

EXHIBIT 18

MEMBER OF THE SEARS FAMILY
P.O. Box 80469, Lincoln, Nebraska 68501

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	New Owner <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: XXXXXXXXXX			
Address of New Owner: <u>Shirley Bernstein, Trustee</u> <u>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.

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

[Signature]
Signature of Insured

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]