

### Capitol Bankers Life

Capitol Bankers Life Insurance Company  
Box 19191  
Greenville, South Carolina 29602-9191  
864-609-3142 • 800-823-0003 • FAX: 864-609-4006

## REQUEST LETTER

Use this form to: change address, premium mode, name, beneficiary, or owner; request duplicate policy, surrender, or non-forfeiture option; effect release of interest.

### Instructions

- A separate request form must be completed for each policy.
- Please print or type all information except signatures.
- If applicable, the term "insured" also means "annuitant," and the term "policy" also means "contract."

### Required Signatures

- Owner must sign ALL requests.
- If policy is co-terminally assigned, assignee must sign if request number 3 is made.
- If beneficiary was designated without right of revocation, beneficiary must sign if request number 8 or 9 is made.
- If owner resides in a community property state, the spouse of the owner must sign if request number 4 is made.
- If owner is a partnership, each partner must sign if request number 6 or 8 is made.
- If owner is a corporation, only an authorized officer other than the insured may sign. A resolution of authorization by the corporation board of directors must be attached to this form if request number 6 or 8 is made.
- "Witness Signature" and "Additional Required Signatures" apply to any and all requests within this form.

Insured Simon Bernstein / S.B. Lexington Policy Number 1009208  
 Owner Lasalle National Trust Telephone Number of Owner (312) 904-2486  
 Mailing Address of Owner 135 South Lasalle Street Chicago IL 60674  
Number and Street City State Zip Code

- ADDRESS CHANGE (Owner Only). The "Mailing Address of Owner" indicated above is a change of address. Change policy records and send all future correspondence and notices to the new address.
- ADDRESS CHANGE (Other than Owner).  
 For:  Insured  Assignee  Payor (Billing Address)  Other  
 New Address: \_\_\_\_\_  
Number and Street City State Zip Code

- MODE OF PREMIUM PAYMENT CHANGE  
 Change Mode to:  Annual  Semi-Annual  Quarterly  Pre-Authorized Check (attach complete authorization form and voided check)  
 NOTE: One of the premium due dates of the new mode must be a policy anniversary.

- BENEFICIARY CHANGE  
 I hereby revoke all previous beneficiary designations and settlement options for the above policy. The beneficiary shall be as shown below. The rights of the beneficiary will be subject to the rights of any assignee of record.

	FULL NAME OF BENEFICIARY	RELATIONSHIP	% OF PROCEEDS
PRIMARY	_____	_____	_____
CONTINGENT	_____	_____	_____

Note: If beneficiary is being changed to a trust, give date of Trust Agreement: \_\_\_\_\_

- NAME CHANGE FOR:  Insured  Owner  
 From \_\_\_\_\_ to \_\_\_\_\_  
(Policy old name) (New name)  
 Reason for change:  Marriage  Divorce  Other: \_\_\_\_\_  
 (If the person whose name is to be changed is the policyowner, both the old and the new name must be signed at the bottom of this form on the line "Owner's Signature.")

- OWNERSHIP CHANGE - ABSOLUTE ASSIGNMENT.  
 For the value received, I hereby give all benefits, rights, and privileges incident to ownership of the above policy to:  
 New Owner: Simon Bernstein Soc. Sec/Tax I.D. No. \_\_\_\_\_  
 Mailing Address: 1020 Lions Head Boca Raton FL 33496  
Number and Street City State Zip Code

If ownership is being transferred to a trust, give date of Trust Agreement: \_\_\_\_\_

7.  **DUPLICATE POLICY (\$10.00 fee required)** or  **CERTIFICATE OF INSURANCE (no fee)**  
I hereby declare that the above policy was lost or destroyed under the following circumstances:

I agree that, upon issuance of a duplicate policy, the original policy will be null and void, and that, if the original is found, it will be promptly returned to the Company. I agree to hold Capital Bankers Life harmless from any claim or expense under the original policy.

8.  **POLICY LOAN**  
 I request a policy loan of \$ \_\_\_\_\_, or the Maximum Loan Value, if less.  
 Variable Interest Rate  Fixed Interest Rate  
 I request a policy loan to pay premiums due:  
 Variable Interest Rate  Fixed Interest Rate  
 I request the addition of the Automatic Premium Loan provision to my policy:  
 Variable Interest Rate  Fixed Interest Rate

Note that a Fixed Rate Loan reduces the cash value and face amount at anniversary. This transaction may cause premiums to increase.

A Variable Loan affects the values of the policy only upon death or surrender.

If the loan rate option is not specified, the loan will be processed under the loan rate provisions of the policy.

9.  **POLICY SURRENDER.** I am returning the policy; I request a full surrender.

**INCOME TAX WITHHOLDING NOTICE AND ELECTION:** In 1982, Congress passed the Tax Equity and Fiscal Responsibility Act (TEFRA). This law requires that a tax of 10% be withheld from the taxable portion of certain life insurance payments you receive unless you decide not to have tax withheld. Withholding applies only to the taxable portion of the payment you receive and not to the entire payment. The taxable portion, which is subject to withholding, is, in general, equal to the excess of the amount you receive over the total net amount which is considered to be your cost basis for such amount. In many instances, when a life insurance policy is surrendered for its cash value, there is no such excess.

Elect withholding or no withholding by checking the appropriate box below. Please complete this section of this form by signing it and filling in your Social Security Number. If you do not make a choice, we will withhold 10% for Federal income taxes from any taxable portion of your payment.

Even if you decide not to have Federal income tax withheld, you are still liable for payment of Federal income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payments of estimated tax and withholding, if any, are not sufficient.

**PLEASE (✓) ONE BLOCK**

- I have read the above notice and elect to have no income tax withheld.  
 I have read the above notice and elect to have income tax withheld.

Resident State \_\_\_\_\_  
 Social Security Number\* \_\_\_\_\_  
\* If not completed properly we may be required to withhold 20% from any taxable portion of your payment.

