

POLICY CODE: Y CERT # 1009208 K# M# P# PIN# C# VRG# H# HIST# P# SPEC# PROD  
 CODE: B=ALL S=SHORT V=CSV A=AGENT B=BTLL N=NAME F=FINX C=CRG H=HIST P=SPEC PROD

POLICY 1009208 POLICY NAME SIMON BERNSTEIN STATUS 1

LINE	DESCRIPTION	AMOUNT	DATE	STATUS
1	PREM-FACTOR	1.00000000		
2	PREM-FACTOR	0.91333945		
3	PREM-FACTOR	0.00000000		
4	PREM-FACTOR	0.00000000		
5	CVL-CASH-VAL	3660.35		
6	NET-LOAN	.00		
7	INTEREST	.00		
8	OTHER-CV	0.00		
9	TOTAL-CV	3660.35		
10	GROSS-LOAN	.00		
11	DEATH-BENEFIT	1928363.81		
12	DEATH-BENEFIT	1928363.81		
13	DEATH-BENEFIT	0.00446000		
14	DEATH-BENEFIT	0.00446000		
15	DEATH-BENEFIT	0.00446000		
16	DEATH-BENEFIT	0.00446000		
17	DEATH-BENEFIT	0.00446000		
18	DEATH-BENEFIT	0.00446000		
19	DEATH-BENEFIT	0.00446000		
20	DEATH-BENEFIT	0.00446000		
21	DEATH-BENEFIT	0.00446000		
22	DEATH-BENEFIT	0.00446000		
23	DEATH-BENEFIT	0.00446000		
24	DEATH-BENEFIT	0.00446000		
25	DEATH-BENEFIT	0.00446000		
26	DEATH-BENEFIT	0.00446000		
27	DEATH-BENEFIT	0.00446000		
28	DEATH-BENEFIT	0.00446000		
29	DEATH-BENEFIT	0.00446000		
30	DEATH-BENEFIT	0.00446000		
31	DEATH-BENEFIT	0.00446000		
32	DEATH-BENEFIT	0.00446000		
33	DEATH-BENEFIT	0.00446000		
34	DEATH-BENEFIT	0.00446000		
35	DEATH-BENEFIT	0.00446000		
36	DEATH-BENEFIT	0.00446000		
37	DEATH-BENEFIT	0.00446000		
38	DEATH-BENEFIT	0.00446000		
39	DEATH-BENEFIT	0.00446000		
40	DEATH-BENEFIT	0.00446000		
41	DEATH-BENEFIT	0.00446000		
42	DEATH-BENEFIT	0.00446000		



# Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
735 North Water Street P.O. Box 2014  
Waukesha, Wisconsin 53001  
414-277-9094

## REQUEST LETTER

SBL  
Stat-1.

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 First Arlington National Bank  
1 North Dunton, Arlington Heights, IL 60006 (Print old owner name)  
TO United Bank of Illinois, NA (Print new owner name)

ADDRESS 120 West State St., Rockford, IL 61105

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

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

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

RECEIVED AND FILED

FOR CAPITOL BANKERS

LIFE INSURANCE CO.

By: Walter E. Koenig

DATE 08-11-83

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)

(Same as owner)

Successor: (Substitute payee if no Primary payee living)

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

Agent

7-5-83

Date

Personal Signature of Old Owner, if Ownership Change

Agent

7-6-83

Date

Personal Signature of Policyholder (Owner)

PHS1 (5-79)

JCK000935

FIXED POLICY LOAN WORKSHEET

Policy # 1009208  
Next Anniversary Date Dec. 27, 1987  
Designate Loan as APL or Deferred APL  
Applicable Loan Rate 7.4 %  
Gross Loan \$ 16064.169  
Net Loan \$ 15399.51  
Date Loan Granted 6-27-87  
Person Processing Loan Jeri

183

Checklist:

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 N/A

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-5-87  
Person Processing Removal Jeri

Loan Repaid:  
Attach copy of check received NA

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

FIXED POLICY LOAN WORKSHEET

Policy \* 1009208  
 Next Anniversary Date 12-27-87  
 Designate Loan as APL or Deferred apl  
 Applicable Loan Rate 7.4 %  
 Gross Loan \$ 2737.47  
 Net Loan \$ 2616.82  
 Date Loan Granted 5-27-87  
 Person Processing Loan TQ

Checklist:

- 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 N/A

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-5-87  
 Person Processing Removal Teri

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  
300 EAST WASHINGTON AVENUE, FLOOR 2000  
CHICAGO, ILLINOIS 60601-3152  
312 741-4500  
309 536-1011

August 13, 1987

National Service Association  
600 West Jackson Blvd.  
Suite 800  
Chicago, IL 60606

RE: Policy #1009208 - Simon L. Bernstein

Dear Ms. Bernstein:

In reponse to your request, the above mentioned policy has been paid to December 27, 1987, by premium loan. The following is the breakdown of the loan:

Net Loan	\$15,399.51
Interest	<u>605.18</u>
Gross Loan	\$16,004.69

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 are happy to be of service to you. If you have any questions, feel free to contact our office at 1-800-825-0003, extension 383.

