



Capitol Bankers Life

CAPITOL BANKERS LIFE ASSURANCE COMPANY
10000 W. 100th Street
Overland Park, Kansas 66204
913-646-1000

September 21, 1984

S. B. Lexington, Inc.
Susan Haworth
9933 Lawler Avenue, Suite 210
Skokie, IL 60077

RE: Policies 1009208 and 1009209

Dear Susan:

The above policies are now paid for another quarter by minimum deposit. The breakdown of the loans is as follows:

<u>Policy</u>	<u>1009208</u>	<u>1009209</u>
Gross Loan	\$4,771.41	\$5,335.14
Net Loan	\$4,680.82	\$5,232.75
Interest	90.59	102.39
Premium	6,422.80	7,270.80
Amount Due	1,741.98	2,038.05
Amount Received	1,741.98	2,038.05

If there is anything else, let me know.

Best Regards,


Dee Johnson
Policyowner Service

DJ/jr

THE UNITED BANK of Illinois INC.
UNITED CENTER
State and Wynton
Rockford, IL 61101

TRUST AND INVESTMENT SERVICES
DIVISION

NO. 27576
70-2200
719

ACCT. NO. 65-2262-00

DATE 9/13/84

PAY

AMOUNT \$*****1,741.98

EXACTLY 1741 AND 98 CTS

F CAPITAL BANKERS LIFE

TO THE ORDER OF

L 1009308

Caritta M. Williams
AUTHORIZED SIGNATURE

⑆027576⑆ ⑆021922007⑆ ⑆999⑆503⑆B⑆

TO

FROM



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT

DATE

MESSAGE:

ORIGINATOR-DO NOT WRITE BELOW THIS LINE

REPLY TO

SIGNED

REPLY

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT - PART 1 WILL BE RETURNED WITH REPLY

JCK000889

UB UNITED BANK of Illinois
 UNITED CENTER
 State and Wyman
 Rockford, IL 61101

TRUST AND INVESTMENT SERVICES
 DIVISION

NO. 26424
 70-2200
 719

ACCT. NO. 65-7267-90

DATE 7/03/84

2156 AND 51 CTS

PAY

AMOUNT *****2,156.51

CAPITOL BANKERS LIFE

TO THE
 ORDER
 OF

Cary M. Allison
 AUTHORIZED SIGNATURE

⑆026424⑆ ⑆071922007⑆ ⑆999⑆503⑆6⑆

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME S. S. BERNSTEIN, INC

IF

NO. 26424

A/C NO. 65-7267-90

DATE 7/03/84

Expense
 1009208 2000.20
 1010152 156.31

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$2,156.51

PAYMENT TO CAPITOL BANKERS LIFE
 FOR QUARTERLY PREMIUM S. BERNSTEIN
 AND S. KAGANA

1009208
 GL 4596.40
 NL 4122.60
 INT 73.80
 Amount Due 2000.20
 " Rec. 2000.20
 Premium 6922.80

1010152
 GL 179.09
 NL 167.51
 INT 11.58
 Amt Due 156.31
 Amt Rec 156.31
 Prem 323.83



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
730 South Water Street, 15th Floor, 20th
Milwaukee, Wisconsin 53204-1710
414-277-9935
800-558-1011

March 22, 1984

Susan Haworth
S.B. Lexington, Inc.
9933 Lawler Avenue Suite 210
Skokie, IL 60077

RE: Policies #1009208 & 1010152 *file*

Dear Susan:

This is to confirm that the above policies are now paid until June 1984.

If there is anything else that I can do please contact me.

Sincerely,

Dee Johnson
Policyowner Service

 S. B. LEXINGTON, INC.

9933 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 677-4400

DATE: 3-15-84

065 3.19

TO: Bee Johnson
FROM: Susan

SUBJECT: S. B. Lexington

Here is the quarterly premium
\$2,468.00 due on the group.

S

Swax.

