



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135
Mailing Address: Benefits Division | PO Box 34690 | Seattle, WA 98124-1690
Phone 1-800-426-7784 | Fax 1-866-348-0056 | TTY/TDD 1-800-833-6388

CHANGE OF BENEFICIARY DESIGNATION

Please attach to original enrollment form

POLICY # 0101626600

EMPLOYER/POLICYHOLDER NAME City of Fort Wayne

EMPLOYEE INFORMATION

NAME _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PRIMARY BENEFICIARY(IES):

NAME	DATE OF BIRTH
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ADDRESS

RELATIONSHIP	BENEFIT PERCENT
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NAME	DATE OF BIRTH
------	---------------

ADDRESS

RELATIONSHIP	BENEFIT PERCENT
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CONTINGENT BENEFICIARY(IES):

NAME	DATE OF BIRTH
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ADDRESS

RELATIONSHIP	BENEFIT PERCENT
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NAME	DATE OF BIRTH
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ADDRESS

RELATIONSHIP	BENEFIT PERCENT
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DEFINITIONS

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

EMPLOYEE SIGNATURE _____ DATE SIGNED _____