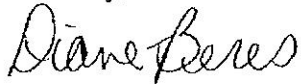


Page 2
February 21, 1991

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. You may reach me at extension 383.

Sincerely,

A handwritten signature in cursive script that reads "Diane Beres".

Diane Beres
Policyowner Service Department

tlf

POLICYOWNER SERVICE NOTES

Policy Number 1009208 Person Calling ~~Bob Reed~~
Date 2-15-91 Phone Number ~~702-936-1009~~ 1009208

- did 2 months instead of 1
- January loan backed out

RB



National Service Association

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

FEB 13 1991

February 8, 1991

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Ave.
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon Bernstein's policy #1009208 for the 12/27/90-1/27/91 monthly.

Please let me know when the APL has been completed.

Sincerley,

Sandy Kapsa

enclosure

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street P.O. Box 3018
Milwaukee, Wisconsin 53201
414-277-8006

FEB 18 1991

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 _____ 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) Terri, please APL Simon Bernstein's policy for the
Make the Automatic Premium Loan provision effective, if provided in the policy. 12/27/90-1/27/91 monthly period.

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)

Successor: (Substitute payee if no Primary payee living)

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

Agent

Date

2-4-91

Personal Signature of Old Owner, if Ownership Change

X Maria A. Mue

Agent

Date

Personal Signature of Policyholder (Owner)

First of America Trust Company

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

RENEWAL DATE: DEC 27, 1990

INSURED:
 POLICY OWNER:

SIMON BERNSTEIN
 UNITED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO, IL 606060000

AGT NUM: 0000735
 AGENT :

CAPITOL BANKERS LIFE INSURANCE C
 205 E. WISCONSIN AVE.
 MILWAUKEE, WI 53202-9757

PHONE : 414-277-9998

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$3,466.56

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, 1990	GUARANTEED FOR YEAR ENDING DEC 27, 1991
---	---

CURRENT RATE BASIS INTEREST	9.00%	
SUM INSURED	\$1,889,693	\$1,872,310
CASH VALUE - START OF YEAR	\$11,261.02	\$18,413.30
ADD: TOTAL PREMIUMS FOR YEAR	\$39,885.96	\$41,598.72
DEDUCT: INTEREST CREDIT	\$ 3,867.18	\$ 4,643.70
MORTALITY CHARGE	\$10,912.28	\$11,824.27
EXPENSE CHARGE	\$ 8,304.65	\$ 8,582.04
POLICY LOAN	\$17,383.93	\$ 0.00
NET CASH VALUE - END OF YEAR	\$18,413.30	\$44,249.41
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$39,612.78
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,872,310:		
OPTION A - CURRENT RATE BASIS		\$39,612.78
OPTION B - GUARANTEED RATE BASIS		\$74,128.34

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, 1991.

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: \$1,872,310
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
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 (GUARANTEED BASIS AFTER YEAR 9)		
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VAL INCREASE	ANNUAL PREMIUM	CASH VAL INCREASE
10	57	1872310	39612.78	27203	1872310	77025.54	45449
15	62	1872310	39612.78	31163	1872310	77025.54	46653
20	67	1872310	39612.78	32445	1872310	77025.54	45783
AGE 60		1872310	39612.78	29985	1872310	77025.54	46399
AGE 65		1872310	39612.78	31245	1872310	77025.54	46462
AGE 70		1872310	39612.78	34403	1872310	77025.54	43617
AGE 75		1872310	39612.78	36843	1872310	77025.54	40523

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.

SURRENDER COST INDEX 17.47
NET PAYMENT INDEX 20.02
AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

CURRENT BASIS CONTINUES
10 YEARS 15.04
20 YEARS 20.42
GUARANTEED BASIS AFTER YEAR 8
10 YEARS 32.31
20 YEARS 35.51

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 9.00% 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.
205 E. WISCONSIN AVE. P. O. BOX 2016
MILWAUKEE, WI 53202-9757 205 E. WISCONSIN AVE.
414-277-9998 MILWAUKEE, WISCONSIN 53201

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

JCK000775

SEPTEMBER 27, 1990

PAGE 1 OF 2

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

TABLE OF END OF YEAR VALUES

POL YR		SUM INSURED		CURRENT VALUES (IF CURRENT BASIS CONTINUES)		POL YR		SUM INSURED		CURRENT VALUES (GUARANTEED BASIS AFTER YEAR 9)		
ATT AGE		ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE		ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE		ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
8	55	37981.68	7152	18413	8	37981.68	7152	18413	1889693	37981.68	7152	18413
9	56	39612.78	25836	44249	9	39612.78	25836	44249	1872310	39612.78	25836	44249
10	57	39612.78	27203	71452	10	39612.78	27203	71452	1872310	77025.54	45449	89699
11	58	39612.78	28452	95904	11	39612.78	28452	95904	1872310	77025.54	45836	135535
12	59	39612.78	29432	129337	12	39612.78	29432	129337	1872310	77025.54	46148	181677
13	60	39612.78	29985	159321	13	39612.78	29985	159321	1872310	77025.54	46399	228087
14	61	39612.78	30542	185863	14	39612.78	30542	185863	1872310	77025.54	46556	274637
15	62	39612.78	31163	221026	15	39612.78	31163	221026	1872310	77025.54	46653	321290
16	63	39612.78	31141	252167	16	39612.78	31141	252167	1872310	77025.54	46677	367967
18	65	39612.78	31245	313944	18	39612.78	31245	313944	1872310	77025.54	46616	414582
19	66	39612.78	31960	345903	19	39612.78	31960	345903	1872310	77025.54	46462	461045
20	67	39612.78	32445	378348	20	39612.78	32445	378348	1872310	77025.54	46195	507240
21	68	39612.78	32974	411322	21	39612.78	32974	411322	1872310	77025.54	45209	598232
22	69	39612.78	33553	444875	22	39612.78	33553	444875	1872310	77025.54	44459	642691
23	70	39612.78	34403	475278	23	39612.78	34403	475278	1872310	77025.54	43617	686308
25	72	39612.78	35897	550527	25	39612.78	35897	550527	1872310	77025.54	41962	771020
30	77	39612.78	36723	733810	30	39612.78	36723	733810	1872310	77025.54	39650	973543
35	82	39612.78	34599	910691	35	39612.78	34599	910691	1872310	77025.54	33772	1155840
40	87	39612.78	30962	1075800	40	39612.78	30962	1075800	1872310	77025.54	28875	1308224
45	92	39612.78	31321	1216865	45	39612.78	31321	1216865	1872310	77025.54	29518	1452057
50	97	39612.78	68830	1462603	50	39612.78	68830	1462603	1872310	77025.54	43739	1631408
53	100	39612.78	187620	1872413	53	39612.78	187620	1872413	1872408	77025.54	146457	1872408

