

# THE SIMON LAW FIRM

303 EAST WACKER DRIVE

SUITE 210

CHICAGO, IL 60601-5210

PHONE: (312) 819-0730 • FAX: (312) 819-0773

**DAVID B. SIMON\***

E-Mail: dsimon@chicago-law.com

**ADAM M. SIMON**

E-Mail: asimon@chicago-law.com

\*ALSO ADMITTED IN CA

May 22, 2014

Eliot Ivan Bernstein  
2753 NW 34<sup>th</sup> St.  
Boca Raton, FL 33434

Re: *Simon Bernstein Irrevocable Insurance Trust Dtd 6/21/1995, et. al. v.  
Heritage Union Life Insurance Company, et. al, Case No.13 cv 3643*

Dear Eliot:

Pursuant to Fed. R. Civ. P. 26, Plaintiffs, Counter-Defendants, and Cross Defendants, hereby supplement their Rule 26 disclosures with the enclosed documents containing bates no. BT000107 through BT000112.

Very truly yours, -

  
Adam M. Simon

**S. T. P. ENTERPRISES, INC.**

THREE ILLINOIS CENTER  
303 EAST WACKER DRIVE, SUITE 210  
CHICAGO, IL 60601-5210  
(312) 819-7474  
(312) 819-0773 FAX  
E-Mail: office@stpcorp.com

September 6, 2000

Mr. Robert Jacobowitz  
Proskauer Rose LLP  
2255 Glades Road  
Suite 340 West  
Boca Raton, FL 33431-7360

RE: Insured: Simon Bernstein  
Lincoln Benefit Life Policy #U0204204

Dear Mr. Jacobowitz:

Per our discussion, enclosed are the Illustration, Policyholder Agreement, Acknowledgment and Waiver and General Assignment for the above referenced policy. Also, the Trustee of the Simon Bernstein Irrevocable Insurance Trust is Shirley Bernstein. Please let me know if you have any further questions.

Very truly yours,



Debbie Dillie

*1/12  
file in Shirley's LISC policy*

*Jacobowitz*



**A.L.P.S.™ Billing**

Aug 15, 2003

**Enterprises, Inc.**

A.L.P.S.™ = Arbitrage Life Payment System

303 East Wacker Drive  
Suite 210  
Chicago, IL 60601  
(312) 819-7474  
billing@stpcorp.com  
www.stpcorp.com

Insured(s): Bernstein, Simon L.

Policy Number: U0204204  
Issued on: 6/30/94

Simon Bernstein Irrevocable Insurance Trust  
Shirley Bernstein, Trustee  
7020 Lions Head Lane  
Boca Raton, FL 33498

Over the past few years, our A.L.P.S.™ clients have enjoyed a very favorable period of interest rate spreads with significant savings. As we celebrate the 15th Anniversary of the A.L.P.S.™ Program, S.T.P. Enterprises, Inc. would like to thank our Clients, Agents, Insurance Carriers, and Banks for their contributions to our success.

Thank you again and enjoy the savings!

Billing Questions? Please call S.T.P. Enterprises, Inc. at (312) 819-7474

Amount Due Through Dec 31, 2003: \$ 0.00

Annual cost of traditional policy without A.L.P.S.™: \$ 24,976.00



**Enterprises, Inc.**

303 East Wacker Drive  
Suite 210  
Chicago, IL 60601  
(312) 819-7474  
billing@stpcorp.com  
www.stpcorp.com

Insured(s): Bernstein, Simon L.

Policy Number: U0204204  
Issued on: 6/30/94

BT000108



**A.L.P.S.™ Billing**  
 A.L.P.S.™ = Arbitrage Life Payment System

05/15/2003

**Enterprises, Inc.**

303 East Wacker Drive  
 Suite 210  
 Chicago, IL 60601  
 (312)819-7474  
 billing@stpcorp.com  
 www.stpcorp.com

Insured(s): **Bernstein, Simon**

Policy Number: **U0204204**

Policy Date: **6/30/94**

**Simon Bernstein Irrevocable Insurance Trust**  
**Shirley Bernstein, Trustee**  
**7020 Lions Head Lane**  
**Boca Raton, FL 33498**

S.T.P. Enterprises, Inc. would like to thank all of our existing Clients for referring friends, relatives & business associates to the A.L.P.S.™ Program. The A.L.P.S.™ Program provides low cost permanent life insurance protection. The Client is not the borrower. The Client does not guarantee the loan. The A.L.P.S.™ Program is clearly designed to be a Client driven Program to benefit our Clients. Call your Agent or S.T.P. Enterprises, Inc. today with referrals or to increase your coverage with the A.L.P.S.™ Program.