Remaining amount on cks

below:

1009208

4052.96 Gross Prod
3753.07 Per memo
299.92 Interest

2659.76 owed for premium

1009209

1562.10 Gross Prod
4224.50 Per memo
337.60 Interest
3046.30 owed

5716.06 Total owed on
both policies



Capitol Bankers Life

Capitol Bankers Life Insurance Company
1000 North Dearborn Street
Chicago, Illinois 60610
312.329.1000

December 19, 1983

Susan Haworth
S. B. Lexington
9933 Lawler Avenue Suite 210
Skokie, IL 60077

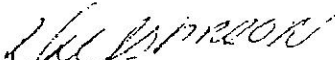
RE: Policies #1009208 & 1009209

Dear Susan:

The minimum deposits on the above policies have been processed.

If there is anything else that I can do for you, please contact me. Have a nice Holiday!

Sincerely,


Dee Johnson
Policyowner Service

ANNUAL REFO-Y OR CURRENT VALUE LIFE POLICY #1000000
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY NOVEMBER 15, 1983

RENEWAL DATE: DEC 27, 1983

POLICY OWNER: SIMON JERAMSTEIN AGENT: S F LEXINGTON, INC
 FIRST ARILICATION BANK, TRUSTEE 9913 LEXINGTON AVENUE
 OF S.F. LEXINGTON, I/C. 1 SKOKIE IL 60077
 EMPLOYEE DEATH BENEFIT TRUST PHONE: (800) 554-1711
 PREMIUM PAYMENT MODE: ANNUAL
 EACH PAYMENT: \$24,253.00

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

ASSUMING THAT THE CURRENT YEAR'S BASIS WERE TO CONTINUE, THE PERIODIC PREMIUM IN THE COMING YEAR WOULD BE \$24,253.00, AND THE CASH VALUE AT THE END OF NEXT YEAR WOULD BE \$17,784.55.

CURRENT STATUS GUARANTEED
 FOR YEAR ENDING DEC 27, 1983

CURRENT RATE BASIS INTEREST	11.00%	11.00%
SUM INSURED	\$24,253.00	\$24,253.00
CASH VALUE - START OF YEAR	\$0.00	\$0.00
ADD: TOTAL PREMIUMS FOR YEAR	\$24,253.00	\$24,253.00
INTEREST CREDIT	\$0.00	\$0.00
DEDUCT: MORTALITY CHARGE	\$2,753.51	\$2,753.51
EXPENSE CHARGE	\$1,715.51	\$1,715.51
POLICY LOAN	\$0.00	\$0.00
NET CASH VALUE - END OF YEAR	\$0.00	\$17,784.55
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$24,253.00		\$24,253.00
OPTION A - CURRENT RATE BASIS		\$24,253.00
OPTION B - GUARANTEED RATE BASIS		\$58,348.96

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 RENEVAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEVAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1984. CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTIONS OR SHOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEVAL OPTION.

CURRENT VALUE LIFE

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

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$2,000,000
CASH VALUE OBJECTIVE: WHOLE LIFE, SPECIFIED PREMIUMS

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

SUMMARY OF END OF YEAR VALUES

POL YR	ATT AGE	SU4 INSURED	CURRENT VALUES (IF CURRENT BASIS CONTINUES)		GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 2)		CASH VALUE
			ANNUAL PREMIUM	CASH VAL INCREASE	ANNUAL PREMIUM	CASH VAL INCREASE	
2	49	2000000	24235.00	17765	24235.00	17755	17755
5	52	2000000	24235.00	20100	58900.59	39679	134917
10	57	2000000	24235.00	25365	58900.59	42284	341567
15	62	2000000	24235.00	29628	58900.59	43404	557000
20	67	2000000	24235.00	31182	58900.59	42534	772601
AGE	60	2000000	24235.00	28272	58900.59	43157	470291
AGE	65	2000000	24235.00	30015	58900.59	43226	587029
AGE	70	2000000	24235.00	33498	58900.59	40579	895602

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.

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

SURRENDER COST INDEX	10 YEARS	5.74	10 YEARS	14.12
NET PAYMENT INDEX	12.12	5.69	20 YEARS	16.54
				25.57
				26.24

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 11.00% 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.