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE
RUN COMPLETION DATE: SEP 27, 1990 at 03:30 AM. STATUS: USED L
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:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

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

POLICY NUMBER: 1009208
PROCESS DATE: SEP 27, 1990
RATING: STANDARD

BASIC PREMIUM	39612.78
RISK INCREASE PREMIUM	0.00
FLAT EXTRA CHARGE	0.00
EXCESS & POUR-IN	0.00
TOTAL	39612.78

PCT RATE	4.00
GEN. AGENT COMMISSION	1584.51
	0.00
	0.00
	0.00
	0.00
	1584.51

INFORCE Information for Policy #1009208
Policy Date: 12/27/82 Issue Date: 12/27/82 Years in Force: 9
Premium Mode: MON-LIST Owners Name: UNITED BANK OF ILLINOIS Product: CVL
Address: AS TRUSTEE City: CHICAGO IL606060

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: SIPON 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: \$1,872,310
Init. Cash Value: \$18,413.30
Pour-In Premium: \$0.00
Total of Premiums: \$280,868.42
Basic Premium: \$39,612.78
Basic Cash Value: \$44,249.41
Pour-In Cash Value: \$0.00
{Through Current Year}

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,872,310
Total Cash Value: \$71,451.96
Total Premium: \$39,612.78
Scheduled Payout: \$0.00

Rating Basis Code: 8641. Interest: 9.00% 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).
FIXED Expense Factors: KI: 0.400, KR: 0.880, KK: 0.925, KI: 0.600
VARIABLE Expense Factors, as of the END of this year: Net-Gross: Ks: 0.8334855478
Minimum Basic Premium (Flt): 39612.775489; Net-Gross: K9: 0.8474242130
Second Level Breakpt. (Gt): 71520.553240; Net-Gross: K9: 0.8474242130
Maximum Expense Allowance: 18553.360395 (Limits Ft+K9 - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Cx): 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 (Cx): 6.4600000
Paid-Up Cash Value per \$1000, End Year (Ax): 195.4591630
Discounted Value, Life Annuity of \$1.00 (ax): 9.74388347

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 44249.4055 Target Premium: 33016.6759
Extra Value Amount: 0.00 Added Benefit Amount: -127680.50

Capitol Bankers Life

August 10, 1990

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
606 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

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, 1990 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,323.84
Interest	\$86.52
Total Gross Loan	\$3,410.36

Total Outstanding Loan Balance to 27SEP1990: \$17,383.93

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 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 383.

Sincerely,
Capitol Bankers Life Insurance Company

Terese M. Holfert
Terese M Holfert
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

Member of the North American Life Assurance Company
Group of Companies

JCK000780

AUG 08 1990



National Service Association

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

August 2, 1990

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to pay Mr. Simon Bernstein's policy #1009208 for the 7/27/90 - 8/27/90 monthly.

Please process this change and send me a letter stating that this period has been paid.

Thanks!

Sandy Kapsa

Enclosure

8-10-90

Talked to Sandy + she says they APL every other month. Therefore, I will APL to pay from 8-27-90 to 9-27-90 - TX.

JCK000781

AUG 08 1990

Capitol Bankers Life
CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P. O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998 800/558-1011

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 I. Bernstein

The Policy _____ 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 _____

*Both signatures required below.

(Print old owner name)

to

(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.

Yaris please APL Simon Bernstein's policy for the 7/31/90 - 8/31/90 monthly (policy # 1009208).

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)

Successor (Substitute payee if no Primary payee living)

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

Agent _____ Date _____

Agent _____ Date _____

Personal Signature of Old Owner, If Ownership Change

Patonda Shreve, Trust Administrator
Personal Signature of Policyholder (Owner)
First of America Trust Co.

Capitol Bankers Life

July 3, 1979

2200 North Avenue, Chicago, Illinois 60614
Phone 462-1000

1. JACOBSON OF ILL. CO
15700 S. WISCONSIN
C/O NATIONAL SERVICE ASSOCIATION
3000 JACKSON BLVD., SUITE 600
CHICAGO, IL 60608

Re: Policy #19203 - SI 31 612511

Dear Sir or Madam:

To date we have not received the premium payment of \$3,323.06 which was due June 27, 1979, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has come 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 premium consists of the following:

Automatic Premium Loan to pay policy to JUL 27, 1979:	
Net Loan	\$3,323.06
Interest	213.85
Gross Loan	\$3,536.91
Other Outstanding Loans	\$1,589.12
Total Loan Balance as of 7/27/79	\$5,126.03

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 1-800-425-1113. You may reach us at extension 301.

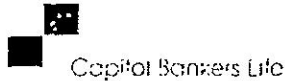
Sincerely,

Barbara Wolfert, Policyowner Services

cc: Agents: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone # 462-1000
7/3/79

Member of the North American Life Assurance Company
Group of Companies

JCK000783



July 11, 1990

United Bank of Illinois
as Trustee
c/o National Service Association
600 W. Jackson Blvd., Suite 800
Chicago, IL 60606

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 June 27, 1990, by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,323.84
Interest	\$153.25
Total Gross Loan	\$3,477.09

Total Outstanding Loan Balance to December 27, 1990: \$10,519.11

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, extension 383.

Sincerely,

A handwritten signature in cursive script that reads "Terese M. Holfert".

Terese M. Holfert
Senior Policyowner Service Representative

cc: Capitol Bankers Life Insurance Company - Agent #0000735

Capitol Bankers Life Insurance Company
100 W. Jackson Blvd., Suite 800
Chicago, IL 60606

JCK000784



JUN 25 1990

National Service Association

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

June 20, 1990

Terri Holfert
Capitol Bankers Life
205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein
Policy #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon Bernstein's policy #1009208 for the 5/27/90 - 6/27/90 monthly.

Please let me know when the APL has been processed.

Sincerely,


Sandy Kapsa

SK:ls
Enclosure

JCK000785

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998 800/558-1011

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 _____ 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 _____

*Both signatures required below

(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) Please APL policy #1009208 for the 5/27/90 - 6/27/90
monthly. Please notify me when the loan has been processed

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)

Successor (Substitute payee if no Primary payee living)

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

Agent _____

Date _____

Agent _____

Date _____

06/15/90

Personal Signature of Old Owner, if Ownership Change
First of America Trust Company

BY: Marcia J. Muel

Personal Signature of Policyholder (Owner) Asst. VP & TO

Capitol Bankers Life

416-277-1111
FAX 416-277-1111

May 30, 1990

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

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 May 27, 1990 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,323.84
Interest	\$175.29
Total Gross Loan	\$3,499.13

Total Outstanding Loan Balance to 27MAY1990: \$7,042.02

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 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 383.

