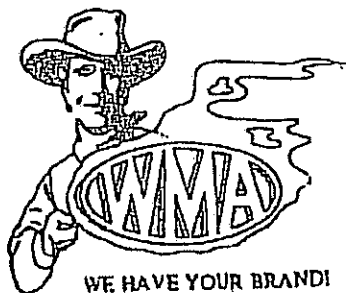


WESTERN MARKETING



Western Marketing New Contracting Coversheet

(Please attach to all new contracting prior to submitting.)

Please fax to 712-642-4248

Today's Date:

Recruiter Name:

Carrier Name:

Header I.D.:

Agent/Agency Name:

Agent/Agency Level:

Agent Agency Upline:

Special Instructions:

Please fax to 712-642-4248 with your license.

Western marketing
Symetra

Street
Western marketing

Requirements for contracting a new Agency, Agent or Sole Proprietor

Required items

1. Agency:
 - a. **Signature page of the Contract:** signed by an authorized officer
 - i. Commissions are paid to the contracted entity
 - b. **Corp or Individual appointment application:** Sections 1-5 completed for an agency
 - c. **LOA agent appointment application:** Completed by sub producers (solicitors) that work for an agency
 - i. Contracted agency pays commissions to sub-producers
2. Sole Proprietor (individual):
 - a. **Signature page of the Contract:** signed by a sole proprietor
 - b. **Corp or Individual appointment application:** Sections 2-5 completed by a sole proprietor

Items not required:

1. Copies of licenses
2. Proof of E & O
3. Voided check - as long as the banking information is provided under Section 5 on the Corp/individual appointment application
4. Terms and Conditions page included in the contract does not need to be submitted with completed paperwork
5. Stand-alone commission grids
 - a. Product schedule pages are included in the street level contract
 - b. Contract levels above street include a compensation grid

Symetra Life Insurance Company Sales Agreement For Fixed Products

This sales agreement ("Agreement") is executed by the undersigned party(ies) (hereinafter collectively called "Agency") and Symetra Life Insurance Company (hereinafter called "Company"). If more than one agency is listed below, any reference in this Agreement to "Agency" shall be deemed to refer to the appropriate Agency as the context requires. It shall consist of this page and the pages identified by the following form numbers:

LSA-282 LSA-674 LSA-623 LSA-603r LSA-3084 LSA-641a LSA-6820 LSA-7000 LSA-7100 LSA-7200 LSA-637a
LSA-611b LSA-105f LSA-634m LSA-655a LSA-461r LSA-6209 LSA-6202 LSA-456

This Agreement supersedes all previous agreements between Company and Agency covering the lines of insurance referred to in this Agreement.

Agency is responsible for ensuring that no business is solicited until the effective date of this Agreement.

THIS AGREEMENT MAY BE CANCELED OR MODIFIED BY THE COMPANY AT ANY TIME BY GIVING
THE AGENCY PRIOR WRITTEN NOTICE TO THAT EFFECT

Signature:
(Agency Principal or Authorized Officer)

Signatory Name:

Date Signed:

Agency Name:

Pat McCormick
Senior Vice President
Symetra Life Insurance Company
P.O. Box 34690
Seattle, WA 98124-1690



Effective Date:
(To be filled in by Symetra Personnel)

Symetra Stat Number:
(To be filled in by Symetra Personnel)
Internal Coding J1

WESTERN MARKETING ASSOC. CORP.
108 N 2nd Street, P.O. Box 385
Missouri Valley, IA 51555
1-800-852-7152
Fax 712-642-4248

Western Marketing Assoc. Corp
05-22-9871
Street Contract Package

SYMETRASM

FINANCIAL

Please complete the following Corporation/Agency or Individual Application to obtain a Symetra Life Insurance Company appointment. If you have any questions, please call: 1-800-852-7152
 Please fax the completed application to: 712-642-4248
 Account Code #: 05-22-9871

1. General Information IMO: Western Marketing Associates, Corp.

Type of Appointment:
 Corp/Agency Principal (please complete Section 2, 3, 4 and 5)
 Individual/Sole Proprietor (please complete Section 3, 4 and 5)

2. Producing 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: _____	Business Mailing: Street Address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	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)

By signing this form I hereby authorize Symetra to share my production information with [wholesaler].

 Agency Principal/Owner Signature Date

Symetra Life Insurance Company
Terms and Conditions

General

1. Values Statement

The Company has a history, tradition and reputation for high ethical standards. Agency agrees to adhere to the Values Statement, will avoid conflicts of interest, and will comply with all applicable laws.

