

Symetra Life Insurance Company First Symetra National Life Insurance Company of New York

Mail to: PO Box 34690 | Seattle, WA 98124-1690 Overnight to: 777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135 Phone 1-800-210-1106 | Fax 1-866-305-3253 | www.symetra.com

AGENT OF RECORD CHANGE REQUEST

This form is used to transfer both annuity and life policies from one agent to another. For Life Insurance Policies Only: Servicing Agent (non-commissionable) Agent of Record Note: If commission end-date has passed, an agent of record change will be processed.					
Policy Information	Policy/Contract Owner(s)				
	Policy/Contract number		Last 4 digits of Policy/Contract Owner(s) SSN	
Current Agent/ Agency of	Name of current agency or broker/dealer				
Record	Current agent's name				
	Current agent's 10-digit Symetra Agent ID (if known)				
	For Life Insurance Only (Not required for servicing agent changes): RELEASE AUTHORIZATION: I release all rights to the above-mentioned policy number(s).				
If policy is still commissionable, a signature is required.	Printed name of Agency/Principal			Date	
	Signature of Agency/Principal SIGN HERE				
New Agent/ Agency of Record Requests submitted after a prior servicing agent update has been processed will supersede any prior servicing agent request.	Name of new agency or broker/dealer				
	New agent's name				
	New agent's 10-digit Symetra Agent ID	Last	ast 4 digits of new agent's SSN		
	New agent's phone number	New	New agent's e-mail address		
	For Life Insurance only (Not required for servicing agent changes): Accepting Firm:				
	Printed name of Agency/Principal			Date	
	Signature of Agency/Principal				
	SIGN HERE				

California Fraud Warning	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.			
Policy Owner	Policy/Contract Owner's signature	Date		
Signatures	SIGN HERE			
	Joint Policy/Contract Owner's signature	Date		
	SIGN HERE			

 $Fax\ completed\ form\ to\ Symetra\ Life\ Insurance\ Company\ at\ 1-866-305-3253.\ Please\ allow\ up\ to\ 10\ business\ days\ from\ date\ of\ receipt\ for\ processing\ to\ be\ completed.\ For\ status\ inquiries,\ please\ email\ producer changes @\ symetra.com\ or\ call\ 1-800-210-1106,\ option\ 3.$

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