10.  **OTHER.** Indicate here any change not listed on this form, EXCEPT Addition of Riders, Reinstatement, Increase in Death Benefit, Change in Plan, or Conversion.

**BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT:** I understand that this request is subject to the provisions and conditions of the above policy and that the Company may request additional information or impose additional requirements. I agree that my signature shall apply to each request which has been checked on this form and further agree that no request which is not checked will become effective. I certify that the above policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings in bankruptcy are pending.

Signed at Chicago IL  
City and State

LA SALLE NATIONAL BANK  
By: Linda Upouher  
Owner's Signature

Date 3-31-98

[Signature]  
New Owner's Signature, if Applicable

Randy S. Ketcher, LaSalle Natl Bk  
Signature of Witness (Witness to All Required Signatures Within This Form)

Additional Required Signatures, if Any  
 (Applies to Any Item in This Form Where Required.  
 Indicate This under Interest in This Policy.)

FEB 17 1997

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

*Bernstein*

February 14, 1997

Tracy Vickery  
Capitol Bankers Life  
Box 19191  
Greenville, SC 29602-9191


Re: Policy #1009208

Dear Ms. Vickery:

Enclosed is a new check in the amount of \$5,065.22. Please pay off the net loan of \$5,065.22 and waive the interest accrued as the original check was evidently lost in the mail or at your office. Attached is a copy of the check and letter mailed to Capitol Bankers on 1/7/97.

If you have any questions, please give me a call.

Sincerely,



Scott Pruitt

*Reversed the 11-27-96 APL and applied 5065.22 premium received today as the November premium.*

**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

# 5,305.08 / mth

January 8, 1998

Tracy Vickery  
Capitol Bankers Life  
Box 19191  
Greenville, SC 29602-9191

Re: Policy #1009208

KO

Dear Ms. Vickery:

Please find enclosed a check in the amount of \$5,205.07 to pay the MONTHLY premium from 11/27/97 - 12/27/97 for the above-mentioned policy.

Also, Please fax me a statement indicating the new monthly premium for the 12/27/97-12/27/98 year.


If you have any questions or show any discrepancies, please contact me.

Sincerely,



Scott Pruett

EV JAN 13 1998

 **Capitol Bankers Life**  
PO Box 19191  
~~Capitol Bankers Life~~

## Fax Cover Sheet

Capitol Bankers Life Insurance Company  
PO Box 19191  
Greenville, South Carolina 29602 9191

800-825-0003  
FAX: 864-609-4005

DATE: 1-13-98

TO: Scott Pruett                      PHONE: 312-819-7474  
FAX: 312-819-0773

FROM: Tracey Vickery                PHONE: 800-825-0003

FAX: 864-609-4005

RE: Policy #1009208 - Simon Bernstein

CC:

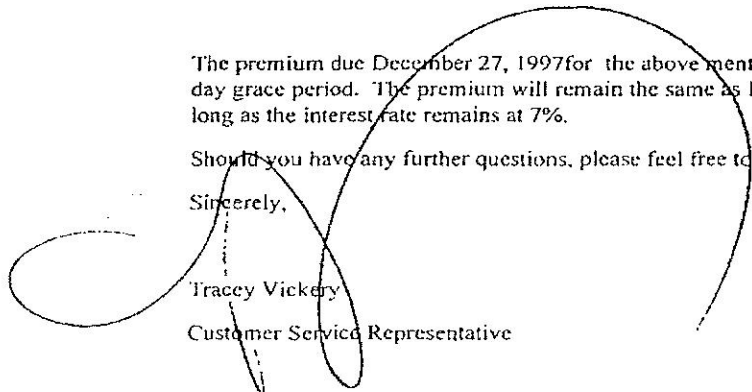
**Number of pages including cover sheet:**

### Message

The premium due December 27, 1997 for the above mentioned policy is \$5,205.08. We guarantee a 31 day grace period. The premium will remain the same as long as there are no changes to the policy and as long as the interest rate remains at 7%.

Should you have any further questions, please feel free to call me at 1-800-825-0003.

Sincerely,

  
Tracey Vickery  
Customer Service Representative

JCK000573

TRANSMISSION RESULT REPORT (JAN 13 '88 03:34PM)

LIBERTY INSURANCE SERVICES

(AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE-SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
JAN 13	03:34PM	312 B19	0780 00'41"	OK	S	01		011

E)ECM >)REDUCTION S)STANDARD M)MEMORY C)CONFIDENTIAL \*BATCH  
D)DETAIL \$)TRANSFER  
F)FINE P)POLLING

LaSalle National Trust, N.A.

0850039

A 850039

FEB 11 1997

Bank No. 095

Account No. 456941905

Date 01/07/97

AC Name S.B. LEXINGTON/ST (NSA) VERA

Income Cash	Principal Cash
0.00	5,065.22

For: CAPITOL BANKERS LIFE  
PREMIUM PAYMENT

Tracy Vickery  
Capitol Bankers Life  
Box 19191  
Greenville, SC 29602-9191

Re: Policy #1009208

Dear Ms. Vickery:

Please find enclosed a check in the amount of \$5065.22 to pay the MONTHLY premium from 11/27/96 - 12/27/96 for the above mentioned policy.

If you have any questions or show any discrepancies, please contact me.

Sincerely,

Scott Pruett

LaSalle National Trust, N.A.

