

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of
**SIMON BERNSTEIN IRREVOCABLE
 INSURANCE TRUST DTD 06/21/95**
 v.
**JACKSON NATIONAL LIFE INSURANCE
 COMPANY**

Case Number:
13-CV-03643

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

SIMON BERNSTEIN IRREVOCABLE INSURANCE TRUST DATED 06/21/95, PLAINTIFF

NAME (Type or print) ADAM M. SIMON	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) <i>s/</i> ADAM M. SIMON	
FIRM THE SIMON LAW FIRM	
STREET ADDRESS 303 E. WACKER DRIVE - SUITE 210	
CITY/STATE/ZIP CHICAGO, IL 60601	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6205304	TELEPHONE NUMBER 312-819-0730, ext 408
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
IF THIS IS A CRIMINAL CASE. CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	