PRESENTED BY: S.B. LEXINGTON, INC
9935 LAWLER AVENUE
SKOKIE, IL 60077
312-677-4400

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
735 NORTH WATER STREET
MILWAUKEE, WISCONSIN 53201

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

NO. 85-89857

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	AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)				GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 2)			
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
1	48	2000000	24235.00	0	0	2000000	24235.00	0	0
2	49	2000000	24235.00	17765	17765	2000000	24235.00	17765	17765
3	50	2000000	24235.00	18567	36332	2000000	24235.00	38410	56175
4	51	2000000	24235.00	19210	55542	2000000	24235.00	39054	95239
5	52	2000000	24235.00	20100	75542	2000000	24235.00	39579	134917
6	53	2000000	24235.00	20914	96556	2000000	24235.00	40280	175197
7	54	2000000	24235.00	21631	118187	2000000	24235.00	40940	216033
8	55	2000000	24235.00	22272	140859	2000000	24235.00	41358	257439
9	56	2000000	24235.00	23992	164851	2000000	24235.00	41857	299253
10	57	2000000	24235.00	25365	190216	2000000	24235.00	42284	341597
11	58	2000000	24235.00	26549	216765	2000000	24235.00	42644	384191
12	59	2000000	24235.00	27654	244419	2000000	24235.00	42933	427124
13	60	2000000	24235.00	28272	272691	2000000	24235.00	43167	470991
14	61	2000000	24235.00	28930	301621	2000000	24235.00	43313	513504
15	62	2000000	24235.00	29628	331249	2000000	24235.00	43444	555700
16	63	2000000	24235.00	29626	360874	2000000	24235.00	43266	597434
17	64	2000000	24235.00	29352	390522	2000000	24235.00	43359	638803
18	65	2000000	24235.00	30015	420241	2000000	24235.00	43226	679702
19	66	2000000	24235.00	30630	450871	2000000	24235.00	42978	720006
20	67	2000000	24235.00	31182	482253	2000000	24235.00	42594	759701
21	68	2000000	24235.00	31809	513952	2000000	24235.00	42050	798511
22	69	2000000	24235.00	32495	546358	2000000	24235.00	41355	836024
23	70	2000000	24235.00	33248	579856	2000000	24235.00	40579	872605
24	71	2000000	24235.00	34052	614984	2000000	24235.00	39039	908415
25	72	2000000	24235.00	34902	652284	2000000	24235.00	36888	943852
26	73	2000000	24235.00	35785	691993	2000000	24235.00	34113	979311
27	74	2000000	24235.00	36709	734217	2000000	24235.00	29834	1015000
28	75	2000000	24235.00	37673	778956	2000000	24235.00	24667	1051564
29	76	2000000	24235.00	38676	826254	2000000	24235.00	18622	1089564
30	77	2000000	24235.00	39718	876176	2000000	24235.00	11685	1129564
31	78	2000000	24235.00	40799	928793	2000000	24235.00	31413	1171564
32	79	2000000	24235.00	41920	984176	2000000	24235.00	26834	1215564
33	80	2000000	24235.00	43081	1042393	2000000	24235.00	20667	1261564
34	81	2000000	24235.00	44282	1103617	2000000	24235.00	13622	1310564
35	82	2000000	24235.00	45523	1167956	2000000	24235.00	50667	1362564
36	83	2000000	24235.00	46804	1235493	2000000	24235.00	13622	1417564
37	84	2000000	24235.00	48125	1306317	2000000	24235.00	13622	1475564
38	85	2000000	24235.00	49486	1380496	2000000	24235.00	13622	1536564
39	86	2000000	24235.00	50887	1458081	2000000	24235.00	13622	1600564
40	87	2000000	24235.00	52328	1539217	2000000	24235.00	13622	1667564
41	88	2000000	24235.00	53809	1623956	2000000	24235.00	13622	1738564
42	89	2000000	24235.00	55330	1712393	2000000	24235.00	13622	1813564
43	90	2000000	24235.00	56891	1804617	2000000	24235.00	13622	1892564
44	91	2000000	24235.00	58492	1900796	2000000	24235.00	13622	1975564
45	92	2000000	24235.00	60133	2001081	2000000	24235.00	13622	2062564
46	93	2000000	24235.00	61814	2105617	2000000	24235.00	13622	2153564
47	94	2000000	24235.00	63535	2214496	2000000	24235.00	13622	2248564
48	95	2000000	24235.00	65296	2327817	2000000	24235.00	13622	2347564
49	96	2000000	24235.00	67097	2445696	2000000	24235.00	13622	2450564
50	97	2000000	24235.00	68938	2568217	2000000	24235.00	13622	2557564
51	98	2000000	24235.00	70819	2695496	2000000	24235.00	13622	2668564
52	99	2000000	24235.00	72740	2827617	2000000	24235.00	13622	2783564
53	100	2000000	24235.00	74701	2964696	2000000	24235.00	13622	2903564