135 South LaSalle Street  
Chicago, Illinois 60603

LaSalle National Bank  
Chicago, Illinois  
0710

PAYABLE THROUGH  
LaSalle Bank of Lisle  
Lisle, Illinois 60532

0850039

A 850039

70-250719

Account No. 456941905

Date 01/07/97

Pay \*\*\*\*\*\$5,065 DOLLARS AND 22 CENTS \*\*\*\*\*

Amount \*\*\*\*\*\$5,065.22

To The Order Of [CAPITOL BANKERS LIFE

Authorized Signer

⑈850039⑈ ⑆071923023⑆ 90⑈0686⑈?⑈

JCK000575

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

INSURED:  
POLICY OWNER:

SIMON BERNSTEIN  
LASALLE NATIONAL TRUST, N.A.  
AS SUCCESSOR TRUSTEE  
C/O NATIONAL SERVICE ASSOC.  
303 WACKER DR. SUITE 210  
CHICAGO IL 60601

AGI NUM: 0000735  
AGENT : CAPITOL BANKERS LIFE INSURANCE C  
BOX 19191  
GREENVILLE SC 29602  
PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST  
EACH PAYMENT: \$5,205.07

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

CORRECTED COPY

CURRENT STATUS FOR YEAR ENDING DEC 27, 1996	CURRENT STATUS FOR YEAR ENDING DEC 27, 1997	GUARANTEED
7.00%	7.00%	
SUM INSURED	\$1,727,273	\$1,705,773
CASH VALUE - START OF YEAR	\$32,078.37	\$45,861.34
ADD: TOTAL PREMIUMS FOR YEAR	\$60,782.64	\$62,460.84
INTEREST CREDIT	\$ 5,717.51	\$ 6,792.23
DEDUCT: MORTALITY CHARGE	\$19,554.18	\$21,598.08
EXPENSE CHARGE	\$11,662.50	\$11,934.13
POLICY LOAN	\$21,500.50	\$ 0.00
NET CASH VALUE - END OF YEAR	\$45,861.34	\$81,582.20
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$59,481.56
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUN INSURED OF \$1,705,773:		
OPTION A - CURRENT RATE BASIS		\$59,481.56
OPTION B - GUARANTEED RATE BASIS		\$90,818.41

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED. YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE MAR 3, 1997. CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION. IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.



1009208

CURRENT VALUE LIFE

ILLUSTRATION NO. JZ-11004

STATEMENT OF POLICY COST AND BENEFIT INFORMATION  
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

SIMON BERNSTEIN  
MALE, AGE 47, NONSMOKER  
INITIAL DEATH BENEFIT: \$1,705,773  
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT  
EXTRA VALUES INCREASE CASH VALUES  
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)				GUARANTEED VALUES AFTER YEAR 15			
POL YR	AGE	SUM INSURED	CASH VAL INCREASE	POL YR	AGE	SUM INSURED	CASH VAL INCREASE
20	67	1705773	36038	20	75	1705773	47943
	72	1705773	38371	25	80	1705773	43941
	60	0	32078		65	1705773	48654
	70	1705773	37391		70	1705773	45674
	75	1705773	30523		75	1705773	42435
			446035				43941
			187113				48654
			369501				45674
			561557				42435
			259000				324247
			466035				552529
			32078				227930
			37391				463820
			30523				681035

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEARS	
10 YEARS	20 YEARS	10 YEARS	20 YEARS
33.34	29.83	49.02	46.09
33.34	33.88	49.02	51.16

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO. REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.  
BOX 19191, GREENVILLE, SC 29602 P.O. BOX 2016  
800-825-0003 MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE, ALWAYS FAIR CURRENT VALUE  
YEAR BY YEAR, ALWAYS LOOKING FORWARD

1009208

CURRENT VALUE LIFE

ILLUSTRATION  
NO. JZ-11004

STATEMENT OF POLICY COST AND BENEFIT INFORMATION  
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)				GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 15)			
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
14	61	1727273	57883.18	13783	45861	1727273	57883.18	13783	45861
15	62	1705773	59481.56	35721	81582	1705773	59481.56	35721	81582
16	63	1705773	59481.56	35515	117097	1705773	93987.54	48879	130461
17	64	1705773	59481.56	34740	151838	1705773	93987.54	48815	179276
18	65	1705773	59481.56	35276	187113	1705773	93987.54	48654	227930
19	66	1705773	59481.56	35799	222912	1705773	93987.54	48374	276304
20	67	1705773	59481.56	36088	259000	1705773	93987.54	47943	324247
21	68	1705773	59481.56	36413	295413	1705773	93987.54	47342	371589
22	69	1705773	59481.56	36777	332190	1705773	93987.54	46557	418146
23	70	1705773	59481.56	37391	369581	1705773	93987.54	45674	463820
25	72	1705773	59481.56	38371	446035	1705773	93987.54	43941	552529
30	77	1705773	59481.56	37888	637743	1705773	93987.54	41520	764606
35	82	1705773	59481.56	34690	817159	1705773	93987.54	35365	955502
40	87	1705773	59481.56	30299	980107	1705773	93987.54	30237	1115075
45	92	1705773	59481.56	30255	1117658	1705773	93987.54	30810	1265694
50	97	1705773	59481.56	62764	1346630	1705773	93987.54	45803	1453507
53	100	1705806	59481.56	162122	1705806	1705880	93987.54	153366	1705880

CORRECTED COPY

DOCUMENTARY LISTING for LEDGER #11004, stored for user JEANNIE.L  
 RUN COMPLETION DATE: FEB 17, 1997 at 10:40 AM. STATUS: RENEW  
 AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C  
 PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL  
 DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN  
 Age: 47 Sex: M Smoker: N Table Rating: 0.0  
 Maximum Policy Attained Age: 100 ( 53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED: None. TARGET RATE BASIS: Current Basis: None  
 CASH VALUE OBJECTIVE: Increase Cash Values. INTERMED. INTEREST: None  
 EXTRA VALUE: None

CONNECTED COPY

CURRENT VALUE LIFE  
POLICY RENEVAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN  
AGE 47 SEX M  
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208  
RATING: STANDARD  
PROCESS DATE: FEB 17, 1997

GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
59481.56	4.00	2379.26
BASIC PREMIUM	60.00	0.00
RISK INCREASE PREMIUM	0.00	0.00
FLAT EXTRA CHARGE	4.00	0.00
EXCESS & POUR-IN		
TOTAL		2379.26

