

EXHIBIT 8

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
413 North Water Street P.O. Box 2018
Milwaukee, Wisconsin 53201
414-277-5984

REQUEST LETTER

JLY NOV 27 1995

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 <u>11-7-95</u>	Personal Signature of Old Owner, if Ownership Change <u>LASALLE NATIONAL TRUST, N.A.</u>
Agent _____	Date _____	Personal Signature of Policyholder (Owner) <u>Simon Bernstein</u>

PHS1 (11/79)



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-8191

800-825-0003

November 14, 1995

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

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to November 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$66.46
Total Gross Loan	\$5,205.51

Total Outstanding Loan Balance to 27NOV1995: \$26,503.35

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, 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

POLI CODE: N CERT # 1009208 R# 01 DATE 15JUN1992 PRINT (S,T,F)
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1
INSURED R# L# NAME AA BIRTH-DTE S S.S.N.
1009208 01 1 SIMON BERNSTEIN 03DEC1935 M [REDACTED]
TYPE NAME HIRED-DTE

OWNER SIMON BERNSTEIN
MAIL SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL33496

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

Ready



Capitol Bankers Life Insurance Company
PO Box 19191
Greenville, South Carolina 29602-0191
803-825-0003
FAX: 864-609-4005

CERTIFICATE OF COVERAGE

with

Capitol Bankers Life Insurance Company

A Stock Company (herein called "the Company")
Business Office: Greenville, South Carolina

The Company certifies that it has issued a Current Value Life policy and that it has agreed to pay the benefits provided thereunder subject to the terms, conditions, and limitations therein.

The policy is a contract between the Owner and the Company. It may be changed or terminated only by those parties.

This certificate is merely evidence of coverage provided under the policy.

1009208
Policy Number
\$1,705,773.00
Sum Insured

Simon Bernstein
Insured

Simon Bernstein
Owner

None
Rider Name and Amount

Lasalle National Trust, N.A.
Primary Beneficiary

None
Rider Name and Amount

Simon Bernstein Ins. Trust
Contingent Beneficiary

Signed for the Company on December 12, 1982

Kevin Lengyell
Secretary
Capitol Bankers Life Insurance Company