

New Business Submission Transmittal Form



SwiftTerm® Extra Coverage Program

Required for all submissions

Agency name: _____

BGA: _____

Symetra SwiftTerm policy number(s): _____

Please check the appropriate boxes:

- Completed Symetra Part I application
- Completed Symetra Part II application
- Completed IUL or VUL supplemental application
- Symetra Protector IUL, Accumulator Ascent IUL or Accumulator VUL illustration
- Cover letter stating this is for the Symetra SwiftTerm Extra Coverage Program
- First modal premium payment
- State replacement forms (if applicable)

Back office case contact information *(required for every case)*

This is the person who receives case updates and contracting requests. *Symetra will not send updates to the producer.*

Name: _____

Phone: _____

Email: _____

Fax: _____

Producer name: _____

Producer Symetra number: _____

Insured's name: _____

Policy mailing address (for BGA delivery): _____

Special handling instructions: _____

Submission options

Fax: 1-877-435-5500

Email: PremierNewBusiness@symetra.com

Mail: Symetra – Individual New Business

Attn: ILD NB

P.O. Box 35020

Seattle, WA 98124-3420

www.symetra.com

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Life insurance is issued by Symetra Life Insurance Company, 777 108th Avenue, NE, Suite 1200, Bellevue, WA 98004, and is not available in all U.S. states or any U.S. territory.

Symetra Accumulator VUL can only be sold by registered representatives.