CORRECTED COPY

**Policy Number  
1009208**

**File Docs 2**

INFORCE Information for Policy #1009208      Years in Force: 15  
 Policy Date: 12/27/82      Issue Date: 12/27/82      Agent: 0000735      Product: CYL  
 Premium Mode: NON-LISI      Owners Name: LASALLE NATIONAL TRUST, N.A.  
 Address: AS SUCCESSOR TRUSTEE      City: CHICAGO      IL60601

Ledger Data Stored Under User: JEANNIE.L      Ledger Record # 11004.  
 Ledger Check Data: (KUST Match Data Found on this Ledger Record)      V5726  
 Primary Insured: Age 47, Sex M, Smoker N, State IL, SUBS. Ratg. 0.0, Defra: 0  
 Flat Extra: None Specified.      Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.  
 AUB Rider: Not Selected.  
 Spouse Rider: Not Selected.  
 Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:  
 Basic Benefit: \$1,705,773      Basic Premium: \$59,481.56  
 Init. Cash Value: \$45,861.34      Basic Cash Value: \$81,582.20  
 Pour-In Premium: \$0.00      Pour-In Cash Value: \$0.00  
 Total of Premiums: \$606,083.05      (Through Current Year)

Values Computed as Projected Values at End of Next Year:  
 Total Sum Insured: \$1,705,773      Total Premium: \$59,481.56  
 Total Cash Value: \$117,097.46      Scheduled payout: \$0.00

Rating Basis Code: 9541. Interest: 7.00%      Current Mortality Table #: S3531  
 Guaranteed Mortality: U1001. Interest: 4.50%      Extra Mortality Table #: X2001  
 Basic Premium: 12,1000 per \$1000 (plus 35.00 Policy Fee).  
 FIXLD Expense Factors: K1: 0.400, K2: 0.880, Kk: 0.925, Ki: 0.600  
 VARIABLE Expense Factors, as of the END of this year:  
 Minimum Basic Premium (Pc): 59481.5548335;      Net-Gross: Ks: 0.8491921902  
 Second Level Breakpt. (Gt): 92233.139269;      Net-Gross: Kg: 0.8474242130  
 Maximum Expense Allowance: 1853.360395      (Limits Ft#(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:  
 Mortality Cost per \$1000, First Year (Qx): 1.3968000  
 Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635  
 Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:  
 Mortality Cost per \$1000, During Year (Qx): 13.2700000  
 Paid-Up Cash Value per \$1000, End Year (Ax): 344.5848414  
 Discounted Value, Life Annuity of \$1.00 (ax): 10.01848885

Values Computed for Current Year to Define Target Objective:  
 Target Cash Value: 81582.1983      Tgt. Net Premium: 50526.7029  
 Extra Value Amount: 0.00      Added Benefit Amount: -294227.32



Capitol Bankers Life Insurance Company  
Box 19191  
Greenville, SC 29602-9191  
800-825-0003  
FAX: 864-609-4005

February 3, 1997

LASALLE NATIONAL TRUST, N.A.  
AS SUCCESSOR TRUSTEE  
C/O NATIONAL SERVICE ASSOC.  
303 WACKER DR - SUITE 210  
CHICAGO, IL 60601

RE: Policy #1009208 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$5,065.22 which was due Nov 27, 1996, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to DEC 27, 1996:	
Net Loan	\$5,065.22
Interest	\$32.11
Gross Loan	\$5,097.33
Other Outstanding Loans	\$21,500.50
Total Loan Balance as of 12/27/96	\$26,597.83

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center

JCK000583

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208  
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1996

INSURED:  
 POLICY OWNER:

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

AGT NUM: 0000735  
 AGENT: CAPITOL BANKERS LIFE INSURANCE CO.  
 BOX 19191  
 GREENVILLE SC 29602

PHONE: 800-825-0003

PREMIUM PAYMENT MODE: MONTH-LIST  
 EACH PAYMENT: \$5,205.07

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1996	GUARANTEED FOR YEAR ENDING DEC 27, 1997
CURRENT RATE BASIS INTEREST	7.00%	7.00%
SUM INSURED	\$1,727,273	\$1,705,773
CASH VALUE - START OF YEAR	\$32,078.37	\$45,861.34
ADD: TOTAL PREMIUMS FOR YEAR	\$60,782.64	\$62,460.84
INTEREST CREDIT	\$ 5,717.51	\$ 6,792.23
DEDUCT: MORTALITY CHARGE	\$19,554.18	\$21,598.08
EXPENSE CHARGE	\$11,662.50	\$11,934.13
POLICY LOAN	\$21,500.50	\$ 0.00
NET CASH VALUE - END OF YEAR	\$45,861.34	\$81,582.20
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:	\$59,481.56	\$59,481.56
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,705,773:		
OPTION A - CURRENT RATE BASIS	\$59,481.56	\$59,481.56
OPTION B - GUARANTEED RATE BASIS		\$90,818.41

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1997.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.