Sincerely,

Teri Qualmann  
Loan Specialist, Policyowner Service

TQ/sf



DEPARTMENT ROUTING SCHEDULE

POLICY # 1009208 NAME S. Bernstein

PRIORITY	DEPARTMENT/ PERSON	DATE RECEIVED	DATE FORWARDED	INITIALS
	UNDERWRITING:			
1	POLICYOWNER SERVICE: <i>Jeri</i>		8-4-87	<i>Jeri</i>
2	COMMISSIONS: <i>Deb</i>		8/11	<i>Or</i>
	POLICYOWNER SERVICE ACCOUNTING:			
	PREMIUM ACCOUNTING: PAC- SERARD DIRECT BILL-SHEILA LIST BILL-MARIE DEMARS			
	REINSURANCE:			
	SYSTEMS SUPPORT:			
3	OTHER: <i>Jeri - APL for semi</i>			
	SIGN-OFF LAST PERSON TO HAVE FILE BEFORE RETURNING TO FILE ROOM			

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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

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

DATE: 7/7/87  
TO: Capitol Bankers/Teri Qualmann  
FROM: Jill Bernstein

JUL 13 1987

SUBJECT: Simon L. Bernstein

Teri:

Enclosed please find a Request Letter for Simon L. Bernstein.

If you have any questions, please call.

Thank you,

*Jill Bernstein*

Jill Bernstein

P.S. Teri, National Service Association has changed location and the new address is the one above.

JCK000941

# Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
CAPITOL BANKERS LIFE BUILDING  
205 East Wisconsin Avenue, P. O. Box 2016  
Milwaukee, Wisconsin 53201-9757  
414/277-9900 800/558-1011

JUL 13 1987

## 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 \$ APL or the maximum loan value, if less

I request policy loan to pay current premium due ~~Pay to the anniversary date Dec. 27, 1987.~~

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)

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 \_\_\_\_\_

7-3-87

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

TO: S.B. Lexington

FROM



**Capitol Bankers Life**

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

SUBJECT

Simon Bernstein Policy #1009208

DATE

July 23, 1987

MESSAGE:

Dear Ms. Bernstein:

In response to our telephone conversation today, the above mentioned policy has not lapsed. We have received the request to pay the policy to December 27, 1987 by a premium loan. If you have any further questions, feel free to contact our office.

*Teri Qualmann*  
Teri Qualmann

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

JCK000943

MESSAGE CONFIRMATION NO. 2

1. REMOTE PHONE NUMBER:
2. REMOTE TERMINAL ID:
3. RESOLUTION: STD
4. DOCUMENTS SENT: 1
5. COPIES RECEIVED: 1

TO  
S.B. Lexington

FROM



**Capitol Bankers Life**

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

SUBJECT  
Simon Bernstein Policy #1009208

DATE  
July 23, 1987

MESSAGE:

Dear Ms. Bernstein:

In response to our telephone conversation today, the above mentioned policy has not lapsed. We have received the request to pay the policy to December 27, 1987 by a premium loan. If you have any further questions, feel free to contact our office.

*Teri Qualmann*  
Teri Qualmann

ORIGINATOR-DO NOT WRITE BELOW THIS LINE  
REPLY

REPLY TO

SIGNED

DATE

SIGNED

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



## Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
CAPITOL BANKERS LIFE BUILDING  
705 East W. Congress Avenue, P.O. Box 20116  
Milwaukee, Wisconsin 53201-9257  
414/277-9346  
800-558-1011

June 29, 1987

National Service Associates  
9933 Lawler Suite 210  
Skokie, IL 60077

Re: Policy #1009208  
Simon Bernstein

Dear Mr. Bernstein:

In response to your request, the above mentioned policy has been paid to June 27, 1987 by premium loan. The following is the breakdown of the loan:

Net Loan:	\$2,616.82
Interest:	\$ 120.65
Gross Loan:	\$2,737.47

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, extension #383.

