

Symetra Life Insurance Company 777 108th Avenue NE, Suite 1200 Bellevue, WA 98004-5135 1-800-796-3872 Fax 1-866-532-1361

Mailing address: Symetra Life Insurance Company PO Box 7902 London, KY 40742-7902

PREMIUM BILLING CHANGE REQUEST

Insured Policy Number				
			Date	
			City State	Zip Code
			Work Phone No. ()	·
☐ CHANGE OF SCHEDULED PREMIUM AMOUN			IOUNT ONLY: (Universal and Variable Universal Life	policies only.)
Scheduled premium amount should be changed to \$				
CHANGE OF PAYMENT MODE: ANNUAL BILLING (12 months) SEMI-ANNUAL BILLING (6 months) QUARTERLY BILLING (3 months) MONTHLY BILLING Note: Any and all past due premiums will			☐ Paper Bill ☐ Credit Card (see below) ☐ Paper Bill ☐ Credit Card (see below) ☐ Paper Bill ☐ EFT/Payment by Bank Draft (see below) De drafted immediately once the EFT set up is completed.	
by Bank Draft (EFT)	d		zation Form: Please attach a copy of a voided check if yolete the information below for the account from which you	
Payment by		Routing Number:		
Payr	To stop future drafts, contact our Customer Service Department at 1-800-796-3872			
Payment by Credit Card	q	Credit card authorization form for semi-annual and annual repetitive premium payments only. Not available for quarterly or monthly payments. Credit card option not available for variable universal life policies policy numbers beginning with SL, S0, or S1) I hereby request and authorize the Company to charge my premium to my credit card account: VISA MASTERCARD DISCOVER Expiration Date: Printed Name of Cardholder Signature of Cardholder Date		

Please submit the completed form with required documents to Symetra Life Insurance Company by fax: 1-866-532-1361, or by mail: PO Box 7902, London, KY, 40742-7902.

Please refer to the form for complete instructions on how to request this change on your policy. When completed, please mail the completed form to:

Symetra Life Insurance Company

Attn: Individual Client Services

P.O. Box 7902

London, KY 40742-7902

If you have any questions while completing this form, please let us know. We can be reached Monday through Friday between the hours of 6:00 am and 4:30 pm Pacific Time.

Toll Free Number: 1-800-SYMETRA (1-800-796-3872)

Fax Number: 1-866-532-1361

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