1009208

CURRENT VALUE LIFE  
STATEMENT OF POLICY COST AND BENEFIT INFORMATION  
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION  
NO. OP-03154

7)

SIMON BERNSTEIN  
MALE, AGE 47, NONSMOKER  
INITIAL DEATH BENEFIT: \$1,705,773  
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT  
EXTRA VALUES INCREASE CASH VALUES  
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)			GUARANTEED VALUES AFTER YEAR15)		
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE
20	67	1705773	59481.56	36088	1705773	93987.54	47943
AGE	72	1705773	59481.56	38371	1705773	93987.54	43941
AGE	60	0	0.00	32078			
AGE	65	1705773	59481.56	35276	1705773	93987.54	48654
AGE	70	1705773	59481.56	37391	1705773	93987.54	45674
AGE	75	1705773	59481.56	38523	1705773	93987.54	42435
							CASH VALUE
							324247
							552529

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

CURRENT BASIS CONTINUES  
10 YEARS 33.34  
20 YEARS 29.83

SURRENDER COST INDEX 33.34  
NET PAYMENT INDEX 33.88

GUARANTEED BASIS AFTER YEAR14  
10 YEARS 49.02  
20 YEARS 46.09

49.02  
51.16

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE C REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.  
BOX 19191 P. O. BOX 2016  
GREENVILLE, SC 29602 205 E. WISCONSIN AVE.  
800-825-0003 MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE  
YEAR BY YEAR, ALWAYS LOOKING FORWARD

OCTOBER 08, 1996

PAGE 1 OF 2



DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE  
RUN COMPLETION DATE: OCT 08, 1996 at 02:53 AM, STATUS: USED L  
AGENT NUMBER: 0000735  
PRODUCT: Standard CVL Life, Pricing Basis: Standard.  
DEFRA Endorsement: 0, # of Lives: 1, State Code: IL  
AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C  
PRIMARY Person Insured: SIMON BERNSTEIN  
Age: 47 Sex: M Smoker: N Table Rating: 0.0  
Maximum Policy Attained Age: 100 ( 53 policy years).  
FLAT EXTRA CHARGES: None Specified.  
BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.  
BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.  
PLAN OPTIONS SELECTED:  
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.  
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208      Years in Force: 15  
 Policy Date: 12/27/82      Issue Date: 12/27/82      Agent: 0000735      Product: CVL  
 Premium Mode: MON-LIST      Owners Name: LASALLE NATIONAL TRUST, N.A.  
 Address: AS SUCCESSOR TRUSTEE      City: CHICAGO      IL60661

Ledger Data Stored Under User: LORE      Ledger Record # 03154,  
 Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726  
 Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0  
 Flat Extra: None Specified.      Name: SIMON BERNSTEIN

M.P. Rider: Not Selected.  
 AD8 Rider: Not Selected.  
 Spouse Rider: Not Selected.  
 Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:  
 Basic Benefit: \$1,705,773  
 Init. Cash Value: \$45,861.34      \$59,481.56  
 Pour-In Premium: \$0.00      \$81,582.20  
 Total of Premiums: \$606,083.05      (Through Current Year) 0.00

Values Computed as Projected Values at End of Next Year:  
 Total Sum Insured: \$1,705,773      Total Premium: \$59,481.56  
 Total Cash Value: \$117,097.46      Scheduled Payout: \$ 0.00

Rating Basis Code: 9541. Interest: 7.00% Current Mortality Table #: S3531  
 Guaranteed Mortality: UI001 Interest: 4.50% Extra Mortality Table #: X2001  
 Basic Premium: 12,1000 per \$1000 (plus 35.00 Policy Fee).  
 FIXED Expense Factors: K1: 0.400, K2: 0.880, Kk: 0.925, Ki: 0.600  
 VARIABLE Expense Factors, as of the END of this year:  
 Minimum Basic Premium (Ft): 59481.554835; Net-Gross: Ks: 0.8491921902  
 Second Level Breakpt. (Gt): 92233.139269; Net-Gross: Kg: 0.8474242130  
 Maximum Expense Allowance: 18553.360395 (Limits Ft\*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:  
 Mortality Cost per \$1000 First Year (Qx): 1.3968000  
 Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635  
 Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:  
 Mortality Cost per \$1000, During Year (Qx): 13.2700000  
 Paid-Up Cash Value per \$1000, End Year (Ax): 344.5348414  
 Discounted Value, Life Annuity of \$1.00 (ax): 10.01848885

Values Computed for Current Year to Define Target Objective:  
 Target Cash Value: 81562.1983      Target Objective: 50526.7029  
 Extra Value Amount: 0.00      Added Benefit Amount: -294227.32

CURRENT VALUE LIFE  
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN  
AGE 47 SEX M  
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208  
RATING: STANDARD  
PROCESS DATE: OCT 8, 1996

BASIC PREMIUM	59481.56		
RISK INCREASE PREMIUM	0.00		
FLAT EXTRA CHARGE	0.00		
EXCESS & POUR-IN	0.00		
TOTAL	59481.56		
		PCT RATE	
		4.00	
		60.00	
		0.00	
		4.00	
			GEN. AGENT COMMISSION
			2379.26
			0.00
			0.00
			0.00
			2379.26



0071

Capitol Bankers Life Insurance Company 800-825-0003  
Box 19191 FAX. 854-609-4005  
Greenville, SC 29602-9191

September 24, 1996

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 September 27, 1996 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,065.22
Interest	\$131.85
Total Gross Loan	\$5,197.07

Total Outstanding Loan Balance to 27SEP1996: \$21,500.50

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

JCK000590



Capitol Bankers Life

1007

Capitol Bankers Life Insurance Company  
Box 19191  
Greenville, SC 29602-9191

800-825-0003  
FAX: 864-609-4005

September 24, 1996

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 September 27, 1996 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,065.22
Interest	\$131.85
Total Gross Loan	\$5,197.07

Total Outstanding Loan Balance to 27SEP1996: \$21,500.50

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

JCK000591

# FAX

Capitol Bankers Life  
Greenville, SC 29602-9191

Date 04/30/96  
Number of pages including cover sheet 1

To: Scott Pruett  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax Phone 312-993-0485  
CC: \_\_\_\_\_

From: Christy Jordan  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone 800-825-0003  
Fax Phone 864-609-4005

**REMARKS:**

Urgent     For your review     Reply ASAP     Please comment

Premium on policy 1009208 is \$5,065.22 monthly. Policy is currently paid to 03/27/96. Premiums totaling \$15,195.66 was processed for December, January, and February as Automatic Premium Loans.