Sincerely,

Teri Qualmann  
Policyowner Service Department







①

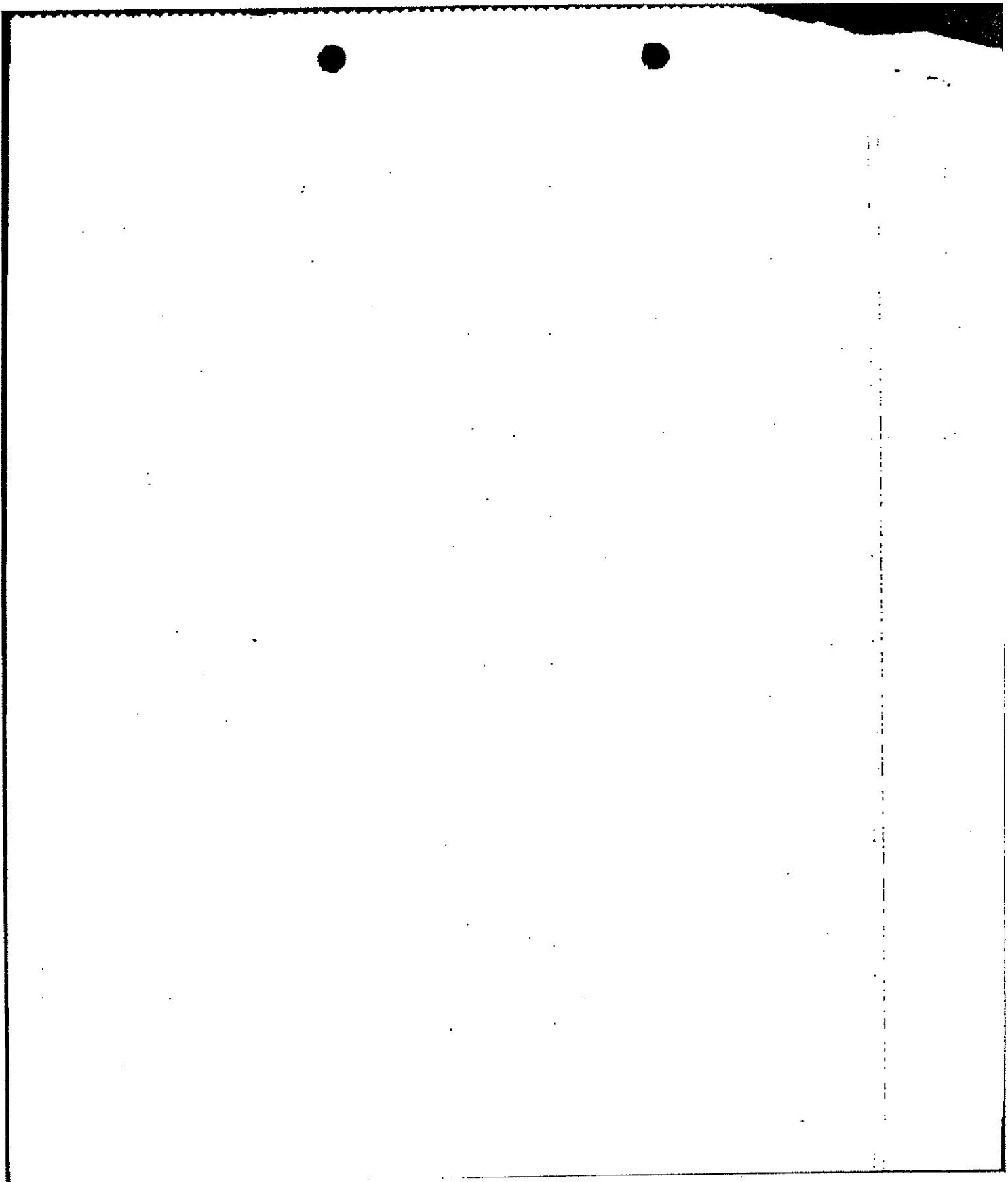
Jan.  
MARCH, 1986

1009208

LLQ	42004	18564.32	
	11700		18564.32
LLQ	42004	18564.32	
	42004		18564.32
KID	12210	1498.28	
	26120		1498.28
Feb.			
KID	12210 - cash	790.98	
	32002		2289.26
	26120. (m. susp)	1498.28	
LDS	12210	2289.26	
	26120		2289.26

March	27100		2289.26
(BAT)	26120	2289.26	
	42004	22.70	
	11700		22.70
	11700		1.65
	77001	1.65	