Agency shall:

- a. Act with integrity, which includes being honest with customers and Company.
- b. Understand Company's customers' financial and insurance objectives and satisfy those objectives with suitable financial and insurance products and first-rate service.
- c. Provide clear and accurate advertising and sales materials to Company customers.
- d. Resolve customers' complaints and disputes fairly and promptly.
- e. Take appropriate actions, including having adequate supervision, to comply with applicable laws.
- f. Compete actively and fairly so as to provide customers with needed services and products at reasonable prices.

2. Confidentiality

Company may furnish Agency with personal customer information that is non-public and confidential in nature. Except as required in order to perform its obligations and duties under this Agreement, to perform joint marketing efforts with Company, or as permitted by law, Agency shall not use or disclose such non-public or confidential information received from Company.

Agency will maintain and enforce safety and physical security procedures with respect to its access and maintenance of personal customer information that provide reasonably appropriate technical and organizational safeguards against accidental or unlawful destruction, loss, alteration or unauthorized disclosure or access. Agency will notify Company of any breach of security and use diligent efforts to remedy any breach of security or unauthorized access in a timely manner. Agency agrees to cooperate with the Company's efforts to remedy any breach of security or unauthorized access.

- 3. Company agrees that during the term of this Agreement and following its termination, Company shall not solicit any customer of Agency who purchases any product from the Company under this Agreement for any additional product or service without Agency's prior written consent; provided, however, that Company may offer additional products or services to any such customers who become a customer of the Company through another agency relationship.**

4. Status and Authority of Agency

- a. Agency is an independent contractor, not an employee of Company, which has retained its right to exercise exclusive and independent control of its time, energy and skill in the conduct of its business.
- b. Agency is authorized to solicit applications for those life and health insurance products issued by the Company that are listed on the attached agency agreement pages; and to collect initial policy premiums and account deposits, and such other premiums as may be specifically authorized by the Company.

5. Agency has no authority to:

- a. Make, alter or discharge any policy;
- b. Extend the time for payment of premiums;
- c. Waive or extend any policy provision;
- d. Incur any liability or expense on behalf of Company;
- e. Receive any money due or to become due to Company except initial policy premiums and account deposits and other such premiums as may be specifically authorized by the Company.

- 6. Agency shall promptly submit applications and remit premiums and deposits to Company at its Home Office, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004.**

- 7. Agency shall be responsible to Company for the fidelity and acts of Agency representatives. Agency is responsible for ensuring that no business is solicited by any representative until that representative is authorized to represent the Company according to the applicable state regulations and after the Agreement effective date. Compensation is earned on premiums received after the Agency is appointed with the Company.**

8. Agency shall not pay or allow, or offer to allow, as an inducement to any person to insure or enroll, any illegal rebate of premium or other consideration due, or any other inducement not specified in the policy; nor make any misrepresentations or incomplete comparison for the purpose of inducing a policyholder in any other company to lapse, forfeit or surrender insurance.
9. Agency shall not use any sales material, illustrations or advertisement in which Company is identified, unless the written consent of Company is obtained.
10. Without liability to the Agency, the Company may withdraw from doing business in any jurisdiction, and may at its discretion withdraw, substitute, add or change rates on any plan or plans.

Suitability

Agency shall be primarily responsible for the suitability of Company product sales by Agency representatives under all applicable state and federal laws, rules and regulations ("applicable laws"), and for the training, supervision and control of Agency representatives in connection with their solicitation activities regarding Company products. Agency shall do each of the following:

1. Provide or make provisions for providing training to Agency representatives regarding the sale of Company products, including but not limited to training on requirements regarding suitability, replacement and anti-money laundering.
2. Establish and maintain a system to supervise recommendations by Agency representatives to customers, which shall be reasonably designed to achieve compliance with all applicable laws.
3. Establish and maintain procedures for capturing customer information which enable the Agency to make its suitability determination in accordance with all applicable laws, and for assuring Agency's compliance with all applicable laws.
4. Maintain accurate records and conduct periodic reviews of its records to verify that Agency is in compliance with all applicable laws, and make such records available to Company at any reasonable time upon written request.
5. Submit to Company a certification signed by an officer of the Agency, at any reasonable time upon written request, which certifies that Agency has a reasonable basis to believe that it is in compliance with its policies and procedures and with all applicable laws.
6. Company shall have the right at its expense, upon reasonable notice to Agency, to audit Agency records and practices in order to determine whether the Agency is in compliance with its policies and procedures and with all applicable laws.