0071

*Christy Jordan*



S.T.P. ENTERPRISES, INC.  
600 WEST JACKSON BLVD.  
SUITE 800  
CHICAGO, IL 60661  
312-993-0485 FAX

DATE: April 30, 1996  
To: Kriste  
From: Scott Pruett

THIS TRANSMISSION CONSISTS OF 01 PAGES INCLUDING COVER PAGE

RE: Please verify the following case per our conversation and  
return via fax today.

Simon Bernstein policy #1009208, current paid to date 3-27-96  
annual premium, \$60,782.64. Amount received for policy year  
\$15,195.66. Thank you.

*SP*  
Premium on policy 1009208 is 5,065.22  
monthly. Policy is currently paid to 3-27-96.  
We have received 15,195.66 in premiums for the  
months December, January, + February

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. OUR NUMBER IS:

312-993-0051





Capitol Bankers Life

Capitol Bankers Life Insurance Company  
Box 19191  
Greenville, SC 29602-9191

803-322-3142 • 800-825-0003  
FAX: 803-282-4005

February 23, 1996

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 February 27, 1996 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,065.22
Interest	\$369.18
Total Gross Loan	\$5,434.40

Total Outstanding Loan Balance to 27FEB1996: \$10,904.40

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

JCK000595

FEB 23 1996

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800  
CHICAGO, IL 60661

(312) 993-0051  
(312) 993-0485 FAX

February 21, 1996

Kimberly Powell  
Capitol Bankers Life  
2000 Wade Hampton Blvd.  
Greenville, NC 29615

Re: Simon Bernstein  
Policy # 1009208

Dear Ms. Powell:

Enclosed is a bill for the 1/27/96 - 2/27/96 monthly premium currently due in the amount of \$5,065.22. Please pay that monthly premium by using the Automatic Loan Provision in the policy. If the cash value is insufficient and additional money is required, contact me immediately.

Additionally, we would like confirmation of this transaction. You can fax it to me at 312-993-0051.

If you have any questions, please do not hesitate to contact me.

Sincerely,

  
Judy Levin

JCK000596



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003  
 Box 19191 FAX: 803-292-4005  
 Greenville, SC 29602-9191  
**GROUP LIFE INSURANCE PLAN**

S B LEXINGTON TRUST  
 C/O NATIONAL SERVICE ASSOC.  
 ATTN: SANDY KAPSA  
 600 W. JACKSON BLVD. SUITE 800  
 CHICAGO, IL 60606

0000735

0071

03/01/96

GROUP NO.

Date Due

POLICY NUMBER	NAME	MODE	PYMT. PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	01/96	5,065.22		5,065.22
** REMINDER - Total Group Life Premium Past Due For: January Policies will lapse if payment not received by 03/01/96.						5,065.22
1009208	SIMON BERNSTEIN	01	02/96	5,065.22		5,065.22
** REMINDER - Total Group Life Premium Past Due For: February If payment has been made, please disregard this notice.						5,065.22
1009208	SIMON BERNSTEIN	01	03/96	5,065.22		5,065.22
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						5,065.22
** TOTAL AMOUNT DUE **						15,195.66
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-9191						

PA-89000

ORIGINAL - Your Copy

DUPLICATE - Return With Remittance

1/90

JCK000597



Capitol Bankers Life

0071

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003  
Box 19191 FAX: 803-292-4005  
Greenville, SC 29602-9191

January 26, 1996

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 January 27, 1996 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,065.22
Interest	\$404.78
Total Gross Loan	\$5,470.00

Total Outstanding Loan Balance to 27JAN1996: \$5,470.00

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

JCK000598



November 27, 1995

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003  
Box 19191  
Greenville, SC 29602-9191 FAX: 803-292-4005

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

JCK000599



JLY NOV 27 1995

**S.B. Lexington, Inc.**

600 WEST JACKSON BLVD. SUITE 800-CHICAGO, IL 60661 (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

INSURANCE COUNSELORS WITH (IN-TEG-RI-TY)

JCK000600



# Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
415 North Water Street P.O. Box 2016  
Milwaukee, Wisconsin 53207  
414-277-9998

## REQUEST LETTER

JULY 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	Personal Signature of Old Owner, if Ownership Change
	<u>11-7-95</u>	<u>By: Linda Womber</u>
Agent	Date	Personal Signature of Policyholder (Owner)

PHSI (1/79)

JCK000601



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003  
Box 19191 FAX: 803-292-4005  
Greenville, SC 29602-9191

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

JCK000602

NOV 14 1995

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

600 WEST JACKSON BLVD., SUITE 800  
CHICAGO, IL 60661

(312) 993-0051  
(312) 993-0485 FAX

November 10, 1995

Kimberly Powell  
Capitol Bankers Life  
Box 19191  
Greenville, SC 29602-9191

Re: Simon Bernstein  
Policy # 1009208

Dear Ms. Powell:

Enclosed is a bill for the 10/27/95 - 11/27/95 monthly premium currently due in the amount of \$5,139.05. Please pay that monthly premium by using the Automatic Loan Provision in the policy. If the cash value is insufficient and additional money is required, please let me know immediately.

Additionally, please send confirmation of this transaction.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Judy Levin

JCK000603



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003  
 Box 19191 FAX: 803-292-4005  
 Greenville, SC 29602-9191  
**GROUP LIFE INSURANCE PLAN**

S B LEXINGTON TRUST  
 C/O NATIONAL SERVICE ASSOC.  
 ATTN: SANDY KAPSA  
 600 W. JACKSON BLVD. SUITE 800  
 CHICAGO, IL 60606

0000735

0071	12/01/95
<b>GROUP NO.</b>	<b>Date Due</b>

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	10/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: October Policies will lapse if payment not received by 12/01/95.						5,139.05
** TOTAL AMOUNT DUE **						5,139.05
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-9191						

*Handwritten notes:*  
 11/10  
 Green



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003  
Box 19191 FAX: 803-292-4005  
Greenville, SC 29602-9191

September 27, 1995

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:

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

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$133.77
Total Gross Loan	\$5,272.82

Total Outstanding Loan Balance to 27SEP1995: \$16,059.34

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

JCK000605



National Service Association

600 WEST JACKSON BLVD • SUITE 800 • CHICAGO, IL 60606 (312) 993-0537

600606  
600606

SEP 27 1995

September 26, 1995

Kimberly Powell  
Capitol Bankers Life  
Box 19191  
Greenville, SC 29602-9191

Re: Simon Bernstein  
Policy # 1009208

Dear Ms. Powell:

Enclosed is a bill for the 8/27/95 - 9/27/95 monthly premium currently due in the amount of \$5,139.05. Please pay that monthly premium by using the Automatic Loan Provision of the policy. If the cash value is insufficient and additional money is required, please let me know immediately.