APRIL - KID			
<del>MARCH</del>	12210	2289.26	
	26120		2289.26
	27100	2289.26	
	26120		2289.26
	12210	355.62	
	32002		2467.07
	26120		300.00
	26120	2411.45	



JCK000950

②

APR-1986

1009208

K10 .. 26120  
.. 26120  
.. 32002  
.. 26120

300.00

300.00

2467.07

2467.07

~~2~~

K4H .. 12210  
.. 32002

2467.07

2467.07

May 1986

K4H .. 12210  
.. 32002

2467.07

2467.07

June

K4H .. 12210  
.. 32002

2467.07

2467.07

July

KAS .. 26130  
.. 11700  
.. 11700  
.. 77001  
.. 32002  
.. 11700  
.. 11700  
.. 77001

2964.32

116.49

116.49

2467.07

2467.07

96.95

96.95

Aug

KAS .. 26130  
.. 11700  
.. 11700  
.. 77001

974.22

31.91

974.22

31.91

K4H .. 12210  
.. 32002

2467.07

2467.07



Faint, illegible text or markings running vertically down the right side of the page, possibly bleed-through from the reverse side.

③

Sept. 1986

1009208

K4H

12210

2467.07

32002

2467.07

TMQ

11700

2434.32

11700

49.72

77001

49.72

26120

2434.32

26130

155.53

26120

155.53

26130

77.47

26120

77.47

26130

2201.32

26130

4402.64

26120

2201.32

26130

4402.64

26120

4402.64

TAL

26130

8805.28

26120

8805.28

Oct.

TAL

32002

2467.07

11700

2467.07

11700

47.74

77001

47.74

Nov.

11700

2318.07

TMQ

11700

29.98

77001

29.98

26120

2318.07

TMQ

32002

2467.07

26120

2467.07

④

Dec. 1986		1009208	
TMA	11700	2551.03	
	11700	16.17	
	77001		16.17
	26120		2551.03
TMA	32002		2467.07
	26120	2467.07	
	26130		83.96
	26120	83.96	
KAS	42004	16565.06	
	11700		16565.06
Jan. 1987	- none		
Feb. 1987	12210	5739.05	
KYH	26120		5739.05
	32002		2616.82
March	26120	2616.82	
TMA	26130		83.96
	26120	83.96	
	26130		175.97
	26120	176.97	
	26130		2861.30
	26120	2861.30	
APRIL	12210	2616.82	
MBD	32002		2616.82
	12210	2616.82	
	32002		2616.82
	12210	2616.82	
	32002		2616.82



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

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

DATE: May 29, 1987  
TO: Mary Sardona  
FROM: Cindy Denison

MAILED

MAY 31 1987

SUBJECT: S.B. Lexington, Inc. Employee Death Benefit Plan and Trust

Dear Mary:

Enclosed you will find two request letters one for Richard Klink Policy number 1009209 and one for Simon Bernstein Policy number 1009208. Please process and send confirmation as soon as possible.

If you should have any questions, please call.

Very truly yours,

*Cindy Denison*  
Cindy Denison

Enclosure

TERRI-

COULD YOU HANDLE THESE LOANS.

THANKS

*Mary*

JCK000955

JUN 2 1987

# Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
CAPITOL BANKERS LIFE BUILDING  
705 East Wisconsin Avenue, P.O. Box 2016  
Milwaukee, Wisconsin 53201-9157  
414/271-9200 FAX 400-538-1011

## 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 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. May 27, 1987 Premium to pay to June

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)

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

UNITED BANK OF ILLINOIS, N.A.

Agent

Date

Personal Signature of Old Owner, if Ownership Change

*Marianne Eps*

Personal Signature of Policyholder (Owner)

MARIANNE EPS

TRUST OFFICER



## POLICYOWNER SERVICE NOTES

DL NO.

TE

NOTES

2-3-87 - talked to Cindy at NSA and told her that there isn't any loan amt to borrow from in any of the policies. She said she spoke to someone and she said it wasn't me and they told her there was cash in the policy \$ 100,920.88 to pay the prem. I told her there is some cash surrender value but no loan amt. available. She is going to get the money. She is going to talk to Doug at their office and get the prem. due. She knows that they are only paid to December 1986. Ted



National Service Association

9933 Lawler Ave., Suite 210  
Skokie, Illinois 60077  
Telephone (312) 676-2313  
1-800-558-VEBA

DATE: 1-27-87

TO: Teri Quarman

FROM: Cindy Demison

SUBJECT: S-B. Lexington, Inc.