Sincerely,
Capitol Bankers Life Insurance Company

Terese M. Holfert
Terese M Holfert
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

A member of the American Life Assurance Company,
Member of the American Life Assurance Company

JCK000787

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy - 1009208
Next Anniversary Date 12-27-90
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3499.13
Net Loan \$ 3323.84
Date Loan Granted 4-27-90
Person Processing Loan Teri H

Checklist:

Verify that policy paid current ✓
Review file for assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero NA
Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____

Person Processing Removal _____

Loan Repaid:
Attach copy of check received _____

Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP _____



5-22-90

National Service Association

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

May 18, 1990

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Ave.
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon Bernstein's policy #1009208 for the 4/27/90 - 5/27/90 monthly.

Please notify me when the APL has been processed.

Sincerely yours,

Sandy Kapsa

Enclosure

JCK000789

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-0257
414/271-9598 800/558-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

1009208

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

Name of Insured Simon L. Bernstein

The Policy _____ 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 _____

*Both signatures required below

(Print old owner name)

to

(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) Terri, Please APL Simon Bernstein's policy #1009208 for the 4/27/90 - 5/27/90 monthly. Please send me verification Make the Automatic Premium Loan provision effective, if provided in the policy, when the APL has been processed.

Thanks!

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)

Successor (Substitute payee if no Primary payee living)

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

Agent _____

Date

5/12/90

Agent _____

Date

Personal Signature of Old Owner, if Ownership Change

BY: Maureen D. Muel First of America Trust Co fka United Bank of Illinois, N.A.

Personal Signature of Policyholder (Owner)

Asst. VP & TO



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE INSURANCE COMPANY
201 East Washington Street, Chicago, IL 60601
1-800-333-3333
412-277-0998
800-333-3333

January 15, 1990

TO: National Service Association
600 W. Jackson Blvd.
Suite 800
Chicago, IL 60606

RE: Simon Bernstein # 1009208

Please be informed that we are returning the enclosed check due to the following:

- Not payable to Capitol Bankers Life
- Conflicting amounts
- Sent to wrong company
- Must be endorsed to Capitol Bankers Life
- Not signed by payor
- Dated too far in advance (We can only hold checks for 2 working days)
- Other _____

Sincerely,

Diane Beres
Diane Beres
Premium Accounting

ACCOUNT



First of America Bank-Michigan, N.A.
108 East Michigan Ave.
Kalamazoo, Michigan 49007

Trust Check 74-42
727
JAN 11 1990 No. 550546

27945-10-4

190

JANUARY 4, 1990
*****3,161.38

THREE THOUSAND ONE HUNDRED SIXTY ONE***** AND 38/100**

CAPITOL BANKING LIFE INSURANCE

TO
E
ORDER
OF

⑆ 550546⑆ ⑆07240042⑆ 029 01005 4⑆

Capital Bankers Life

Capital Bankers Life Insurance Company
Member of the American Life Assurance Company
Group of Companies

March 9, 1997

UNITED BANK OF ILLINOIS
A TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 N. JACKSON BLVD, SUITE 505
CHICAGO, IL 60606

Re: STANLEY SILVERSTEIN
Policy #11923

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to March 27, 1997 by a premium loan.


The status of the loan is as follows:

Out Loan	\$3,323.64
Interest	\$219.15
Total Gross Loan	\$3,542.79

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.

Capital Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-553-1111 or 1-312-591-1111 in the state of Wisconsin, extension 303.

Sincerely,
Capital Bankers Life Insurance Company


Terese A. Wolfert
Senior Policyowner Service Representative

cc: CAPITAL BANKERS LIFE TRUSTEES Great Lakes 735

Member of the American Life Assurance Company
Group of Companies

JCK000793

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-90
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3542.89
Net Loan \$ 3323.84
Date Loan Granted 2-27-90
Person Processing Loan TH

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____

Person Processing Removal _____

When Repaid:

Attach copy of check received _____

Amount Deducted from Face & Cash Values:

Clear loan and interest amounts from POLP _____

POLICYOWNER SERVICE NOTES

Policy Number 1009208 Person Calling _____

Date 1-26-90 Phone Number _____

Cheryl received payment for 12-27-89 however not enough - told her to bill for remaining due - TH

2-16-90 Sandy from NSA called & she is sending in the 162.46 by 2-27-90. I told her the policy will lapse after that. TH

2-27-90 - Called NSA & left message for Sandy indicating no payment has been sent. Additional prem. needed for Dec. 5 prem. TH

2-27-90 - Sandy said she will be sending in the check today - TH
I told Sandy there was not sufficient funds for the first monthly prem. due Dec. 27, 1989 but we could APL for 1-27-90 to 3-27-90. I called & clarified this with Sandy & told her she is to do the follow-up on premiums due that this was a one time exception. TH

-8-90 - Per Sandy Kaper - APL policy for 2-27-90 to 3-27-90 TH

JCK000796

JAN 26 1998



National Service Association
600 WEST JACKSON BLVD-SUITE 800-CHICAGO, IL 60606

(312) 993-0537

DATE: January 23, 1990

TO: Terri Holfert

FROM: Sandy Kapsa

SUBJECT: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon Bernstein's policy #1009208 for the 1/27/90 - 3/27/90 period (2 monthlies).

Please send me a confirmation letter when the APL has gone through.

