

Intake Form For SYM

For agent use only.

Name _____ MI _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street _____			
City _____		State _____	Zip _____
Social Security Number _____		Occupation & Duties _____	
Birthplace _____		Birthdate _____	Marital Status _____
Home Phone () _____		Cell Phone () _____	Business Phone () _____
Email: _____			
Driver's License # _____			
Height: _____		Weight: _____	
Unearned Annual Income _____			
Earned Annual Income _____			
Type of Visa: _____		Expiration Date: _____	
Employer: _____			
Employer Address: _____			

Proposed Owner(s) Replacement

(a) Does the Proposed Owner(s) have existing life insurance policies or annuity contracts with this or anyother company on the life of Proposed Insured A?

Yes No

(b) Is the policy applied for expected to replace or change any existing life insurance policy or annuity, or is any part of the premium to be paid by policy loan or cash value from insurance presently in force?

Yes No

(If yes, complete state required replacement form.)

US Citizen? Yes No

Permanent Resident? Yes No

Can we contact the client directly if more information is required by the carrier?

Yes No

BENEFICIARY INFORMATION

The percentage for each type of beneficiary must total 100% and represent whole percentages. Do not indicate multiple beneficiaries as a group – e.g., "All Children of Proposed Insured."

P = Primary C = Contingent	Name (first, middle initial, last) or Organization Name, Residence Address and Telephone Number	Date of Birth/Trust	SSN, TIN or 501(c) Tax ID Number	Relationship to Proposed Insureds	%
<input type="checkbox"/> P					
<input type="checkbox"/> P <input type="checkbox"/> C					

PAYMENT METHOD AND FREQUENCY

(a) Payment Method: Automatic EFT* Check

Payment With Application: _____ (only if qualified for Temporary Insurance – Refer to Section 11) Subsequent Premiums: \$ _____

(b) Payment Frequency: Monthly (EFT only) Quarterly Semiannually Annually

Complete for payments to be taken by EFT (either complete the section below OR the Symetra EFT Form:

(c) Draft the following Premiums: Initial and Subsequent Premiums Subsequent Premiums Only

(d) Account Details: Name On Account: _____ Type of Account: Checking Savings

Bank Name: _____ Routing #: _____ Account #: _____

PROPOSED INSURED A IN FORCE COVERAGE

(a) Does Proposed Insured A have any other existing life insurance policies in force or applied for with this or any other company? If yes, please list below.					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company Name	Policy Type	Product Type	Face Amount	Issue Date (Month/Year)	Status	Select if Replacing and/or 1035 Exchange*
	<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> Term <input type="checkbox"/> Group			<input type="checkbox"/> In Force <input type="checkbox"/> Applied For	<input type="checkbox"/> Replacement <input type="checkbox"/> 1035 exchange
	<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> Term <input type="checkbox"/> Group			<input type="checkbox"/> In Force <input type="checkbox"/> Applied For	<input type="checkbox"/> Replacement <input type="checkbox"/> 1035 exchange
	<input type="checkbox"/> Personal <input type="checkbox"/> Business	<input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> Term <input type="checkbox"/> Group			<input type="checkbox"/> In Force <input type="checkbox"/> Applied For	<input type="checkbox"/> Replacement <input type="checkbox"/> 1035 exchange

(b) Total amount of applied for coverage to be placed with all companies including Symetra

PROPOSED INSURED A PERSONAL HISTORY (For any "Yes" answers, please provide details in Remarks Section 9)

(a) Has Proposed Insured A:						Yes	No
i) Had any Life or Disability Insurance application declined or rated?						<input type="checkbox"/>	<input type="checkbox"/>
ii) Had any driver's license suspended or revoked, plead guilty to or been convicted of driving while impaired, intoxicated or under the influence of any drug; or plead guilty to or been convicted of two or more moving violations within the past three years?						<input type="checkbox"/>	<input type="checkbox"/>
iii) Ever plead guilty to, or been convicted of, a felony or misdemeanor; or is any such charge pending?						<input type="checkbox"/>	<input type="checkbox"/>
iv) Declared personal or business bankruptcy in the past five years or does Proposed Insured A anticipate declaring bankruptcy within the next two years?						<input type="checkbox"/>	<input type="checkbox"/>
(b) Does Proposed Insured A have any plans to travel or live outside of the U.S. or Canada within the next 12 months? (If "yes", please complete the Residency and Travel questionnaire.)						<input type="checkbox"/>	<input type="checkbox"/>
(c) Within the past two years, has Proposed Insured A engaged in, or is he or she currently engaging in, aviation activities as a pilot or crew, scuba diving, parachuting, hang gliding, mountain/rock/ice climbing or racing of any motorized vehicles? (If "Yes", also complete Aviation/Avocation questionnaire.)						<input type="checkbox"/>	<input type="checkbox"/>
(d) Has Proposed Insured A ever used any form of tobacco or nicotine based products? If yes, mark all that apply and complete the details below:						<input type="checkbox"/>	<input type="checkbox"/>
Type	Frequency	MO/YR Last Used	Type	Frequency	MO/YR Last Used		
<input type="checkbox"/> Cigarettes/E-Cigarettes			<input type="checkbox"/> Nicotine Patches				
<input type="checkbox"/> Cigars			<input type="checkbox"/> Nicotine Gum				
<input type="checkbox"/> Pipes			<input type="checkbox"/> Snuff				
<input type="checkbox"/> Chewing Tobacco			<input type="checkbox"/> Other (list):				

