.

In conjunction with this authority, I agree that the Company's mailing of such communications and correspondence to my attorney-in-fact constitutes compliance with any legal or Policy requirement to mail such communications and correspondence to me at my address. I agree and understand that I will not receive any such communications and correspondence sent to my attorney-in-fact, directly and it will be the responsibility of my attorney-in-fact and myself to ensure I am kept current and up to date on the communications and correspondence from the Company associated with this Policy.

3. Power to receive, on my behalf at my attorney-in-fact's street mailing address as provided to the Company, any confirmations or responses to special inquiries made by me regarding the status of the Policy, such as confirming current beneficiaries, loan values, cash values, premiums due, premiums paid, and assignees (if any), and responses to requests for in-force illustrations for the Policy.

No additional powers may be added to this Power of Attorney document, and no edits will be valid or accepted by Company. This Power of Attorney document shall only apply to the application and issued policy contemplated with the execution of this document. This document, named attorney-in-fact and granted authority shall not apply or be expanded to include any other financial product or property of the Principal. This Power of Attorney shall not rescind, replace, supersede or take the place of any prior Power of Attorney the Principal may have in place at the time of execution of this document.

THIS POWER OF ATTORNEY SHALL BE UNDERSTOOD AS A LIMITED DURABLE POWER OF ATTORNEY AND SHALL CONTINUE TO BE EFFECTIVE EVEN IF I BECOME DISABLED, INCAPACITATED, OR INCOMPETENT. Disability, incapacity or incompetency shall be demonstrated by correspondence by my attending physician on medical facility letterhead affirming such condition or determination of incapacity by court of law of appropriate jurisdiction.

If my named attorney-in-fact shall die, become incompetent, resign or refuse to accept my nomination, this document shall be deemed void and have no effect.

My attorney-in-fact shall have no ability to delegate any of these specific powers in whole or in part.

My attorney-in-fact shall not be entitled to compensation for his/ her services, but only reimbursement for actual expenses incurred in performance of the granted authority.

**This Limited Durable Power of Attorney does not and will not extend to allowing my attorney-in-fact to request or initiate contractual changes to the policy. Such changes which the attorney-in-fact will have no authority are, but not limited to, policy loans, policy withdrawals, changes to coverage, ownership or assignments, exchanges, surrenders, changes to any index allocations, beneficiaries or any contingent beneficiaries, allocations between named beneficiaries or death benefit options.**

I, as Principal, understand that the granted powers in this document will not vest unless a Policy is issued in response to the application contemplated by this document. This document will become effective upon the Company's issuance of the policy for delivery by the Producer and will continue to be effective until revoked by the Principal or the Policy referenced in this document is terminated or no longer in force.

I, as Principal, hereby agree and declare that I shall affirmatively communicate to the above-referenced attorney-in-fact at the time the Policy is delivered and at the time the delivery receipt is signed that the Proposed Insured is living and that all parts of the application and applicable supplements continue to be true and complete without material change as of the time the Policy is delivered and the initial premium for it is paid, and that any amendments to the Policy and/or Policy illustrations are acknowledged and accepted by me.

The undersigned attorney-in-fact hereby agrees to communicate with the Principal, at the time the Policy is delivered and at the time the Policy delivery receipt is signed to ascertain that the Proposed Insured is living and that all parts of the application and applicable supplements continue to be true and complete without material change as of the time the Policy is delivered and the initial premium for it is paid and to further confirm that any amendments to the Policy and/or Policy illustrations are to be acknowledged and accepted by Principal.

I, as Principal and the named attorney-in-fact hereby agree to indemnify and hold the Symetra Life Insurance Company harmless from, and to pay it promptly on demand, any and all loss, causes of action or damages that may arise in connection with the appointment and actions of the above-named attorney-in-fact.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which Symetra Life Insurance Company may have under any agreement or agreements between Symetra Life Insurance Company and Proposed Owner or Proposed Insured. This authorization and indemnification/hold harmless is a continuing one, and shall remain in full force and effect until revoked by Policy Owner by a written notice addressed and delivered to the Company but such revocation shall not affect any liability in any way resulting from actions initiated prior to receipt the Company of such revocation.

This authorization and indemnification/hold harmless shall be binding on me and my assigns and successors-in-interest. This authorization and indemnification/hold harmless shall inure to the benefit of the Company and of any successor firm or firms irrespective of any change or changes at any time in the personnel thereof, for any cause whatsoever, and of the assigns of the Company or any success or firm or entity.

I am fully informed as to all the contents of this form and understand the full importance of this grant of powers and authority to my attorney-in-fact.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

---

Signature of Principal (Proposed Policy Owner)	Date	Location City & State
--	------	-----------------------

---

Notary Public

On this day \_\_\_\_\_ personally appeared before me the person who  
Name of Principal / Proposed Policy Owner

executed this instrument, and acknowledged that he/she signed the same as his/her free voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ . (month, year)

State of	County of	Place seal or stamp here	
Notary public signature			
My appointment expires			

Attorney-in-Fact Contact Information (to be used for subsequent mailing of policy service mailings if directed to do so by the Policy Owner)

Name		Phone	
Address	City	State	Zip

Nature & Length of Relationship of Proposed Owner to Attorney-in-Fact

**(Note: The attorney-in-fact cannot be the agent or an producer employee or any other individual involved with the sale or solicitation of the Symetra Policy.)**

**Attorney-in-Fact: By accepting or acting under the appointment, the attorney-in-fact assumes the fiduciary and other legal responsibilities of a legal producer.**

**For Power of Attorney to be used for Policy Delivery, Post issue receipt and acceptance of policy statements, billing notices and service notifications.**

**This Limited Durable Power of Attorney does not authorize the designated attorney-in-fact to proactively make any policy changes or execute any documents or transactions on behalf of the Policy Owner except as specifically authorized in this document.**

Acknowledgment and Acceptance by Attorney-in-Fact

I, \_\_\_\_\_ have read the attached power of attorney and am the person identified as the attorney-in-fact for the Principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney when I act as attorney-in-fact:

- I shall exercise the powers and authority for the benefit of the principal
- I shall keep the documents of the principal separate from my documents
- I shall exercise reasonable caution and prudence
- I shall keep a full and accurate record of all actions, receipts and administration on behalf of the principal

Signature of Attorney-in-Fact	Date
-------------------------------	------

*\*Attorney-in-fact signature may be after the date of the Policy Owner, but must be before document is used for purposes of policy delivery).*

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

(Rev. July 2017)

Department of the Treasury  
Internal Revenue Service

► **For use by individuals. Entities must use Form W-8BEN-E.**  
► **Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.**  
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

**Do NOT use this form if:**

**Instead, use Form:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- You are a person acting as an intermediary . . . . . **W-8IMY**

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner (see instructions)**

<b>1</b> Name of individual who is the beneficial owner		<b>2</b> Country of citizenship	
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.		Country	
<b>4</b> Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		<b>6</b> Foreign tax identifying number (see instructions)	
<b>7</b> Reference number(s) (see instructions)		<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here** ▶

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Print name of signer

\_\_\_\_\_  
Capacity in which acting (if form is not signed by beneficial owner)