

Please complete the following **Corporation/Agency or Individual Application** to obtain a Symetra Life Insurance Company appointment. If you have any questions, please call: (304) 634-6968

Please fax the completed application to: 1-888-314-2897 or email to: [bnisbet@c2000life.com](mailto:bnisbet@c2000life.com)

Account Code: 11-26-9721

### 1. General Information

**IMO: Benefit Plans of America, Inc.**

Type of Appointment:

Corporation/Agency (please complete Section 2, 3, 4 and 5)

Individual/Sole Proprietor (please complete Section 3, 4 and 5)

### 2. Corporation/Agency Information

Licensed Entity Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Contact Person: \_\_\_\_\_

List Principals/Owners: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Principals email address: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Telephone Numbers (xxx-xxx-xxxx):

Business: \_\_\_\_\_ Fax: \_\_\_\_\_

Entity Email Address: \_\_\_\_\_ Entity URL: \_\_\_\_\_

Insurance License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

List any non-resident appointments required: \_\_\_\_\_

**(Note: Symetra pays resident appointment fees only)**

Broker Dealer CRD #: \_\_\_\_\_

### 3. Principal or Owner Information

Mr.  Ms.  Mrs. Birth date (mm/dd/yyyy): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Licensed Name: \_\_\_\_\_

First Name

Last Name

MI

Other Names Known By

Title

Suffix

Home Address:  
Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Business Mailing:  
Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Business Location Address (if different than mailing address): Telephone Numbers (xxx-xxx-xxxx):  
 Street Address: \_\_\_\_\_ Business: \_\_\_\_\_  
 \_\_\_\_\_ Cell: \_\_\_\_\_  
 City: \_\_\_\_\_ Fax: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Resident License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Non-resident appointments you require: \_\_\_\_\_

**(Note: Symetra pays resident appointment fees only)**

Registered Rep CRD #: \_\_\_\_\_ Check applicable series: Series 6  Series 7

#### 4. Compliance Information

1. Has an errors and omissions claim been filed against you?  Yes  No
2. Within the past 10 years, has any life insurance company cancelled your contract or appointment for any reason other than production?  Yes  No
3. Other than minor traffic violations, have you ever been arrested or convicted?  Yes  No
4. Has your insurance license been suspended or revoked?  Yes  No
5. Has a complaint been filed against you with any insurance department of any state, the SEC, or NASD?  Yes  No
6. Have you ever declared bankruptcy?  Yes  No
7. Do you owe any money to a government regulatory body (e.g., tax lien, IRS)?  Yes  No
8. Are you involved in any current or pending litigation?  Yes  No
9. Are there any outstanding judgments or liens against you?  Yes  No
10. Do you have an unpaid commission account balance with any other insurance company?  Yes  No

**Additional Compliance Remarks:** \_\_\_\_\_

**Note:** Symetra Financial may perform an investigative search into an agent's credit and criminal history, as required by state and federal regulations. Do you agree to this?  Yes  No

OK & MN Agents – Do you want a copy of your background investigation?  Yes  No

#### 5. Commission Options (Complete if Agency Owner, Principal, or Individually Contracted Agent)

Type of Commissions Requested:  EFT  Paper\* (\*Pay Frequency will be quarterly only)

EFT Frequency:  Weekly  Bi-Weekly  Monthly  Quarterly

Account Type:  Checking  Savings

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
(Must be nine digits)

\_\_\_\_\_  
 Agency Principal/Agent Signature

\_\_\_\_\_  
 Date