JCK000897

CVL RENEVAL WORKSHEET

LOI:

1. Agent Number- _____

2. Insured's Name- _____

3. Actuarial Information-

	SEX	SMOKER	STATE	TABLE	---FLAT EXTRA---	
Age	(M OR F)	(Y OR N)	(XX)	CODE	PER 1000	YEARS

_____ C/R

4. Target Objective-

	CODE EITHER OR BOTH		
CASH VALUE	BASIC	BASIC	RATE
OBJECT	AMOUNT	PREMIUM	BASIS

_____ C/R

5. Cash Value Objective

6. Queries- _____

7. Policy Number- 1009208

8. Policy and Issue Date- 12-27-80

9. Owner's Name- FIRST ARLINGTON NATIONAL BANK

Owner's Address- TRUSTEE OF S.B. LEXINGTON, INC
EMPLOYEE DEATH BENEFIT TRUST

1. Payment Mode- ~~120~~ 1.0

2. Renewal Option Message 1

Policy # 1009 208
 PTD. 12-27-83

Minimum Deposit (Annual)

END OF YEAR (NEXT)	Loan Amount	Annual Premium	Amount DUE
CASH VALUE 17789	16472.61	21235 ⁰⁰	<u>7762.39</u>

QUARTERLY 6422.80

DATE	Annual	Gross CV	EXIST. LOAN	AVAIL LOAN	New LOAN	NET DUE
1st 365	12/31/83	4000.00	0	3753.04	3753.04	2654.16
2nd 275	3/31/84	5721.19	4050.96	4328.23	4122.39	2300.11
3rd 183	6/30/84	13017.59	5921.19	452.40	<u>8122.60</u>	2000.00
4th 73	9/30/84	17789 ⁰⁰	13017.59	477.41	16306.2	<u>1741.98</u>
						8712.3
						Average. 2178.00

Total Gross Loan @ End of Year would be \$17,783.48 but Gated CV = 17,724.65 according to A.P. *RS/17*

UNDERWRITING NOTES

POL. NO.

DATE	NOTES	DATE	NOTES
	<p><u>KEEP ON</u> <u>TOP OF</u> <u>FILE.</u></p>		
	<p>DO NOT REINSTATE WITHOUT UND APPROVAL = / 28 / 86 LW</p>		



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue P.O. Box 2016
Milwaukee, Wisconsin 53201-9157
414/277-9998
R001558-1011

December 12, 1988

FIRST ARLINGTON BANK TRUSTEE OF
C/O NATIONAL SERVICE ASSOCIATES
600 N. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

RE: SIMON BERLSTEIN
Policy #1009203

Dear Sir/Madam:

In response to your request, the above mentioned policy has been paid to 27.001988 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,006.35
Interest	738.38
Total Gross Loan	\$3,045.23

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.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-277-262-1002 in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

[Signature]
Policyowner Service Department

Enclosure

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-88
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3045.23
Net Loan \$ 3006.35
Date Loan Granted 10-27-88
Person Processing Loan Teru

61

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 _____

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-23-88
Person Processing Removal JKG

Loan Repaid:
Attach copy of check received NA

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

(312) 993 0537
1-800-558-8322 2

DATE: November 15, 1988

TO: Teri Qualmann

FROM: Sandy Kapsa

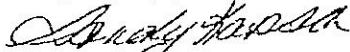
SUBJECT: S.B. Lexington/Simon Bernstein Policy #1009208

Dear Teri:

Please APL Simon Bernstein's policy in the amount of \$3,006.35 for the 10/27/88 - 11/27/88 period.

Please notify me at the completion of this request.

Very truly yours,


Sandy Kapsa

Enclosure

JCK000905

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2018
Madison, Wisconsin 53703-9157
414/277-9998 FAX 534/1011

REQUEST LETTER

NOV 3 1 1988

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)

Terri, please APL Si's policy #1009208 in the amount of \$3,006.35 for the 10/27/88 - 11/27/88

Make the Automatic Premium Loan provision effective, if provided to the policy

PAID UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

period. Please notify me at the completion of this 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 _____

(Print old name)

to _____

(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 (Type of death of insured)

Successor (Substitute payee if no Primary payee living)

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

United Bank of Illinois, N.A.