Per our previous phone conversation please advise the amount available to pay by loan of cash value premiums for the attached billings for 2 monthly premiums and the amount of cash if needed. Please respond as soon as possible.

thank - You

Cindy Demison



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POI. EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
SIMON BERNSTEIN	1009208	12-27-82	2000000	1-27-87 / 2-27-87 + 2-27-87 / 3-27-87	2616.82

PAY THIS AMOUNT \$ 2616.82

REMITTANCE IS DUE BY: 1-27-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
RICHARD KLINK	1009209	12-12-82	1000000	1-12-87 / 2-12-87 A 2-12-87 / 3-12-87	2861.30

PAY THIS AMOUNT \$ 2861.30

REMITTANCE IS DUE BY: 1-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
PAMELA BERNSTEIN	1013683	10-10-82	250000	1-10-87 / 2-10-87	83.96
SHIRLEY BERNSTEIN	1009503	10-10-82	250000	1-10-87 / 2-10-87	176.97

↓ 2-10-87 / 3-10-87

PAY THIS AMOUNT \$ 260.93

REMITTANCE IS DUE BY: 1-10-86

PLEASE MAKE PAYABLE TO:

TO INSURE PROMPT PROCESSING, PLEASE:

UNITED BANK OF ILLINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU

INSURED Simon Bernstein

POLICY # 1009208

- MONEY IN MISC. SUSPENSE
- MONEY IN PREMIUM SUSPENSE
- RESTRICT BILL
- STOP PAC
- SURRENDER
- PREMIUM LOAN (PAYS TO: \_\_\_\_\_)
- REQUESTED BY INSURED
- POLICY CHANGE IN PROGRESS
- OTHER

BY T.M.Q.  
DATE 2-17-87


S.B. LEXINGTON, INC.  
9933 N. LAWLER AVE.  
SKOKIE, IL 60077

4143

2/1 1987 70-227  
719

PAY TO THE ORDER OF CAPITOL BANKERS LIFE INSURANCE CO. \$ 5739.05

Fifty seven hundred thirty nine and 05/100 only DOLLARS

 **HARRIS BANK**  
GLENCOE NORTHBROOK  
Harris Bank Glencoe-Northbrook  
333 Park Avenue  
Glencoe, Illinois 60022

Don Kahan

⑈004443⑈ ⑆071922227⑆ ⑆111⑈155⑈

S.B. LEXINGTON, INC.

DETACH AND RETAIN THIS STATEMENT  
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW  
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DELUXE - FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
	Premiums S. Bernstein	\$ 2616.82
	P. Bernstein	83.96
	S. Bernstein	176.97
	D. Klink	2861.30
		<u>\$ 5739.05</u>
		To PAY Premium Due 12/27/86
		12/12/86
		12/10/86
		1009208
		1009209
		1009503
		1013683
		12/1/87

FEB 16 1987



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

DATE: 2-10-87

TO : Terry Quareman

FROM: Cindy

RE : S. B. Lexington  
Employee Death Benefit Plan and Trust

Attached please find a cheque in the amount of \$ 5739.05.  
This amount pays the 12-86 monthly premium for  
the attached list of Insureds.

Thanks,

Cindy

JCK000963



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
SIMON BERNSTEIN	1009208	12-27-82	2000000	12-27-86 / 1-27-87	2616.82

PAY THIS AMOUNT \$ 2616.82

REMITTANCE IS DUE BY: 1-27-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU





National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
RICHARD KLINK	1009209	12-12-82	1000000	12-12-86 / 1-12-87	2861.30

PAY THIS AMOUNT \$ 2861.30

REMITTANCE IS DUE BY: 1-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS  
AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
PAMELA BERNSTEIN	1013683	10-10-82	250000	12-10-86 / 1-10-87	83.96
SHIRLEY BERNSTEIN	1009503	10-10-82	250000	12-10-86 / 1-10-87	176.97

PAY THIS AMOUNT \$ 260.93

REMITTANCE IS DUE BY: 1-10-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



9933 Lawler Ave., Suite 210  
Skokie, Illinois 60077  
Telephone (312) 676-2313  
1-800-558-VEBA

DATE: 12-31-86  
TO: Karen Harris  
FROM: Cindy

SUBJECT: S. B. Lexington, Inc

Enclosed is a request letter to pay for the attached  
list of policies. Please send written notification when  
completed.