Sincerely,

Sandy Kapsa

Enclosure

JCK000797

JAN 8 1968

JAN 26 1990

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9217
414/771-9958 800 558 1011

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 L. Bernstein

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

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 _____
*Both signatures required below (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) Terri, please APL policy #1009208 for the 1/27/90 - 3/27/90

Make the Automatic Premium Loan provision effective, if provided in the policy period. (2 monthlies)

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 (Choose at death of insured)

Successor (Substitute payee if no Primary payee living)

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

Agent _____ Date _____

Agent _____ Date _____

FIRST OF AMERICA TRUST COMPANY

BY: Charissa [Signature]
Personal Signature of Old Owner, if Ownership Change
Asst. V.P. & Trust Officer

Personal Signature of Policyholder (Owner)

JCK000799

02/27/90 15:58 3129920485

S. B. LEXINGTON

CAPITOL BANKER



National Service Association

600 WEST JACKSON BLVD - SUITE 2000 - CHICAGO, IL 60606 (312) 993-0517

67001

Post-It brand fax transmittal memo 7671

To:	Terri Holfert	From:	Sharon
Co:	Capitol Bankers Life	Co:	NSA
Dept:	Capitol Bankers Life	Phone #:	312 993-0517
Fax #:	312 277-7600	Fax #:	312 993-0517

February 27, 1990

Terri Holfert
Capitol Bankers Life Ins. Co.
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein, policy #1009208

Dear Terri:

Per my telephone conversations with yourself and Cheryl at Capitol Bankers Life today, I am Federal Expressing a check in the amount of \$3,486.30 for the past due owed on the 12/27/89 - 1/27/90 monthly in the amount of \$162.46, and for the 1/27/90 - 2/27/90 monthly in the amount of \$3,323.84.

As you know, all of our checks must be turned around at the Bank, which will delay the check by two days. As I previously said, I am federal expressing the check out of our office today to the bank and have requested the bank to federal express the check back immediately.

I have enclosed a copy of the check which I sent to you for the 12/27/89 - 1/27/90 monthly in the amount of \$3,161.38. Considering that when I sent this check in, the billing statement which I received from Capitol Bankers Life showed the amount due for the December monthly as \$3,161.38 (copy of billing statement enclosed). The check will be in your office March 6th and I will expect no lapse at least through this period. Also, I called Capitol Bankers Life in January, 1990 to see if there was sufficient funds in the policy to APL Mr. Bernstein's policy for two monthly premiums. At that time, I was told there was sufficient funds in the policy for the APL, and I proceeded to request the APL. Now, I am told that there are no funds available to process the APL for the two monthlies.

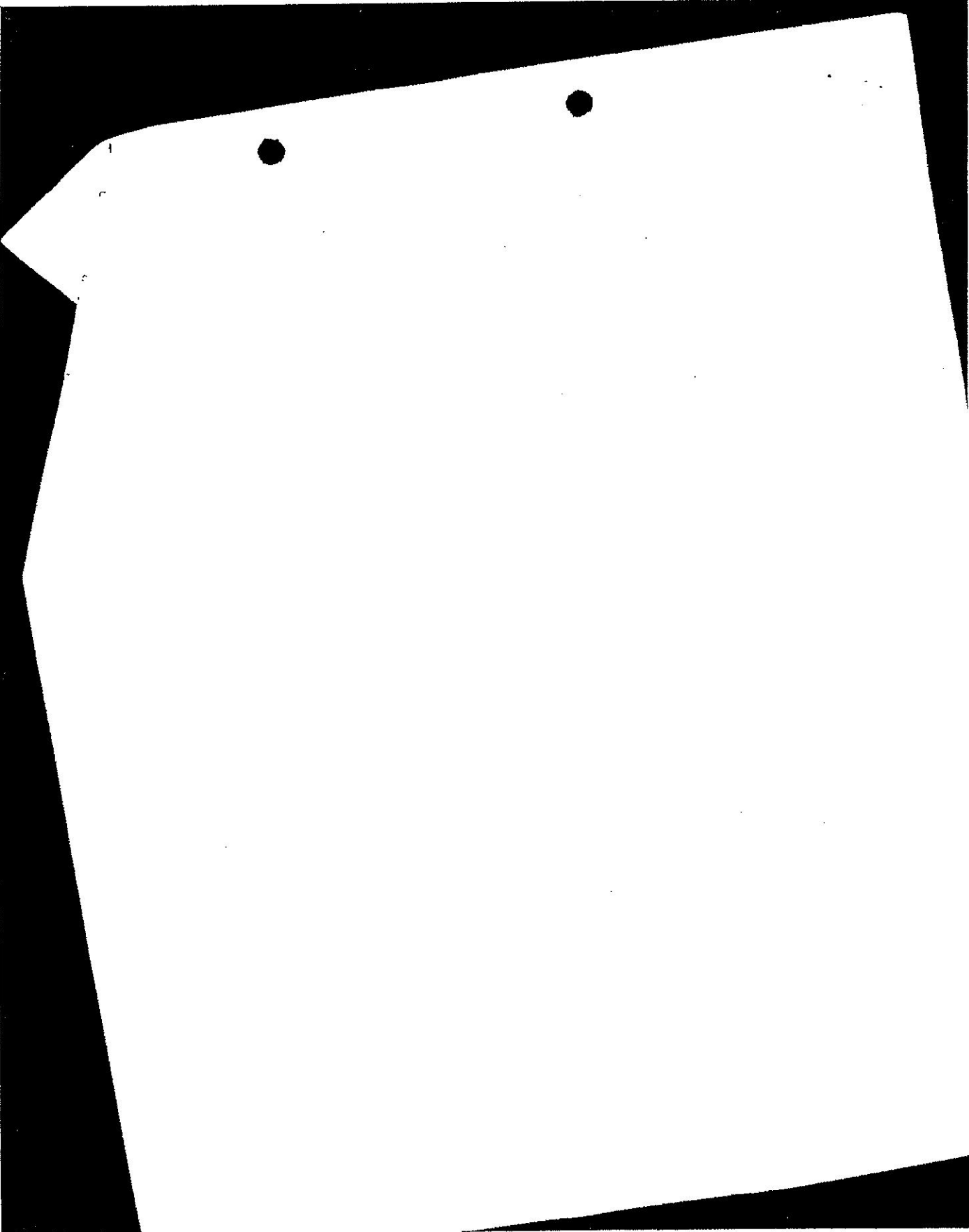
I appreciate your patience in this matter and believe that there will be no problem to hold this policy open until Tuesday, March 6th, when you will be receiving by Federal Express a check to pay this policy to 2/27/90.