**Billing Questions? Please call S.T.P. Enterprises, Inc. at (312) 819-7474**

- 1) In accordance with section 7.3 of the Trust Agreement, the Trustee has projected that the value of the Trust property is to become zero or negative within 60 days.
- 2) Pursuant to section 13 of the Trust Agreement, the Trust could be terminated and the assets disposed of in accordance with section 9 of the Agreement should payment not be received.

<b>Amount Due Through 09/30/2003:</b>	<b>\$1,493.53</b>
<b>Annual cost of traditional policy without A.L.P.S.™ :</b>	<b>\$22,888.00</b>
<b>Please Pay:</b>	<b>\$1,493.53</b>

**YOUR CHECK MUST BE RECEIVED BY 05/30/2003 OR YOUR A.L.P.S.™ CAN BE CANCELLED**



**Enterprises, Inc.**

303 East Wacker Drive  
 Suite 210  
 Chicago, IL 60601  
 (312)819-7474  
 billing@stpcorp.com  
 www.stpcorp.com

Insured(s): **Bernstein, Simon**

Policy Number: **U0204204**

Policy Date: **6/30/94**

**Amount Due: \$1,493.53**  
**Amount Enclosed: \_\_\_\_\_**

**Credit Card**

Visa  Master Card  Discover  American Express

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

Amount: \$ \_\_\_\_\_

CardHolder Name: \_\_\_\_\_

CardHolder Signature: \_\_\_\_\_

**YOUR CHECK MUST BE RECEIVED  
 BY 05/30/2003 OR YOUR A.L.P.S.™  
 CAN BE CANCELLED**





A.L.P.S.™ Billing

Nov 14, 2003

**Enterprises, Inc.**

A.L.P.S.™ = Arbitrage Life Payment System

303 East Wacker Drive  
Suite 210  
Chicago, IL 60601  
(312) 819-7474  
billing@stpcorp.com  
www.stpcorp.com

Insured(s): Bernstein, Simon L.

Policy Number: U0204204  
Issued on: 6/30/94

Simon Bernstein Irrevocable Insurance Trust  
Shirley Bernstein, Trustee  
7020 Lions Head Lane  
Boca Raton, FL 33498

S.T.P. Enterprises, Inc. would like to thank our agents and A.L.P.S.™ clients across the country for contributing to the tremendous business volume of the A.L.P.S.™ Program this year. The A.L.P.S.™ Program has continued to provide our clients with low out-of-pocket cost permanent life insurance. As we start our 16th year with the A.L.P.S.™ Program, we would like to wish you all a happy and safe holiday season!

Billing Questions? Please call S.T.P. Enterprises, Inc. at (312) 819-7474

Amount Due Through Mar 31, 2004: \$ 0.00

Annual cost of traditional policy without A.L.P.S.™: \$ 27,322.00



**Enterprises, Inc.**

303 East Wacker Drive  
Suite 210  
Chicago, IL 60601  
(312) 819-7474  
billing@stpcorp.com  
www.stpcorp.com

Insured(s): Bernstein, Simon L.

Policy Number: U0204204  
Issued on: 6/30/94

BT000110

6/22/95

Form **SS-4**  
(Rev. August 1989)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

EIN **65-6178916**  
OMB No. 1545-0003  
Expires 7-31-91

1 Name of applicant (True legal name) (See instructions.)  
**Simon Bernstein Irrevocable Insurance Trust**

2 Trade name of business, if different from name in line 1  
**Shirley Bernstein**

3 Executor, trustee, "care of name"

4a Mailing address (street address) (room, apt., or suite no.)  
**7020 Lions Head**

4b City, state, and ZIP code  
**Boca Raton, FL 33496**

5a Address of business. (See instructions.)

5b City, state, and ZIP code

6 County and state where principal business is located

7 Name of principal officer, grantor, or general partner (See instructions.)  
**Grantor Sec. Sec # 371-32-5211**

8a Type of entity (Check only one box.) (See instructions.)