Thanks

Cindy

**Capitol Bankers Life**

CAPITOL BANKERS LIFE INSURANCE COMPANY  
CAPITOL BANKERS LIFE BUILDING  
205 East Wisconsin Avenue, P.O. Box 7018  
Milwaukee, Wisconsin 53201-9757  
414/277-3398 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 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 \$ 5739.05 or the maximum loan value, if less. - \$ pay as indicated below  
 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)  
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 Personal Signature of Old Owner, if Ownership Change  
UNITED BANK OF ILLINOIS, N.A. 12-30-86 Marianne Eps, Trust Officer  
Agent Date Personal Signature of Policyholder (Owner)  
MARIANNE EPS TRUST OFFICER

2616-82-1009208 5/1/87 2861-30-1009209 5/1/87  
83-96-1013683 5/1/87 136-97-1009503 5/1/87



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 12-23-86

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERGENCE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
PAMELA BERNSTEIN	1013683	10-10-82	250000	12-10-86 / 1-10-87	83.96
SHIRLEY BERNSTEIN	1009503	10-10-82	250000	12-10-86 / 1-10-87	176.97

PAY THIS AMOUNT \$ 260.93

REMITTANCE IS DUE BY: 12-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF INNINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 12-23-86

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
RICHARD KLINK	1009209	12-12-82	1000000	12-12-86 / 1-12-87	2861.30

PAY THIS AMOUNT \$ 2861.30

REMITTANCE IS DUE BY: 12-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF INNINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST  
9933 LAWLER AVENUE, SUITE 210  
SKOKIE, IL 60077

DATE: 12-23-86

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE  
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
SIMON BERNSTEIN	1009208	12-27-82	2000000	12-27-86 / 1-27-87	2616.82

PAY THIS AMOUNT \$ 2616.82

REMITTANCE IS DUE BY: 12-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF INNINOIS, TRUSTEE OF  
S.B. LEXINGTON, INC.  
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



## Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
2001 W. WASHINGTON AVENUE, P.O. BOX 2576  
CHICAGO, ILL. 60601-2576  
TEL: 312/343-1000  
FAX: 312/343-1001

December 12, 1986

S. B. Lexington  
9933 Lawler Avenue  
Skokie, IL 60077

RE: Policy #1009208 - Simon Bernstein  
#1013683 - Pamela Bernstein

Dear Cindy:

Policy #1009208 and #1013683 have been paid by premium loan from policy #1009208. The breakdown of this loan is as follows:

Gross Loan:	\$2,567.20
Net Loan:	\$2,551.03
Interest:	\$ 16.17

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

Policy #1009208 is paid to December 27, 1986 and policy #1013683 is paid to December 10, 1986.

Enclosed please find an December annual report for policy #1009208.

If you have any questions regarding this matter, please feel free to contact me at Extension #383.

Sincerely,  
Capitol Bankers Life Insurance Co.

*Teri Qualmann*

Teri Qualmann  
Policyowner Service

Enclosure



FIXED POLICY LOAN CHECKLIST

Policy # 1009208  
Next Anniversary Date Dec. 27, 1986  
Issue State IL  
Applicable Loan Rate 7.4 %  
Gross Loan \$ 2567.20  
Net Loan \$ 2551.03  
Date Loan Granted 12-12-86  
Person Processing Loan TQ

Documents Enclosed In Policy File:

Loan Request \_\_\_\_\_  
Copy of "V" Screen \_\_\_\_\_  
(Verified that Gross Loan <  
Available Loan Amount) \_\_\_\_\_  
Approved Check Request \_\_\_\_\_  
Copy of Check \_\_\_\_\_

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:  
Attach Copy of Cleared "F" Screen \_\_\_\_\_

POLI CODE: Y CERT # 1009208 R# 01 DATE 12/11/80 PRINT DATE  
 CODE: 0=ALL S=SHORT V=CSV A=AGENT B=BILL N=NAME F=FINANCIAL C=COVERAGE H=HISTORY  
 POLICY 1009208 POLICY NAME SIMON BERNSTEIN STATUS 1

FACTDR-1 1.0949765 \* BEG-OF-YR 0.00 \* 11 - 0.91780822 1) + PREM-FACTOR  
 (0.91780822 \* FACTDR-2 0.99226784 \* END-OF-YR 19066.60 1) + INT-RT  
 PREM-FACTOR 10.91780822 \* CV-FACTOR 0.91780822 \* DEATH-BENEFIT 1963671.03 \* 0.003180000 / (1 + .100011) +  
 (10.91780822 \* CV-FACTOR 10.91780822 \* FE-LOAD 1963671.03 \* DEATH-BENEFIT 19066.60 1) =  
 CYL-CASH-VAL 17364.17 + OTHER-CV 13909.69 = TOTAL-CV 3454.48  
 NET-LOAN 2585.28 + INTEREST 16.39 = GROSS-LOAN 2601.67