Sincerely yours,

Sharon Kapsa
Sharon Kapsa

Insurance

JCK000801



JCK000802

02/27/90 16:00 3129920485



S. B. LEXINGTON
First of America Bank Building, R.R. 1
108 East Michigan Ave
Kalamazoo, Michigan 49001

CAPITOL BANKERS
Trust Check

21004
133

No. 551

ACCOUNT

27945-10-4

199

JANUARY 4, 1990
PAY TO THE ORDER OF

THREE HUNDRED ONE HUNDRED SIXTY ONE DOLLARS AND NO

CENTRAL BANKERS LIFE INSURANCE

PAY TO
THE
ORDER
OF

⑆50546⑆ ⑆022400421⑆ 079 01006 4⑆

17995-10-4 199 01 000 10 000000 00

JANUARY 4 1990 100000 0000

ADD TO CAPITAL BANKERS LIFE INSURANCE
17995-10-4 199 01 000 10 000000 00

02/27/90 16:00

3129930485

S. B. LEXINGTON

CAPITOL BANKERS



National Service Association

600 WEST JACKSON BLDG - SUITE 800 - CHICAGO, IL 60606 (312) 992-0537

01003

Date: January 10, 1990

To: Terri Holfert

From: Sandy Kapsa

Re: Simon Bernstein, #1009208

Employee Death Benefit Plan and Trust

Attached please find a check in the amount of
\$ 3,161.38 This amount pays the
~~12/27/89~~ - ~~12/27/90~~ monthly
premium.

Thanks,


Sandy Kapsa

JCK000804

02-27-90 15:59 312957485

S. B. LEXINGTON CAPITOL BANKERS

Capitol Bankers Life Insurance Company

P.O. Box 2016 / Milwaukee, Wisconsin 53201-9757
Telephone 414 277-9998
WATS 800 558 1011
WATS 800 242-1002 (WISCONSIN)

Due to our delay in billing, you
have 30 days from the date indicated
in red to mail your payment. **JAN 09 1990**

GROUP LIFE INSURANCE
PLAN

S B LEXINGTON TRUST
C/C NATIONAL SERVICE ASSOC
600 N. JACKSON BLVD.
CHICAGO, IL 60606

0006735

0071	01/27/90
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	BYST PERIOD	GROUP LIFE PREMIUM	ERRR VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	12/89	3,161.28		3,161.28
* TOTAL GROUP LIFE PREMIUM PAST DUE *						December 3,161.28
1009208	SIMON BERNSTEIN	01	01/90	3,161.28		3,161.28
* TOTAL GROUP LIFE PREMIUM PAST DUE *						January 3,161.28
1009208	SIMON BERNSTEIN	01	02/90	3,161.28		3,161.28
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						3,161.28
** TOTAL AMOUNT DUE **						9,483.84
TOTAL NUMBER OF POLICIES IN GROUP 0071 WITHIN THIS BILLING CYCLE = 1						
PLEASE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 2016 MILWAUKEE						

MAR 05 1990



National Service Association

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

February 27, 1990

Terri Holfert
Capitol Bankers Life Ins. Co.
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein, policy #1009208

Dear Terri:

Per my telephone conversations with yourself and Cheryl at Capitol Bankers Life today, I am Federal Expressing a check in the amount of \$3,486.30 for the past due owed on the 12/27/89 - 1/27/90 monthly in the amount of \$162.46, and for the 1/27/90 - 2/27/90 monthly in the amount of \$3,323.84.

As you know, all of our checks must be turned around at the Bank, which will delay the check by two days. As I previously said, I am federal expressing the check out of our office today to the bank and have requested the bank to federal express the check back immediately.

I have enclosed a copy of the check which I sent to you for the 12/27/89 - 1/27/90 monthly in the amount of \$3,161.38. Considering that when I sent this check in, the billing statement which I received from Capitol Bankers Life showed the amount due for the December monthly as \$3,161.38 (copy of billing statement enclosed). The check will be in your office March 6th and I will expect no lapse at least through this period. Also, I called Capitol Bankers Life in January, 1990 to see if there was sufficient funds in the policy to APL Mr. Bernstein's policy for two monthly premiums. At that time, I was told there was sufficient funds in the policy for the APL, and I proceeded to request the APL. Now, I am told that there are no funds available to process the APL for the two monthlies.

I appreciate your patience in this matter and believe that there will be no problem to hold this policy open until Tuesday, March 6th, when you will be receiving by Federal Express a check to pay this policy to 2/27/90.

Sincerely yours,

Sandy Kapsa

Enclosure

JCK000806

Capitol Bankers Life Insurance Company

MAR 05 1990



P.O. Box 2016 / Milwaukee, Wisconsin 53201-9757
 Telephone 414 277-9998
 WATS 800 558-1011
 WATS 800 242-1002 (WISCONSIN)

Due to our delay in billing, you have 30 days from the date indicated in red to mail your payment. **JAN 09 1990**

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC
 600 N. JACKSON BLVD.
 CHICAGO, IL 60606

0000735

0071	01/27/90
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	BYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	12/89	3,161.28		3,161.28
	* TOTAL GROUP LIFE PREMIUM PAST DUE *				December	3,161.28
1009208	SIMON BERNSTEIN	01	01/90	3,161.28		3,161.28
	* TOTAL GROUP LIFE PREMIUM PAST DUE *				January	3,161.28
1009208	SIMON BERNSTEIN	01	02/90	3,161.28		3,161.28
	* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *					3,161.28
** TOTAL AMOUNT DUE **						9,483.84
TOTAL NUMBER OF POLICIES IN GROUP # 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 2016 MILWAUKEE, WISCONSIN 53201						

YOUR COPY

FORM DP5890 (10-85)

MAR 05 1990



National Service Association

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

Date: January 10, 1990

To: Terri Holfert

From: Sandy Kapsa

Re: Simon Bernstein, #1009208
Employee Death Benefit Plan and Trust

Attached please find a check in the amount of
\$ 3,161.38 This amount pays the
12/27/89 - 1/27/90 monthly
premium.

Thanks,


Sandy Kapsa

JCK000808



First of America Bank Michigan NA
108 East Michigan Ave
Kalamazoo, Michigan 49007

Trust Check ^{12 42}
MAR 05 1990 ⁷²⁵
No. 550546

ACCOUNT

27945-16-4

JANUARY 4, 1990

190 *****3,161.30

THREE THOUSAND ONE HUNDRED SIXTY ONE ***** AND 20/100**

CAPITOL BANKERS LIFE INSURANCE

PAY TO
THE
ORDER
OF

⑈550546⑈ ⑆022400421⑆ 029 01006 4⑈

27945-16-4 190 029 01006 4

JANUARY 4, 1990 3,161.30

PAY TO CAPITAL BANKERS LIFE INSURANCE FOR
2,161.30

06

Capitol Bankers Life

205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414 277-9998 • 800 825-0003 • FAX 414 277-7006

November 7, 1989

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

RE: SIMON FERNSTEIN
Policy #1009208

Dear Sir/Madam:

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

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

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 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

Carrie A. Lombardi
Carrie A. Lombardi
Policyowner Service Department

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

JCK000810

3
Attach This Endorsement to Your Policy

The policy to which this endorsement is attached is hereby changed to read and apply as follows, and ceases to apply as heretofore written:

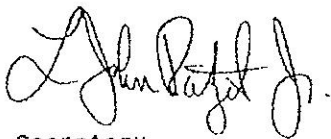
*** HOME OFFICE ENDORSEMENT ***

Ownership Designation- United Bank of Illinois as Trustee

Except as otherwise provided herein, this endorsement is subject to all terms, provisions and limitations of the policy to which it is attached.