Agent _____

Date _____

BY: X

Charisane Ugo, TRUST OFFICER
Personal Signature of Old Owner, if Ownership Change

Agent _____

Date _____

Personal Signature of Policyholder (Owner)

JCK000906

Posted 11-7-88



UNITED BANK OF Illinois
State and Wynton
Rockford, IL 61101

TRUST AND INVESTMENT SERVICES
DIVISION

2-377

90 0904
711

NO. 60052282

ACCT. NO.

6602262000

DATE

10/26/88

PAY

Three Thousand Six Dollars and Thirty
Five CENTS-----

AMOUNT

\$3,006.35

CAPITOL BANKERS LIFE INSURANCE

TO THE
ORDER
OF

Lorraine
AUTHORIZED SIGNATURE

1009205
⑆60052282⑆ ⑆071100049⑆ ⑆007⑆6902⑆

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

60052282

A/C NAME S. B. LEXINGTON, I

NO. 60052282

A/C NO. 6602262000

DATE 10/26/88

DISP 0
OFF 601

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$3,006.35

\$3,006.35

INSURANCE PREMIUM PAID TO
CAPTIAL BANKERS LIFE INSURANCE

FOR 9/27/88 - 10/27/88 MONTHLY
PREMIUM FOR SIMON BERNSTEIN.

JCK000909



National Service Association

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

Date: October 28, 1988

To: Sue Kunz

From: Sandy Kapsa

Re: S.B. Lexington/Simon Bernstein, policy #1009208
Employee Death Benefit Plan and Trust

Attached please find a check in the amount of
\$ 3,006.35. This amount pays the
9/27/88 - 10/27/88 monthly
premium.

Thanks,


Sandy Kapsa

JCK000910



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414/277-9936
800-558-1011
FAX 414/277-7106

August 17, 1988

First Arlington Bank Trustee of
C/O National Service Associates
600 W. Jackson Blvd., Suite 800
Chicago, IL 60606

Re: Simon Bernstein - Policy #1050923

Dear Sir/Madame:

The executed owner address correction for the above mentioned policies is as follows:

First Arlington Bank Trustee of
C/O National Service Associates
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 me at 1-800-558-1011, my extension is #378.

Sincerely,

CAPITOL BANKERS LIFE INSURANCE COMPANY

Monica Schellenberg
Policyowner Service Department

cc: Mark C. Harris

Agent #0259209



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9598
800/558-1011

August 12, 1988

FIRST ARLINGTON BANK TRUSTEE OF
C/O NATIONAL SERVICE ASSOCIATES
9933 LAHLER SUITE 20
SKOKIE, IL 60077

RE: SIMON BERNSTEIN
Policy #10-42 J

Dear Sir/Madam:

In response to your request, the above mentioned policy has been paid to 27JUL1988 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,116.35
Interest	\$113.14
Total Gross Loan	\$3,229.49

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.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1012 in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

T. J. Helfert
Policyowner Service Department

Enclosure

cc: CAPITOL BANKERS LIFE INSURANCE Agent # 735

JUL 27 1988

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 First Wisconsin Avenue, P.O. Box 2058
Milwaukee, Wisconsin 53201-9257
414/277-9958 800/578-1011

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 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 _____
*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 for Simon Bernstein in the amount of \$3,006.35 for the 6/1/88-7/1/88 period. Please notify me of
Make the Automatic Premium Loan provision effective, if provided in the policy at the completion of this request.

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 7/20/88
Agent _____ Date _____
Personal Signature of Old Owner, if Ownership Change
Theresa Bernier, Trust Officer
Personal Signature of Policyholder (Owner)

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
 Next Anniversary Date Dec 27, 1988
 Designate Loan as APL or Deferred APL
 Applicable Loan Rate 7.4 %
 Gross Loan \$ 3124.49
 Net Loan \$ 3006.35
 Date Loan Granted 6-27-88
 Person Processing Loan TEA

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 12 23-88
 Person Processing Removal JKG
 Loan Repaid:
 Attach copy of check received NA
 Loan Deducted from Face & Cash Values:
 Clear loan and interest amounts from POLP ✓



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue P.O. Box 2316
Milwaukee, Wisconsin 53201-9757
414/277-0930
800-558-1011

June 16, 1988

First Arlington Bank, Trustee
c/o National Service Associates
600 West Jackson Boulevard
Suite 800
Chicago, IL 60606

RE: Policy #1009208

Dear Madam or Sir:

In response to your request, the above mentioned policy has been paid to May 27, 1988 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,006.35
Interest	\$ 158.55
Total Gross Loan	\$3,164.90

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.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011, my extension is #383.

