

New Business Submission Transmittal Form



SwiftTermSM 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 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.