1	1	1.0949765	*	BEG-OF-YR	0.00	*	11	-	0.91780822	1	+	PREM-FACTOR
2	1	0.91780822	*	FACTDR-2	0.99226784	*	END-OF-YR	19066.60	1	+	INT-RT	
3	1	10.91780822	*	CV-FACTOR	0.91780822	*	DEATH-BENEFIT	1963671.03	*	0.003180000	/ (1 + .100011) +	
4	1	10.91780822	*	CV-FACTOR	10.91780822	*	FE-LOAD	1963671.03	*	DEATH-BENEFIT	19066.60 1) =	
5	1	17364.17	+	OTHER-CV	13909.69	=	TOTAL-CV	3454.48				
6	1	2585.28	+	INTEREST	16.39	=	GROSS-LOAN	2601.67				



National Service Association

DEC 5 1986

9933 Lawler Ave., Suite 210  
Skokie, Illinois 60077  
Telephone (312) 676-2313  
1-800-558-VEBA

DATE: 12-1-86  
TO: Karen Harris  
FROM: Cindy

SUBJECT: S. B. Lexington

Enclosed is a request form to use the cash values  
on # 1009208 to pay 1 monthly on 1009208 &  
1013683 to pay policies to 12-86. Please verify  
this in writing.

Thanks  
Cindy

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
CAPITOL BANKERS LIFE BUILDING  
705 East Wisconsin Avenue, P.O. Box 2018  
Milwaukee, Wisconsin 53201-8757  
414/377-9951 800/358-1011

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 is not enclosed as instructed below.  
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ \_\_\_\_\_ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM \_\_\_\_\_ to \_\_\_\_\_

(Print old owner name)

(Print new owner name)

\*Both signatures required below.

ADDRESS \_\_\_\_\_

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

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

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of:  Insured  Owner

From \_\_\_\_\_ to \_\_\_\_\_  
(Print old name) (Print new name)

State reason for change: \_\_\_\_\_

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed. Please use the cash values in the above referenced policy to pay a monthly premium for the following policies: #1009208 Simon Bernstein and #1013683 - Pam Bernstein)

Agent \_\_\_\_\_ Date \_\_\_\_\_  
UNITED BANK OF ILLINOIS, N.A. 11-13-86  
Agent \_\_\_\_\_ Date \_\_\_\_\_

PLS1 (1/79)

Personal Signature of Old Owner, if Ownership Change

Personal Signature of Policyholder (Owner)

MARIANNE EPS TRUST OFFICER



## Capitol Bankers Life

MEMBER OF THE TRAVEL COMPANY  
1000 N. LAUREL ST.  
CHICAGO, ILL. 60610  
312.467.1000

November 11, 1986

S. B. Lexington  
9933 Lawler Ave.  
Skokie, IL 60077

RE: Policy #1009208 - Simon Bernstein

Dear Michele:

Per your request the above mentioned policy has been paid to November 27, 1986 by premium loan and a payment we received. The breakdown of this is as follows:

Gross Loan:	\$2,348.05
Net Loan:	\$2,318.07
Interest:	\$ 29.98
Payment Received:	\$ 149.00

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

If you should have any questions regarding this matter, please feel free to contact our office.

Sincerely,

CAPITOL BANKERS LIFE INS. CO.

*Teri Qualmann*  
Teri Qualmann  
Policyowner Service

TQ/bl



OCT 29 1986

9933 Lawler Ave., Suite 210  
Skokie, Illinois 60077  
Telephone (312) 676-2313  
1-800-558-VEBA

DATE: 10-24-86

TO: Karen Harris (Capital)

FROM: Michèle

SUBJECT: S. B. Lexington, Inc.

Enclosed is a check for \$149.00 to pay towards a  
monthly premium for

Policy # 1009208 - Simon Bernstein


The balance of the monthly premium is  
being paid by policy loan. The forms for the  
policy loan were sent to Teri Gualdano.