This endorsement is attached to and forms a part of Policy
Number 1009208 dated December 27, 1982 and issued
to Simon Bernstein

Dated this 7th day of November, 19 89.



Secretary
Capitol Bankers Life Insurance Company



OCT 02 1989

National Service Association

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

September 28, 1989

Terri Holfert
Capitol Bankers Life
205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-2016

*10-16-89
From Terri H.*

Re: Simon Bernstein, #1009208

Dear Terri:

I received your confirmation letter for Simon Bernstein's policy, #1009208, paying his premium until 10/27/89.

We have not been using First Arlington Bank as Trustee for at least a year. United Bank of Illinois has been the new Trustee and was replaced by First Arlington Bank.

Please change your files. If you need any documentation showing this change, please let me know.

Sincerely,


Sandy Kapsa

JCK000812

ROUTING SCHEDULE FOR POLICY LOANS POLICY# 1009208

NAME Simon Benstein

<u>Priority</u>	<u>Person</u>	<u>Date Received</u>	<u>Date Forwarded</u>	<u>Initials</u>
1	Teri Darlene Accounting		10/20/89	IMP
	Eileen AR's			
	Wendy Billing			
2	Carolyn A. Reinsurance	CO	10/23/89	CA
3	Teri Darlene Accounting		10/21/89	IMP

Fixed loan

VLR GROSS LOAN _____

INTEREST _____

TYPE OF LETTER _____

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

RENEWAL DATE: DEC 27, 1989

INSURED:
 POLICY OWNER:

SIMON BEPNSSTIM
 FIRST ABLINGTON BANK TRUSTEE OF
 C/O NATIONAL SERVICE ASSOCIATION
 500 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606-0000

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 205 E. WISCONSIN AVE.
 MILWAUKEE, WI 53202-9757

PHONE : 414-277-9998

PREMIUM PAYMENT MODE: NOW-LIST
 EACH PAYMENT: \$3,323.83

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, 1989	GUARANTEED FOR YEAR ENDING DEC 27, 1990
---	---

CURRENT RATE BASIS INTEREST	9.00%	9.00%
SUM INSURED	\$1,909,494	\$1,889,693
CASH VALUE - START OF YEAR	\$7,580.24	\$11,261.02
ADD: TOTAL PREMIUMS FOR YEAR	\$37,935.36	\$39,885.96
INTEREST CREDIT	\$3,386.27	\$3,867.18
DEDUCT: MORTALITY CHARGE	\$9,851.86	\$10,912.28
EXPENSE CHARGE	\$7,888.82	\$8,304.65
POLICY LOAN	\$19,800.07	\$0.00
NET CASH VALUE - END OF YEAR	\$11,261.02	\$35,797.23
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:	\$37,981.68	\$37,981.68
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,889,693:	\$37,981.68	\$37,981.68
OPTION A - CURRENT RATE BASIS		
OPTION B - GUARANTEED RATE BASIS		

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, 1990. 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 PREMIUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

10C9208

CURRENT VALUE LIFE

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

ILLUSTRATION
NO. 10-03154

SIHOM BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,889,693
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

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

SUMMARY OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT BASIS CONTINUES			TARGETED BASIS AFTER YEAR 8)			
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1889693	37981.68	27203	1889693	74441.31	44985	125313
15	62	1889693	37981.68	31163	1889693	74441.31	46176	354526
20	67	1889693	37981.68	32445	1889693	74441.31	45315	584109
AGE 67		1889693	37981.68	29985	1889693	74441.31	45924	262280
AGE 65		1889693	37981.68	31245	1889693	74441.31	45987	492861
AGE 70		1889693	37981.68	34403	1889693	74441.31	43171	715820
AGE 75		1889693	37981.68	36843	1889693	74441.31	40109	921129

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		TARGETED BASIS AFTER YEAR 7	
10 YEARS	20 YEARS	10 YEARS	20 YEARS
15.67	13.69	29.34	27.52
18.82	19.27	33.78	35.75

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 9.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1950 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.
205 E. WISCONSIN AVE. 9757 P. O. BOX 2016
MILWAUKEE, WI 53202-9757 MILWAUKEE, WISCONSIN AVE.
414-277-8898 MILWAUKEE, WISCONSIN 53201

