![SYMETRA RETIREMENT | BENEFITS | LIFE]

AGENCY SERVICES EFT ENROLLMENT

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

I understand all earnings for all Symetra IDs associated with the SSN and/or Tax ID numbers provided below will be processed according to the following instructions. **PLEASE COMPLETE ALL INFORMATION.**

Agent/Agency Name_____

Agent/Agency E-mail Address _____

Agent/Agency Tax ID _____   Agent/Agency Symetra ID_____

Principal/Owner Name _____   Principal/Owner Signature _____

Pay Frequency

☐ Weekly   ☐ Bi-Weekly   ☐ Monthly   ☐ Quarterly

Bank Account Information – PLEASE INCLUDE A COPY OF A VOIDED CHECK (do not use a deposit slip)
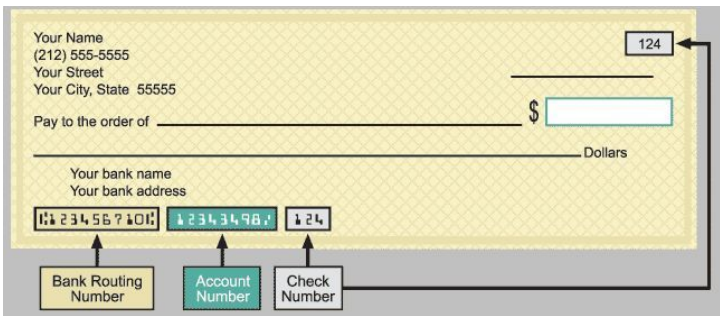
Financial Institution Name: _____

Account Name _____

Account Type: ☐ Checking   ☐ Savings

Bank Routing Number (9 digits)   Account Number

☐☐☐☐☐☐☐☐☐   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Comments:_____
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Our **One Statement and Payment** service benefits Broker Dealers, Agencies and anybody with multiple Symetra IDs. Instead of getting separate payments for each Symetra ID, they can be consolidated into just one payment per tax ID.

☐ Yes! Sign me up for One Statement and Payment

I agree to the following:

I authorize Symetra and its 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 has received written notice from me of its cancellation in such time and manner as to afford Symetra and the financial institution reasonable opportunity to act on it.

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 and its subsidiaries is not responsible, in any way, for these service charges.

Signature _____ Title_____ Date _____