



Symetra Swift Term Drop-Ticket Application Form

APPLICANT

Mr. Ms. Mrs. Full Name: _____
First Last M.I. Suffix

Gender: Male Female DOB: ____ / ____ / ____ SS#: ____ - ____ - ____

Email: _____ Phone Number: ____ - ____ - ____

Marital Status: Single Married Divorced Widowed Domestic Partner

Is the Insured a U.S. Citizen or legal permanent resident? Yes No

Where was the Insured Born? (Country and State) _____

Residential Address: _____
(may not be a PO Box) Street City State Zip

Will the Applicant be the Owner for this policy? Yes No **If no, additional information will be needed prior to submission*

NEW COVERAGE INFORMATION

Coverage Amount: \$ _____ Term Length: 10 15 20 30 years

Riders and Benefits: Accidental Death Benefit Waiver of Premium Child Term Rider

Payment Frequency: Monthly Semi-Annual Quarterly Annually

Source of funds to pay premiums: Income Savings Other: _____

EXISTING COVERAGE

Company Name: _____ Policy Number: _____

Coverage Amount: \$ _____ Will this policy be replaced? Yes No

FINANCIAL PROFESSIONALS SECTION (to be completed by Financial Professional)

Mr. Ms. Mrs. Full Name: _____
First Last M.I. Suffix

Phone Number: ____ - ____ - ____ Email: _____

How long have you known the Insured/Applicant? _____