

EXHIBIT A



S.D. Lexington, Inc.

600 WEST JACKSON BLVD. · SUITE 800 · CHICAGO, IL 60661 · T(312) 993-0014 · FAX (312) 993-0485

November 10, 1995

Capitol Bankers Life
Attn: Policyholder Services
735 North Water Street
Post Office Box 2016
Milwaukee, WI 53201

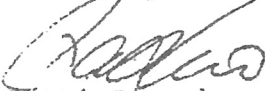
RE: Simon Bernstein
Policy # 1009208

To Whom It May Concern:

Enclosed please find a change of beneficiary form for the above mentioned policy. Please process this form effective immediately.

Also, please send me an endorsed copy of this form so I know that the change has been made.

Sincerely,


Patti Simosky

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street P.O. Box 2016
Milwaukee, Wisconsin 53201
414-277-9998

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured SIMON BERNSTEIN

The Policy is not enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
(Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

LASALLE NATIONAL TRUST, N.A. TRUSTEE

Successor: (Substitute payee if no Primary payee living)

SIMON BERNSTEIN IRREVOCABLE INSURANCE TRUST DATED JUNE 21, 1995 TRUST

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent

Date

Personal Signature of Old Owner, if Ownership Change

11-7-95

By: LASALLE NATIONAL TRUST, N.A.
Mila Bernstein

Agent

Date

Personal Signature of Policyholder (Owner)



November 27, 1995

Capitol Bankers Life Insurance Company 803-322-3142 • 800-
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSION TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO , IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

The executed beneficiary change for the above mentioned
policy is as follows:

PRIMARY-LASALLE NATIONAL TRUST,N.A.
TRUSTEE
CONTINGENT-SIMON BERNSTEIN INS.
TRUST DATED 6/21/95.

This letter will serve as an endorsement to your policy.
PLEASE ATTACH THIS LETTER TO YOUR POLICY.

Capitol Bankers Life Insurance Company is happy to be of service
to you. If we can be of any further assistance, please feel free
to contact our office at 1-800-825-0003.

Sincerely,
CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

BT000030