Complaints

1. Agency and Company shall fully cooperate with each other, in the event of any regulatory inquiry or proceeding or any complaint. Agency must notify Company immediately if it becomes aware of a complaint. A complaint is defined as any communication, written or oral, received by Company, or its representatives, that expresses dissatisfaction relating to a Company policy or contract applied for, issued, or administered by Company, or that expresses dissatisfaction with an agent or other Company representative. An inquiry about an administrative or service request may or may not be a complaint.

Compensation

1. Compensation will be paid to the Broker-of-Record in accordance with the most current Schedule(s) in effect at the time the business is approved by the Company. Agency shall be deemed Broker-of-Record as the right to receive compensation is conditioned on Agency's satisfactory service to customers and on Agency's continuing status as servicing agency, as determined by the Company.
2. Company may establish a reasonable minimum amount for compensation payments. If the amount due is less than such sum, the balance will be carried forward to the next payment date until the minimum amount is reached.
3. Undistributed compensation in the hands of Company and its affiliates may be applied at any time to and as an offset on any due and unpaid obligations of Agency to Company and its affiliates. If compensation owed by Agency to

Company exceeds compensation payable to Agency, then Agency will immediately repay Company compensation owed to Company.

4. Neither this Agreement, nor any of the benefits to accrue hereunder, shall be assigned or transferred, either in whole or in part, without prior written consent of the Company.
5. Company at any time, by written notice to Agency may change the compensation allowed under this Agreement as to new business effective on or after the date of such notice.
6. If Company returns any portion of the premiums on a policy previously issued, Agency will pay to Company the compensation previously received with respect to the returned premiums. In addition, Agency will refund to Company compensation on canceled insurance, and on reductions in premiums, at the same rate as those on which compensation was originally received.
7. If the Broker-of-Record/ Agency dies or dissolves while this Agreement is on force, Company will pay Broker-of-Record/ Agency's estate or designated beneficiary (a) any compensation due and owing to the Broker-of-Record/ Agency on the date of death or dissolution and (b) any compensation after the Broker-of-Record/ Agency's death or dissolution which would have been payable to the Broker-of-Record/ Agency under this Agreement on business that does not, in Company's reasonable opinion, require the on-going services of an insurance agent. Before paying said compensation, Company must receive legal written documentation regarding Broker-of-Record/ Agency's designated beneficiary as specified by Company.

Termination

1. Commissions, sales fees, service fees and any other compensation payable after this Agreement has been terminated shall be as specified in the applicable schedules, subject to any offset on any due and unpaid obligation to the Company and affiliates. Payment of any compensation will be subject to all terms and conditions of the most current Schedule(s) in effect, regardless of whether such schedule(s) was part of the Agreement at the time of termination.
2. This Agreement shall terminate immediately and the Agency shall forfeit any and all compensation accruing hereunder, if any of the following acts are committed by the Agency representatives:
 - a. Withholding any property belonging to the Company after demand for its relinquishment has been made by the Company;
 - b. Willfully misappropriating funds belonging to the Company;
 - c. Committing any other fraudulent act against the Company or its policyholders;
 - d. Doing any act which results in having the required license to act as an insurance agent or broker canceled by any state insurance department;
 - e. Encouraging Company customers to replace their Company products through systematic campaigns of replacement evidenced by written memoranda, instructions, sales guides, or incentive compensation designed to encourage such replacement; and
 - f. Making any representation or doing any act injuring the business or reputation of the Company.

THE FAILURE OF THE COMPANY TO ENFORCE ANY PROVISION OF THIS AGREEMENT SHALL NOT CONSTITUTE A WAIVER BY THE COMPANY OF ANY SUCH PROVISION. THE PAST WAIVER OF A PROVISION BY THE COMPANY SHALL NOT CONSTITUTE A COURSE OF CONDUCT OR A WAIVER IN THE FUTURE OF THAT SAME PROVISION.

**Symetra Life Insurance Company
Sub-Agent Business Production Records Terms**

Terms

Sub-Agent acknowledges that it is associated with one or more Company agencies that provide sales support and training to Sub-Agent (hereinafter the "Master Agency" and, if applicable, the "Managing Sub-Agent"), and that Master Agency and Managing Sub-Agent (if applicable) will receive additional compensation for sales made by Sub-Agent under this Agreement. Sub-Agent agrees that Master Agency and Managing Sub-Agent (if applicable) shall have access to Sub-Agent's business production records as maintained by the Company.

THIS SCHEDULE MAY BE MODIFIED OR CANCELED BY COMPANY AT ANY TIME BY PROVIDING WRITTEN NOTICE.