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

SEPTEMBER 29, 1989

PAGE 1 OF 2

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

ILLUSTRATION
NO. 10-03154

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)		CASH VAL INCREASE	SUF INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	SUF INSURED	POL YR	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 8)	
		ANNUAL PREMIUM	CASH VAL INCREASE							ANNUAL PREMIUM	CASH VAL INCREASE
7	54	36123.87	3681	1909494	1909494	36123.87	3681	1909494	7	36123.87	3681
8	55	37981.68	24536	1889693	1889693	37981.68	24536	1889693	8	37981.68	24536
9	56	37981.68	25836	1889693	1889693	37981.68	25836	1889693	9	37981.68	44531
10	57	37981.68	27203	1889693	1889693	37981.68	27203	1889693	10	37981.68	44985
11	58	37981.68	28452	1889693	1889693	37981.68	28452	1889693	11	37981.68	45367
12	59	37981.68	29285	1889693	1889693	37981.68	29285	1889693	12	37981.68	45676
13	60	37981.68	30542	1889693	1889693	37981.68	30542	1889693	13	37981.68	45924
14	61	37981.68	31163	1889693	1889693	37981.68	31163	1889693	14	37981.68	46080
15	62	37981.68	31141	1889693	1889693	37981.68	31141	1889693	15	37981.68	46176
16	63	37981.68	30531	1889693	1889693	37981.68	30531	1889693	16	37981.68	46199
17	64	37981.68	31245	1889693	1889693	37981.68	31245	1889693	17	37981.68	46139
18	65	37981.68	31960	1889693	1889693	37981.68	31960	1889693	18	37981.68	45987
19	66	37981.68	32445	1889693	1889693	37981.68	32445	1889693	19	37981.68	45723
20	67	37981.68	32974	1889693	1889693	37981.68	32974	1889693	20	37981.68	45315
21	68	37981.68	33553	1889693	1889693	37981.68	33553	1889693	21	37981.68	44747
22	69	37981.68	34403	1889693	1889693	37981.68	34403	1889693	22	37981.68	44004
23	70	37981.68	35897	1889693	1889693	37981.68	35897	1889693	23	37981.68	43171
24	71	37981.68	36723	1889693	1889693	37981.68	36723	1889693	24	37981.68	42533
25	72	37981.68	34599	1889693	1889693	37981.68	34599	1889693	25	37981.68	39244
26	73	37981.68	30962	1889693	1889693	37981.68	30962	1889693	26	37981.68	33426
27	74	37981.68	31322	1889693	1889693	37981.68	31322	1889693	27	37981.68	28580
28	75	37981.68	68039	1889693	1889693	37981.68	68039	1889693	28	37981.68	29219
29	76	37981.68	187625	1889693	1889693	37981.68	187625	1889693	29	37981.68	43333
30	77	37981.68	187625	1889693	1889693	37981.68	187625	1889693	30	37981.68	44987
31	78	37981.68	928075	1889693	1889693	37981.68	928075	1889693	31	37981.68	33426
32	79	37981.68	1095186	1889693	1889693	37981.68	1095186	1889693	32	37981.68	33426
33	80	37981.68	14880016	1889693	1889693	37981.68	14880016	1889693	33	37981.68	33426
34	81	37981.68	187625	1889693	1889693	37981.68	187625	1889693	34	37981.68	33426
35	82	37981.68	187625	1889693	1889693	37981.68	187625	1889693	35	37981.68	33426
36	83	37981.68	187625	1889693	1889693	37981.68	187625	1889693	36	37981.68	33426
37	84	37981.68	187625	1889693	1889693	37981.68	187625	1889693	37	37981.68	33426
38	85	37981.68	187625	1889693	1889693	37981.68	187625	1889693	38	37981.68	33426
39	86	37981.68	187625	1889693	1889693	37981.68	187625	1889693	39	37981.68	33426
40	87	37981.68	187625	1889693	1889693	37981.68	187625	1889693	40	37981.68	33426
41	88	37981.68	187625	1889693	1889693	37981.68	187625	1889693	41	37981.68	33426
42	89	37981.68	187625	1889693	1889693	37981.68	187625	1889693	42	37981.68	33426
43	90	37981.68	187625	1889693	1889693	37981.68	187625	1889693	43	37981.68	33426
44	91	37981.68	187625	1889693	1889693	37981.68	187625	1889693	44	37981.68	33426
45	92	37981.68	187625	1889693	1889693	37981.68	187625	1889693	45	37981.68	33426
46	93	37981.68	187625	1889693	1889693	37981.68	187625	1889693	46	37981.68	33426
47	94	37981.68	187625	1889693	1889693	37981.68	187625	1889693	47	37981.68	33426
48	95	37981.68	187625	1889693	1889693	37981.68	187625	1889693	48	37981.68	33426
49	96	37981.68	187625	1889693	1889693	37981.68	187625	1889693	49	37981.68	33426
50	97	37981.68	187625	1889693	1889693	37981.68	187625	1889693	50	37981.68	33426
51	98	37981.68	187625	1889693	1889693	37981.68	187625	1889693	51	37981.68	33426
52	99	37981.68	187625	1889693	1889693	37981.68	187625	1889693	52	37981.68	33426
53	100	37981.68	187625	1889693	1889693	37981.68	187625	1889693	53	37981.68	33426

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE

RUN COMPLETION DATE: SEP 29, 1989 at 06:34 AM. STATUS: USED1

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:

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

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

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

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: SEP 29, 1989

BASIC PREMIUM	37981.68		
RISK INCREASE PREMIUM	0.00		
PIAT EXTRA CHARGE	0.00		
EXCESS E POUR-YN	0.00		
TOTAL	37981.68		
		PCT RATE	GEN. AGENT COMMISSION
		4.00	1519.27
		60.00	0.00
		0.00	0.00
		4.00	0.00
			1519.27

INFORCE Information for Policy #1009208
 Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Years in Force: 8
 Premium Code: NON-LIST Owners Name: FIEST ARLINGTON BANK TRUSTEE OF Product: CVL
 Address: C/O NATIONAL SERVICE ASSOCIATION: CHICAGO IL606060

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. C.C, Defra: 0
 Flat Extra: None Specified. 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: \$1,889,693
 Init. Cash Value: \$11,261.02
 Pour-In Premiums: \$0.00
 Total of Premiums: \$241,255.64
 Basic Premium: \$37,981.68
 Basic Cash Value: \$35,797.23
 Pour-In Cash Value: \$0.00
 (Through Current Year)

Values Compute (as Projected Values at End of Next Year:
 Total Sum Insured: \$1,889,693
 Total Cash Value: \$61,633.34
 Total Premium: \$37,981.68
 Scheduled Payout: \$0.00

Rating Basis Code: 8641 Interest: 9.00% Current Mortality Table #: S3531
 Guaranteed Mortality: 0.50% Interest: 4.50% Extra Mortality Table #: X2001
 Basic Premium: 12.10% per \$1000 (Plus 35.00 Policy Fee)
 Fixed Expense Factors: K1: A.40M, K2: 0.880, Kk: 0.925, Ki: 0.600
 VARIABLE Expense Factors, AS of the END of this Year:
 Minimum Basic Premium (ft): 37981.67304
 Second Level Breakpt. (ft): 69889.451055
 Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kf - Ks) Amt.)
 Net-Gross: Ks: C.8314880101
 Net-Gross: Kg: 0.8474242130

Actuarial Values from Original Basis, used to determine expense adjustments:
 Mortality Cost per \$1000, First Year: 1.3968000
 Paid-Up Cash Value per \$1000, End 1st Yr. (fx): 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 (fx): 5.8800000
 Paid-Up Cash Value per \$1000, End Year (Ax): 184.0885292
 Discounted Value, Life Annuity of \$1.00 (ax): 9.88159448

Values Computed for Current Year to Define Target Objective:
 Target Cash Value: 35797.2256 Target Objective: 31581.3060
 Extra Value Amount: 0.00 Added Benefit Amount: -110306.57

DEPARTMENT ROUTING SCHEDULE

POLICY # 100920 NAME _____

Priority	Department/ Person	Date Received	Date Forwarded	Initials
1	POS - Teri, Janice Eileen, Carrie, Darlene, Carolyn S.		9-19-89	TH
2	COMMISSIONS: Debbie Scott - UVL		9-19-89	TH
	Accounting: Janice/POS			
	Logging: Janice/POS Premium Changes Face Increases			
	PREMIUM ACCOUNTING PAC - Kathy M. Direct Bill - Diane Group Bill - Wendy Gerard - Nonforfeitures			
	ACTUARY			
	Conservation			
3	Other: Teri		9-20-89	TH
4	Other: Gerard		9/20/89	

Conserved _____ Reduced Paid-Up _____ APL Before Surrender _____
 Conversion _____ Face Change _____ Request for Cash Value _____



Capitol Bankers Life

205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414/277-9998 • 800/825-0003 • FAX 414/277-7606

September 20, 1989

First Arlington Bank Trustee of
c/o National Service association
600 W. Jackson Blvd, Suite 800
Chicago, IL 60606

RE: Simon Bernstein - Policy #1009208

Dear Sir or Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to October 27, 1989, by a premium loan.

