

I want to customize the payment of my compensation dollars with Electronic Funds Transfer and secure Life Compensation Statement access.

I understand all earnings for all agent numbers associated with the SSN and/or Tax ID numbers provided below will be processed according to the following instructions.

Agent/Agency Name _____

Agent/Agency E-mail Address _____

Agent/Agency Tax ID _____ Agent/Agency Master Stat # _____

Principal/Owner Name _____ Principal/Owner Signature _____

Pay Frequency

Weekly Bi-Weekly Monthly Quarterly

Bank Account Information

Financial Institution Name: _____

Account Name _____

Account Type: Checking

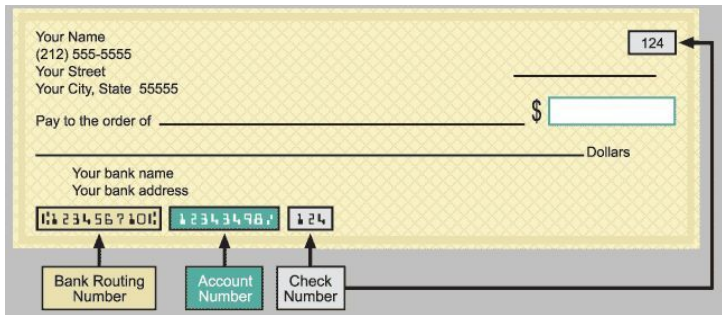
Savings

Bank Routing Number

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Account Number

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Comments: _____

Our **One Statement and Payment** service benefits Broker Dealers, Agencies and anybody with multiple stat numbers. Instead of getting separate statements and payments for each stat number, they can be consolidated into just one statement and one payment per tax ID.

Yes! Sign me up for One Statement and Payment

I agree to the following:

I authorize Symetra Financial and subsidiaries to deposit commission earnings automatically to the account specified above as they become due and payable, by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named above to credit the same to my account. This authority will remain in effect until Symetra Financial has received written notice from me of its cancellation in such time and manner as to afford Symetra Financial and the financial institution reasonable opportunity to act on it.

Further, I understand that a link to access a statement of funds deposited will be sent to my E-mail address of record, unless "none" has been selected in which case commission statements will be available at the Symetra Financial website.

Further, I understand service charges may be associated with my account and I should contact my financial institution to determine these charges. I also understand that Symetra Financial and subsidiaries is not responsible, in any way, for these service charges.

Signature _____ Date _____