- Individual SSN
- REMIC
- State/local government
- Other nonprofit organization (specify)
- Other (specify) ▶
- Estate
- Plan administrator SSN
- Other corporation (specify)
- Federal government/military
- Trust
- Partnership
- Farmers' cooperative
- Church or church controlled organization

If nonprofit organization enter GEN (if applicable)

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ Foreign country State

9 Reason for applying (Check only one box)

- Started new business
- Hired employees
- Created a pension plan (specify type) ▶
- Banking purpose (specify) ▶
- Changed type of organization (specify) ▶
- Purchased going business
- Created a trust (specify) ▶ **Insurance Trust**
- Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**June 1, 1995**

11 Enter closing month of accounting year. (See instructions.)  
**December 31**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household

14 Does the applicant operate more than one place of business?  Yes  No  
If "Yes," enter name of business. ▶

15 Principal activity or service (See instructions.) ▶

16 Is the principal business activity manufacturing?  Yes  No  
If "Yes," principal product and raw material used ▶

17 To whom are most of the products or services sold? Please check the appropriate box.

- Public (retail)
- Other (specify) ▶
- Business (wholesale)
- N/A

18a Has the applicant ever applied for an identification number for this or any other business?  Yes  No  
Note: If "Yes," please complete lines 18b and 18c

18b If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name ▶ Trade name ▶

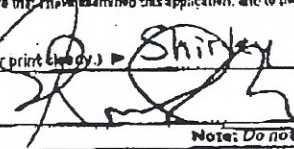
18c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

I and the parties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Name and title (Please type or print clearly.) ▶ **Shirley Bernstein, Trustee**

Telephone number (include area code)  
**407-477-9991**

Signature ▶ **X**  Date ▶ **June 21, 1995**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Gov.	Ind.	Club	Size	Reason for applying



REQUEST FOR SERVICE

Policy # U0204204 Insured Simon Bernstein Owner Simon Bernstein

1. TRANSFER OF OWNERSHIP:

I request that all rights of ownership of the policy be vested in the new owner named below. I represent that I am not a party in a pending bankruptcy. PLEASE PRINT IN INK FULL NAME OF NEW OWNER, RELATIONSHIP TO INSURED, SOCIAL SECURITY NUMBER AND ADDRESS OF NEW OWNER.

Primary	<u>Simon Bernstein Irrevocable Insurance Trust dtd 6/21/95</u>	Relationship to Insured	Date of Birth
Contingent			
Social Security Number or Tax ID Number of New Owner:		<u>65-6178916</u>	
Address of New Owner:		<u>Shirley Bernstein, Trustee 7020 Lions Head, Boca Raton, FL 33496</u>	

2. CHANGE OF NAME: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Change:  Marriage  Divorce  Correction  Court Order  Adoption  
If reason is Court Order or Adoption, attach copy of legal evidence.

3. BILLING CHANGE:

PLACE ON NON-BILLING (For Universal Life policies, placing a policy on a non-billing basis results in monthly charges for life insurance protection and administrative expenses to be drawn from the available cash value of the policy. Should the cash value become insufficient to cover these charges, the policy will terminate.)

INCREASE/DECREASE PREMIUM to \$ \_\_\_\_\_

CHANGE BILLING TO: \$ \_\_\_\_\_  Quarterly  Semi-Annual  Annual

MONTHLY BILLING Amount to be drafted \$ \_\_\_\_\_ Draft Date \_\_\_\_\_  
(Use Form LBL-869 for Change of Banks or to begin Automatic Monthly Payments)

4. BENEFICIARY CHANGES: Use Form LBL-425 for changing the beneficiary(ies) under this policy.

5. CHANGE OF ADDRESS:

Old Address:

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Phone #: ( ) \_\_\_\_\_

SIGN HERE FOR ALL REQUESTS

I direct that the requested amendment to the policy be effective upon filing with the Company; that the Company is requested to waive any policy provision requiring presentation of the policy for endorsement, but may require such presentation if desired.

Date: 8-8-95 CHICAGO, IL  
Dated at (City & State)  
Helkie Marsh  
Witness

[Signature]  
Signature of Insured  
[Signature]  
Signature of Owner (if other than Insured)

— FOR HOME OFFICE USE ONLY —

ACKNOWLEDGMENT OF REQUEST FOR CHANGE — PLEASE ATTACH TO POLICY

Lincoln Benefit Life Company has recorded the change requested and retained the original of the request.

Dated at Lincoln, Nebraska Aug 8 19 95 By [Signature]