The status of the loan is as follows:

Net Loan	\$6,322.56
Interest	\$143.47
Total Gross Loan	\$6,466.03

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 1-800-558-1011, extension #383.

Sincerely,
CAPITOL BANKERS LIFE INSURANCE COMPANY

Terese M. Holfert
Senior Policyowner Service Representative

TMH/jh-9

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-89
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3243.57
Net Loan \$ 3161.28
Date Loan Granted 8-27-89
Person Processing Loan Teri #

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____

Person Processing Removal _____

Loan Repaid:

Attach copy of check received _____

Loan Deducted from Face & Cash Values:

Clear loan and interest amounts from POLP _____

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy - 1009208
Next Anniversary Date 12-27-89
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3222.46
Net Loan \$ 3161.28
Date Loan Granted 9-27-89
Person Processing Loan T.H.

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
Person Processing Removal _____
Loan Repaid:
Attach copy of check received _____
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP _____



National Service Association
600 WEST JACKSON BLVD SUITE 800 CHICAGO, IL 60606

SEP 01 1989

(312) 993-0537

DATE: August 29, 1989
TO: Terri Holfert
FROM: Sandy Kapsa

SUBJECT: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to API Simon Bernstein's policy, #1009208 for the 8/27/89 - 10/27/89 period.

Please notify me at the completion of this request.

Thank you.

Sincerely,

Sandy Kapsa

Enclosure

JCK000824

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE INSURANCE
205 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9157
414/277-9200 FAX 414/277-1011

SEP 01 1989

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 or is not) enclosed as instructed below

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 _____
*Both signatures required below (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) Terri, please APL Simon Bernstein's policy #1009208 for the 8/27/89 - 10/27/89 period (2 monthlies)

PAID UP INSURANCE (Send Policy) Please notify me at the completion of the _____
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available request.

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)
Beneficiary (Give full name, age, and relationship to Insured)
Primary (Payee at death of Insured)
Successor (Substitute payee if no Primary payee living)

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

Agent Date 8/23/89 X _____
Personal Signature of Old Owner, if Ownership Change

Agent _____ Date _____
Personal Signature of Policyholder (Owner)

DEPARTMENT ROUTING SCHEDULE

POLICY # 1009208 NAME _____

Priority	Department/ Person	Date Received	Date Forwarded	Initials
1	POS - Teri, Janice Eileen, Carrie, Darlene, Carolyn S.		7-10-89	TH
2	COMMISSIONS: Debble Scott - UVL		7-11-89	ASJ
	Accounting: Janice/POS			
	Logging: Janice/POS Premium Changes Face Increases			
3 1/2	PREMIUM ACCOUNTING PAC - Kathy M. Direct Bill - Diane Group Bill - Wendy Gerard - Nonforfeitures		7-18-89	DB
	ACTUARY			
	Conservation			
3	Other: Teri		8-11-89	TH
4	Other: Gerard		8/20/89	GAM

Diane

Bill required

Z.

Conserved _____ Reduced Paid-Up _____ APL Before Surrender _____

Conversion _____ Face Change _____ Request for Cash Value _____

CB Capitol Bankers Life

200 East Wisconsin Avenue P.O. Box 2016 Milwaukee, Wisconsin 53201-2016
414-277-0938 • 800-825-0000 FAX 414-277-7806

INSURED NAME

SIAGN FRANKSTEIN

MONTHS COVERED	PREMIUM	EXTRA VALUE ACCT	AMOUNT DUE	DATE DUE
1	3,161.28		3,161.28	27JUL1989
	POLICY NUMBER	PLAN CODE	LOAN INTEREST	FACE AMOUNT
	1099243	TVL		1,759,494.00

S.B. FRANKSTEIN TRUST
C/O NATIONAL SERVICE ASSOCIATION
600 N. JACKSON BLVD, SUITE 200
CHICAGO, IL 60604

[] If you have an address change, please check here and make any necessary corrections on this remittance.

— PLEASE RETURN THIS PORTION WITH YOUR PAYMENT —

CB Capitol Bankers Life

200 East Wisconsin Avenue P.O. Box 2016 Milwaukee, Wisconsin 53201-2016
414-277-0938 • 800-825-0000 FAX 414-277-7806

POLICY NO

INSURED NAME

1099243

SIAGN FRANKSTEIN

ISSUE DATE

DATE DUE

AMOUNT DUE

27DEC1982

27JUL1989

3,161.28

AUG 16 1989

— PLEASE RETAIN THIS COPY FOR YOUR RECORDS —

PA 09301

7 89



Capitol Bankers Life

205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414/277-9998 • 800/625-0005 • FAX: 414/277-7606

August 9, 1989

First Arlington Bank Trustee of
c/o National Service Association
600 W. Jackson Blvd, Suite 800
Chicago, IL 60606

RE: Simon Bernstein - Policy #1009208

Dear Sir or Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to July 27, 1989, by a premium loan.

The status of the loan is as follows:

Net Loan	\$6,322.56
Interest	\$269.99
Total Gross Loan	\$6,592.55

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 1-800-558-1011, extension #383.

Sincerely,
CAPITOL BANKERS LIFE INSURANCE COMPANY

Terese M. Holfert

Terese M. Holfert
Senior Policyowner Service Representative

TMH/jh-9

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
 Next Anniversary Date 12-27-89
 Designate Loan as APL or Deferred APL
 Applicable Loan Rate 7.4 %
 Gross Loan \$ 3285.51
 Net Loan \$ 3161.28 183
 Date Loan Granted 6-27-89
 Person Processing Loan TH

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
 Person Processing Removal _____
 Loan Repaid:
 Attach copy of check received _____
 Loan Deducted from Face & Cash Values:
 Clear loan and interest amounts from POLP _____