AGENT/PRODUCER REPORT

ADDITIONAL INFORMATION	YES	NO
(a) Were you in the presence of the Proposed Insured(s) and/or Proposed Owner(s) when the application was taken?	<input type="checkbox"/>	<input type="checkbox"/>
(b) How long have you known the Proposed Insured(s) and in what capacity? Number of years: _____ In what capacity: _____		
(c) Based on your reasonable inquiry about the Proposed Owner(s) financial situation, insurance objectives and needs, do you believe that the coverage, as applied for, is suitable for their insurance needs and anticipated financial objectives?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Do you have any knowledge as to whether a formal or informal application for life insurance on the Proposed Insured(s) has been submitted to another insurer or reviewed by one or more reinsurance companies on a facultative basis in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
(e) What insurance need is being met with this application? <input type="checkbox"/> Debt/Family/Business Protection <input type="checkbox"/> Income Replacement <input type="checkbox"/> Retirement/Estate Planning <input type="checkbox"/> Business Coverage Type: <input type="checkbox"/> Other _____	(f) Source of funds used to pay premiums on this policy? (Check all that apply): <input type="checkbox"/> Current Income <input type="checkbox"/> CD's or Savings <input type="checkbox"/> Mutual Funds or Brokerage Account <input type="checkbox"/> Existing Life Insurance or Annuity Policy(ies) <input type="checkbox"/> Other _____	

AGENT/PRODUCER CERTIFICATION & SIGNATURES:	YES	NO
(a) I/We have reviewed all the questions on this application and certify that the answers have been recorded accurately. I/We know of nothing affecting the insurability of the Proposed Insured(s) which is not fully recorded in the application.	<input type="checkbox"/>	<input type="checkbox"/>
(b) I/We declare that if replacement is involved, I/we certify that only company approved sales materials were used in this sale and that copies of all sales materials were left with the Proposed Owner.	<input type="checkbox"/>	<input type="checkbox"/>
(c) I/We declare I/we have not been involved in any recommendation regarding the possible sale or assignment of the policy to a life settlement, viatical or other secondary market provider.	<input type="checkbox"/>	<input type="checkbox"/>
(d) I/We declare that I/we have verified that all life insurance coverage in force, or in the process of being applied for, on the Proposed Insured(s) has been disclosed on the application, including any coverage that has been sold or is in the process of being sold to a life settlement, viatical or other secondary market provider.	<input type="checkbox"/>	<input type="checkbox"/>
(e) I/We declare, to the best of my/our knowledge that the policy is not being funded via non-recourse premium financing and is not being paid for with funds from any person or entity whose only interest in the policy is the potential for earnings based on the provision of funding for the policy.	<input type="checkbox"/>	<input type="checkbox"/>
(f) I/We declare that I/we have accurately answered all questions contained in the Agent/Producer Report in connection with the application.	<input type="checkbox"/>	<input type="checkbox"/>
(g) I/We certify that I/we have verified the identity of each Proposed Insured and Proposed Owner by reviewing valid government issued photo identification.	<input type="checkbox"/>	<input type="checkbox"/>
(h) I/We certify that the Proposed Insured(s) and Proposed Owner(s) has/have demonstrated that they can read and understand English or I/we am/are fluent in the native language of the Proposed Insured(s) and Proposed Owner(s) and have translated the application questions and contract terms and conditions or we have utilized a translation service to communicate the application questions and contract terms and conditions.	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Agent/Producer

Date

TEMPORARY LIFE INSURANCE AGREEMENT

Temporary Life Insurance Agreement (TIA) questions: For any Yes answers to questions (a) and (b) or if the face amount is greater than \$1,000,000, do not collect premium. No TIA coverage will be in effect.

	Yes	No
(a) Within the past 90 days, has Proposed Insured A been admitted to, or been advised by a member of the medical profession, to be admitted to a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
(b) In the past two years, has Proposed Insured A been treated for: heart disease, stroke, tumor, mass, cancer, alcohol, drugs, or Acquired Immunodeficiency Syndrome (AIDS)/Aids Related Complex (ARC) by a member of the medical profession?	<input type="checkbox"/>	<input type="checkbox"/>

For all plans, except Symetra SUL-G, if Proposed Insured A is under age 75 and the face amount is \$1,000,000 or less and the TIA questions above are answered NO, Proposed Insured A will be covered for up to \$250,000 under the TIA if a check is collected for the initial payment and included at application submission or if "payment of the initial premium by EFT" is selected. For Symetra SUL-G plans, TIA is offered under the Additional Insured Application.

12. AGENT/PRODUCER SECTION (To be completed by Agent/Producer)**AGENT CERTIFICATION**

(a) Is the Proposed Owner(s):	Yes	No
(i) Planning to fund this Policy using Premium Financing? (Available to IUL only)	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does the Proposed Owner(s) intend to assign or sell, or has the Proposed Owner(s) been involved in any discussion about the possible sale or assignment of, the life insurance policy for which the application is being made?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Has the Proposed Owner(s) ever sold a policy to a life settlement, viatical or other secondary market provider, or is the Proposed Owner(s) in process of selling a policy?	<input type="checkbox"/>	<input type="checkbox"/>

AGENT REPLACEMENT

(a) Does the Proposed Owner(s) have any existing life insurance policies or annuity contracts with this or any other company?	<input type="checkbox"/>	<input type="checkbox"/>
(b) To the best of your knowledge, is this insurance expected to replace or change any existing life insurance or annuity?	<input type="checkbox"/>	<input type="checkbox"/>