Sincerely,

CAPITOL BANKERS LIFE INSURANCE COMPANY

Jeri Holfert

Teri Holfert
Loan Specialist
Policyowner Service Department

TH/cw-1



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

October 11, 1988

FIRST ABINGTON BANK TRUSTEE OF
C/O NATIONAL SERVICE ASSOCIATES
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60600

RE: SIMON BERNSTEIN
Policy 41009208

Dear Sir/Madam:

In response to your request, the above mentioned policy has been paid to 27 SEP 1988 by a premium loan.

The status of the loan is as follows:

Net Loan	13,006.35
Interest	73.26
Total Gross Loan	13,084.61

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.

We enjoy being of service to 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.

Sincerely,
Capitol Bankers Life Insurance Company

T. J. Heffert
Policyowner Service Department

enclosure

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy * 1009208
Next Anniversary Date 12-27-88
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3084.61
Net Loan \$ 3006.35
Date Loan Granted 8-27-88
Person Processing Loan Teri

122

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 12-23-88
Person Processing Removal JKG
Loan Repaid:
Attach copy of check received NA
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

(312) 993-05377
1-800-568-8322 2

SEP 26 1988

DATE: September 21, 1988
TO: Terri
FROM: Sandy Kapsa

SUBJECT: Simon L. Bernstein - Policy # 1009208

Dear Terri:

Enclosed is a request letter for Simon Bernstein's policy in the amount of \$3,006.35.

Please notify me at the completion of this request.

Sincerely,


Sandy Kapsa

Enclosure

JCK000918

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 100 9208
Next Anniversary Date Dec. 27, 1988
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3164.90
Net Loan \$ 3006.35
Date Loan Granted 4-27-88
Person Processing Loan TELI

244

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 12-23-88
Person Processing Removal JKG
Loan Repaid:
Attach copy of check received NA
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP ✓

4951.08



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

MAY 26 1988

(312) 993 05377
1-800-558-8322

DATE: 5/23/88
TO: Teri Qualmann/Capitol Bankers
FROM: Jill Bernstein

SUBJECT: Simon L. Bernstein #1009208

Dear Teri:

Enclosed please find a Request Letter to APL for Simon Bernstein. The period is 4/27/88-5/27/88 monthly premium in the amount of \$3,006.35. Please send me some type of verification notice that this has been completed.

If you have any questions, please call me.

Thank you,

Jill Bernstein
Enclosure

JCK000921

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE INSURANCE
705 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9757
414/277-9998 R00/USA 1011

MAY 26 1988

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 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 _____
*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) Teri, Please APL for 4/27/88-5/27/88 in the
Make the Automatic Premium Loan provision effective, if provided in the policy amount of \$3,006.35. This is O.K.

PAID-UP INSURANCE (Send Policy) according to our conversation 5/16/88.

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
UNITED BANK OF ILLINOIS, N.A.

BY: Marianne Gas

Personal Signature of Policyholder (Owner) TRUST OFFICER

JCK000922



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2019
Milwaukee, Wisconsin 53221-0757
414/277-9900
800-558-1011

March 28, 1988

First Arlington Bank, Trustee
c/o National Service Associates
600 West Jackson Boulevard
Suite 800
Chicago, IL 60606

RE: Policy #1009208

Dear Madam or Sir:

In response to your request, the above mentioned policy has been paid to March 27, 1988 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,006.35
Interest	\$ 198.13
Total Gross Loan	\$3,204.48

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.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011, my extension is #383.