Thanks  
Michèle

INSURED Simon Bernstein

POLICY # 11289208  
\_\_\_ MONEY IN HISC. SUSPENSE  
\_\_\_ MONEY IN PREMIUM SUSPENSE  
\_\_\_ RESTRICT BILL  
\_\_\_ STOP PAC  
\_\_\_ SURRENDER  
\_\_\_ PREMIUM LOAN (PAYS TO:)  
\_\_\_ REQUESTED BY INSURED  
\_\_\_ POLICY CHANGE IN PROGRESS  
\_\_\_ OTHER

BY T.M.Q.  
DATE 10-29-86

 <b>UNITED BANK of Illinois</b> no UNITED CENTER State and Wyman Rockford, IL 61101	TRUST AND INVESTMENT SERVICES DIVISION	NO. <b>039245</b> <small>70-2200 719</small>
	ACCT. NO. 660-2262-000	DATE OCTOBER 23, 1986
PAY TO THE ORDER OF	<b>PAY EXACTLY <u>149 AND 00 CTS</u></b> CAPITOL BANKERS LIFE INSURANCE COMPANY	AMOUNT \$149.00
		<i>Marianne [Signature]</i> AUTHORIZED SIGNATURE
⑈039245⑈ ⑆071922007⑆ ⑈999⑈503⑈6⑈		

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME S. B. LEXINGTON  
A/C NO. 660-2262-000

NO. 039245  
DATE OCTOBER 23, 1986

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$149.00

370 PAYMENT TO CAPITOL BANKERS LIFE INSURANCE COMPANY TO PAY TOWARDS A MONTHLY PREMIUM.

FIXED POLICY LOAN CHECKLIST

Policy • 1009208  
Next Anniversary Date Dec. 27, 1986  
Issue State IL  
Applicable Loan Rate 7.4 %  
Gross Loan \$ 2348.05  
Net Loan \$ 2318.07  
Date Loan Granted Oct. 27, 1986  
Person Processing Loan TMA

Documents Enclosed In Policy File:

Loan Request \_\_\_\_\_  
Copy of "V" Screen \_\_\_\_\_  
(Verified that Gross Loan <  
Available Loan Amount) \_\_\_\_\_  
Approved Check Request \_\_\_\_\_  
Copy of Check \_\_\_\_\_

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:  
Attach Copy of Cleared "F" Screen \_\_\_\_\_



# Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
CAPITOL BANKERS LIFE BUILDING  
205 East Wisconsin Avenue, P.O. Box 2018  
Milwaukee, Wisconsin 53201-9157  
414/277-8998 800/558-1031

## 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 \_\_\_\_\_

(Print old owner name)

(Print new owner name)

\*Both signatures required below.

ADDRESS \_\_\_\_\_

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

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

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of:  Insured  Owner

From \_\_\_\_\_ to \_\_\_\_\_  
(Print old name) (Print new name)

State reason for change: \_\_\_\_\_

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to insured)

Primary: (Payee at death of insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.) Please use the cash values in the above referenced policy to pay towards a monthly premium for that policy. The balance due of \$149.00 will follow.

Agent \_\_\_\_\_ Date \_\_\_\_\_  
UNITED BANK OF ILLINOIS, N.A. 10-21-86  
Agent \_\_\_\_\_ Date \_\_\_\_\_

Personal Signature of Old Owner, if Ownership Change

Personal Signature of Policyholder (Owner)

MARIANNE EPS TRUST OFFICER

2151 21775

JCK000981



## Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
FARMERS BUILDING, 1001 F STREET, N.W.  
WASHINGTON, D.C. 20004  
MEMBER OF THE CAPITOL BANKERS LIFE GROUP  
AETNA LIFE INSURANCE COMPANY  
NEW YORK, N.Y.

October 10, 1986

S. B. Lexington  
Attention: Michele

RE: Policy #1009208 - Simon Bernstein

Dear Michele:

Per your request the above mentioned policy has been paid to October 27, 1986 by premium loan. The following is the breakdown of the loan:

Gross Loan	\$2,514.81
Net Loan	\$2,467.07
Interest	\$ 47.74

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

If you should have any questions regarding the matter please feel free to contact our office.

Sincerely,  
Capitol Bankers Life Insurance Co.

*Teri Qualmann*

Teri Qualmann  
Policyowner Service

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY  
CAPITOL BANKERS LIFE BUILDING  
203 East Wisconsin Avenue, P.O. Box 2018  
Milwaukee Wisconsin 53201-9757  
414/277-3198 800/358-1011

REQUEST LETTER

OCT 6 1986  
OCT 9 1986

TO: Capitol Bankers Life Insurance Co.

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

109208

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. Monthly

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)

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 10-3-86  
UNITED BANK OF ILLINOIS, N.A.  
Agent \_\_\_\_\_ Date

Personal Signature of Old Owner, if Ownership Change

Marianne Eps  
Personal Signature of Policyholder (Owner)

MARIANNE EPS TRUST OFFICER

10/1/86

JCK000983