Additionally, please send confirmation of this transaction.

If you have any questions, please do not hesitate to contact me.

Sincerely,

  
Judy Levin



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003  
Box 19191  
Greenville, SC 29602-9191 FAX 803-292-4005

October 23, 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 October 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$99.45
Total Gross Loan	\$5,238.50

Total Outstanding Loan Balance to 27OCT1995: \$21,297.84

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

JCK000607

JLY OCT 23 1995

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

600 WEST JACKSON BLVD., SUITE 800  
CHICAGO, IL 60661

(312) 993-0051  
(312) 993-0485 FAX

October 19, 1995

Kimberly Powell  
Capitol Bankers Life  
Box 19191  
Greenville, SC 29602-9191

Re: Simon Bernstein  
Policy # 1009208

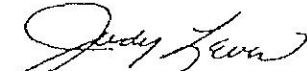
Dear Ms. Powell:

Enclosed is a bill for the 9/27/95 - 10/27/95 monthly premium currently due in the amount of \$5,139.05. Please pay that monthly premium by using the Automatic Loan Provision of the policy. If the cash value is insufficient and additional money is required, please let me know immediately.

Additionally, please send confirmation of this transaction.

If you have any questions, please do not hesitate to contact me.

Sincerely,

  
Judy Levin

JCK000608





Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003  
Box 19191 FAX: 803-292-4005  
Greenville, SC 29602-9191  
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST  
C/O NATIONAL SERVICE ASSOC.  
ATTN: SANDY KAPSA  
600 W. JACKSON BLVD. SUITE 800  
CHICAGO, IL 60606

0000735

0071 11/01/95  
GROUP NO. Date Due

POLICY NUMBER	NAME	MODE	PYHT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	09/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: September Policies will lapse if payment not received by 11/01/95.						5,139.05
1009208	SIMON BERNSTEIN	01	10/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: October If payment has been made, please disregard this notice.						5,139.05
1009208	SIMON BERNSTEIN	01	11/95	5,139.05		5,139.05
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						5,139.05
** TOTAL AMOUNT DUE **						15,417.15

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE  
P.O. BOX 19191  
GREENVILLE, SC 29602-9191

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208  
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1995

INSURED:  
 POLICY OWNER:

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

ACT NUM: 0000735  
 AGENT : CAPITOL BANKERS LIFE INSURANCE C  
 BOX 19191  
 GREENVILLE SC 29602  
 PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST  
 EACH PAYMENT: \$5,065.22

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are guaranteed for the Current Policy Year. This Change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

CURRENT STATUS FOR YEAR ENDING DEC 27, 1995	GUARANTEED FOR YEAR ENDING DEC 27, 1996
CURRENT RATE BASIS INTEREST	6.50%
SUM INSURED	\$1,743,333
CASH VALUE - START OF YEAR	\$11,724.07
ADD: TOTAL PREMIUMS FOR YEAR	\$61,668.60
INTEREST CREDIT	\$ 4,024.37
DEDUCT: MORTALITY CHARGE	\$17,481.23
EXPENSE CHARGE	\$11,798.10
POLICY LOAN	\$16,059.34
NET CASH VALUE - END OF YEAR	\$32,078.37
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:	\$57,883.18
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,727,273:	
OPTION A - CURRENT RATE BASIS	\$57,883.18
OPTION B - GUARANTEED RATE BASIS	\$88,614.00

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1996.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

1009208

CURRENT VALUE LIFE

ILLUSTRATION NO. OP-03154

STATEMENT OF POLICY COST AND BENEFIT INFORMATION  
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

SIMON BERNSTEIN  
MALE, AGE 47, NONSMOKER  
INITIAL DEATH BENEFIT: \$1,727,273  
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT  
EXTRA VALUES INCREASE CASH VALUES  
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)		CURRENT VALUES (GUARANTEED BASIS AFTER YEAR 14)	
POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE
20	1727273	57883.18	280501
AGE 72	1727273	57883.18	467536
AGE 60	1743333	58726.99	32078
AGE 65	1727273	57883.18	208614
AGE 70	1727273	57883.18	391082
AGE 75	1727273	57883.18	583057
		91685.13	47567
		91685.13	43597
		58726.99	20354
		91685.13	48272
		91685.13	45316
		91685.13	42102
			3565
			583082
			32078
			261031
			495070
			710580

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEARS	
10 YEARS	20 YEARS	10 YEARS	20 YEARS
32.52	28.54	47.69	44.09
32.52	32.87	47.69	49.59

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.D. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.  
BOX 19191 P.O. BOX 2016  
GREENVILLE, SC 29602 205 E. WISCONSIN AVE.  
800-825-0003 MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE... FAIR CURRENT VALUE  
YEAR BY YEAR, ALWAYS LOOKING FORWARD

1009208

CURRENT VALUE LIFE  
STATEMENT OF POLICY COST AND BENEFIT INFORMATION  
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION  
NO. OP-03154