Sincerely,

CAPITOL BANKERS LIFE INSURANCE COMPANY

Teri Holfert
Loan Specialist
Policyowner Service Department

TH/cw-1

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-88
Designate Loan as APL or Deferred APL
Applicable Loan Rate 74 %
Gross Loan \$ 3204.48
Net Loan \$ 3006.35
Date Loan Granted 2-27-88
Person Processing Loan Teri

303

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 12 23 88
Person Processing Removal JKG
Loan Repaid:
Attach copy of check received NA
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP ✓

MAR 16 1988



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

(312) 993-05377
1-800-558-8322

DATE: 3/8/88
TO: Teri Qualmann/CBL
FROM: Jill Bernstein

SUBJECT: S.B. Lexington, Inc.

Teri:

Enclosed please find a Request Letter for Simon Bernstein.
(1009208) Please send me some type of letter or receipt
showing that Mr. Bernstein is paid to 3/27/88.

If you have any questions, please call me.

Thank you,

Jill Bernstein
Jill Bernstein

JCK000925

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
295 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-0757
414/277-9978 FAX 414/554-1011

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 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 _____
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) 2/27/88-3/27/88 monthly/Premium \$3,006.35

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 _____

Personal Signature of Old Owner, if Ownership Change
United Bank of Illinois, N.A.

X BY: [Signature]
Personal Signature of Policyholder (Owner) Trust Officer



Capitol Bankers Life

Capitol Bankers Life Insurance Company
1211 North Dearborn Street, Suite 800
Chicago, Illinois 60606
312-321-1000

January 11, 1988

Simon Bernstein
600 West Jackson Blvd.
Suite 800
Chicago, IL 60606

RE: Policy #1009208
Simon Bernstein

Dear Mr. Bernstein:

In response to our telephone conversation on January 7, 1988, there is no loan amount available on the above mentioned policy, due to the fact that the premiums due, to the next anniversary are greater than the end of the year's cash value. Once premiums are credited to the policy, which will build up the cash value, there will be loan amount available.

We are happy to be of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011, extension #383.

Sincerely,

Teri Holfert
Loan Specialist
Policyowner Service Department

POLICYOWNER SERVICE NOTES

POL. NO.

1009288

DATE

NOTES

11/7/88

Jill Bernstein called & wanted to know what the mini dep amt. would be for to pay the policy to its anniversary.

2 months 6012.70

1 quarter 9104.15

1 semi 17,692.17

32,809.02

End of year C.V. 26450.55

loan outstanding 3246.60

23,203.95

x .926 interest

21486.85 amt. available

32,809.02 total prem. to anniv.

11,322.17 amt. needed

Jeri



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

January 5, 1968

FIRST AFFILIATION BANK TRUSTEES OF
C/O NATIONAL SERVICE ASSOCIATES
9933 LESLIE SUITE 200
SKOKIE, IL 60077

RE: SINGH MERRILL
Policy #1009218

Dear Sir/Madam:

In response to your request, the above mentioned policy has
been paid to 2713 1968 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,246.50
Interest	\$247.25
Total Gross Loan	\$3,493.75

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 will increase so that the cash value will equal
the policy face amount at the policy target age.

We enjoy being of service to you. If you have any questions, feel
free to contact our office at 1-800-558-1011 or 1-608-282-1077
in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

Policyowner Service Department

Enclosure

cc: J. S. L. KINGSTON, INC.

Agent 5087400

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
250 East Wisconsin Avenue, Chicago, Illinois 60601
Telephone: 312-467-5200
Telex: 271452B

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with my Policy Number 1009208

Name of Insured Simon Bernstein

The policy _____ enclosed as instructed below.
(is or is not)

CHANGE ADDRESS OF INSURED OWNER PAYOR 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 a policy loan to pay current premium due.

CHANGE OWNERSHIP FROM _____ to _____
Both signatures required below. (Print old owner name) (Print new owner name)
(Do not send policy)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available. 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 for the period 12/87-1/88.
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 _____

Personal Signature of Old Owner, if Ownership Change
UNITED BANK OF ILLINOIS, N.A.

By: Marianne Eps
Personal Signature of Policyholder (Owner)
Marianne Eps, Trust Officer

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date Dec. 27, 1988
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3246.60
Net Loan \$ 3006.35
Date Loan Granted 12-27-87
Person Processing Loan Tesi

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 12-23-88
Person Processing Removal JKG

Loan Repaid:
Attach copy of check received NA

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