TABLE OF END OF YEAR VALUES

POL YR		ATT AGE		SUM INSURED		CURRENT VALUES (IF CURRENT BASIS CONTINUES)		POL YR		SUM INSURED		GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 14)		CASH VALUE	
ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	
58726.99	20354	32078	13	58726.99	20354	32078	13	58726.99	20354	32078	13	58726.99	20354	32078	
57883.18	35283	67362	14	57883.18	35283	67362	14	57883.18	35283	67362	14	57883.18	35283	67362	
57883.18	35721	103083	15	57883.18	35721	103083	15	57883.18	48471	115832	15	57883.18	48471	115832	
57883.18	35515	138598	16	57883.18	35515	138598	16	57883.18	48495	164327	16	57883.18	48495	164327	
57883.18	34740	173338	17	57883.18	34740	173338	17	57883.18	48432	212701	17	57883.18	48432	212701	
57883.18	35276	208614	18	57883.18	35276	208614	18	57883.18	48272	261026	18	57883.18	48272	261026	
57883.18	35799	244413	19	57883.18	35799	244413	19	57883.18	47995	309026	19	57883.18	47995	309026	
57883.18	36088	280501	20	57883.18	36088	280501	20	57883.18	47567	356592	20	57883.18	47567	356592	
57883.18	36413	316914	21	57883.18	36413	316914	21	57883.18	46970	403563	21	57883.18	46970	403563	
57883.18	36777	353690	22	57883.18	36777	353690	22	57883.18	46191	449754	22	57883.18	46191	449754	
57883.18	37391	391082	23	57883.18	37391	391082	23	57883.18	45316	495070	23	57883.18	45316	495070	
57883.18	38083	429165	24	57883.18	38083	429165	24	57883.18	44416	539486	24	57883.18	44416	539486	
57883.18	37888	659243	30	57883.18	37888	659243	30	57883.18	41195	793495	30	57883.18	41195	793495	
57883.18	34690	838660	35	57883.18	34690	838660	35	57883.18	35087	982893	35	57883.18	35087	982893	
57883.18	30299	1001608	40	57883.18	30299	1001608	40	57883.18	30000	1141214	40	57883.18	30000	1141214	
57883.18	30255	1139159	45	57883.18	30255	1139159	45	57883.18	30669	1290655	45	57883.18	30669	1290655	
57883.18	62765	1368132	50	57883.18	62765	1368132	50	57883.18	45466	1477042	50	57883.18	45466	1477042	
57883.18	162122	1727310	53	57883.18	162122	1727310	53	57883.18	152178	1727741	53	57883.18	152178	1727741	

DOCUMENTARY LISTING for LEDGER #03154, stored for user LDRE  
RUN COMPLETION DATE: OCT 05, 1995 at 23:06 PM. STATUS: USED L

AGENT NUMBER: 0000735  
PRODUCT: Standard CVL Life, Pricing Basis: Standard.  
DEFRA Endorsement: 0, # of Lives: 1, State Code: IL

AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C

PRIMARY Person Insured: SIMON BERNSTEIN  
Age: 47 Sex: M Smoker: N Table Rating: 0.0  
Maximum Policy Attained Age: 100 ( 53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED: TARGET RATE BASIS: Current Basis: None  
CASH VALUE OBJECTIVE: None. INTERMED. INTEREST: None  
EXTRA VALUE: Increase Cash Values.

INFORCE Information for Policy #1009208  
 Policy Date: 12/27/82 Issue Date: 12/27/82  
 Premium Mode: NON-LIST Owners Name: LASALLE NATIONAL TRUST, N.A.  
 Address: AS SUCESSOR TRUSTEE City: CHICAGO

Years in Force: 14  
 Product: CVL  
 Ledger Record # 03154,  
 V5726

Ledger Data Stored Under User: LORE  
 Ledger Check Data: (MUST Match Data Found on this Ledger Record)  
 Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0  
 Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.  
 ADB Rider: Not Selected.  
 Spouse Rider: Not Selected.  
 Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:  
 Basic Benefit: \$1,727,273  
 Init. Cash Value: \$32,078.37  
 Pour-In Premium: \$ 0.00  
 Total of Premiums: \$546,601.49

Values Computed as Projected Values at End of Next Year:  
 Total Sum Insured: \$1,727,273  
 Total Cash Value: \$103,082.70

Rating Basis Code: 954L Interest: 7.00% Current Mortality Table #: S3531  
 Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001  
 Basic Premium: 12,100 per \$1000 (plus 35.00 Policy Fee)  
 FIXED Expense Factors: K1: 0.400, K2: 0.880, Kk: 0.925, Ki: 0.600  
 VARIABLE Expense Factors, as of the END of this year:  
 Minimum Basic Premium (Ft): 57883.1748556; Net-Gross: Ks: 0.8491921902  
 Second Level Breakpt. (Gt): 90634.7592290; Net-Gross: Kg: 0.8474242130  
 Maximum Expense Allowance: 18553.360395 (Limits Ft#(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:  
 Mortality Cost per \$1000, First Year (Qx): 1.3968000  
 Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635  
 Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:  
 Mortality Cost per \$1000, During Year (Qx1): 11.7600000  
 Paid-Up Cash Value per \$1000, End Year (Ax): 330.1702809  
 Discounted Value, Life Annuity of \$1.00 (ax1): 10.23882571

Values Computed for Current Year to Define Target Objective:  
 Target Cash Value: 67361.8361  
 Extra Value Amount: 0.00  
 Igt. Net Premium: 49120.1286  
 Added Benefit Amount: -272726.82

CURRENT VALUE LIFE  
 RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN  
 AGE 47 SEX M  
 POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208  
 RATING: STANDARD  
 PROCESS DATE: OCT 5, 1995

BASIC PREMIUM	57883.18	PCI	4.00	GEN. AGENT	2315.33
RISK INCREASE PREMIUM	0.00	RATE	60.00	COMMISSION	0.00
FLAT EXTRA CHARGE	0.00		0.00		0.00
EXCESS & POUR-IN	0.00		4.00		0.00
TOTAL	57883.18				2315.33