

FIXED POLICY LOAN CHECKLIST

Policy # 1609208
Next Anniversary Date Dec. 12, 1986
Issue State IL
Applicable Loan Rate 7.4 %
Gross Loan \$ 2514.81
Net Loan \$ 2467.07
Date Loan Granted Sept. 27, 1986
Person Processing Loan T M Q.

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 _____

POLICY CODE: 0=ALL S=SHORT Y=CERT # 1009208 B=81LL N=NAME P=FINANCIAL C=COVERAGE Y=HISTORY
 POLICY 1009208 POLICY NAME SIMON BERNSTEIN STATUS 1

FACTOR-1 1.07764101 * BEG-OF-YR 0.00 * (1 - 0.75068493) + PREM-FACTOR 1)
 PREM-FACTOR 0.75068493 * FACTOR-2 0.97655823 # ENP-OF-YR 19066.60) +
 PREM-FACTOR 0.75068493) CV-FACTOR 1963671.03 # DEATH-BENEFIT 0X
 PREM-FACTOR 0.75068493) CV-FACTOR 1963671.03 # DEATH-BENEFIT 0.003180000 / (1 + .100000) +
 (0.75068493) * 0.0000 # 1963671.03 - 19066.60) =

CYL-CASH-VAL 13977.49
 NET-LOAN 2482.34

OTHER-CY -8961.57
 INFREST 48.05
 GROSS-LOAN 2530.39
 TOTAL-CY 5015.92



Capitol Bankers Life

Capitol Bankers Life Insurance Co.
1000 ...
Washington, D.C. 20004

September 22, 1986

S B Lexington
Attention: Michele

RE: Policies #1009208, #1009209, #1009503, and #1009209

Dear Michele:

Policy #1009209, #1009503 and #1013683 have been paid to September, 12, 1986 by a policy loan from policy #1009208. The breakdown of this is as follows:

Gross Loan:	\$2484.05
Net loan:	\$2434.32
Interest:	\$ 49.72

Premium received towards Policy #1009209 - \$530.00.

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 Insurance Co.

Teri Qualmann

Teri Qualmann
Policyowner Service

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 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 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 \$ _____ of 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.

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 _____

(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)

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 value from the above referenced policy to pay a monthly premium for Policy #1009503 - Shirley Bernstein and for Policy #1013183 - Sam Bernstein. Also use the cash value towards a monthly premium for Policy #1009209 - Richard Kink. The balance due will follow.

Agent	Date	Personal Signature of Old Owner, if Ownership Change
UNITED BANK OF ILLINOIS, N.A.	8-26-86	<i>Marianne EPS</i>
Agent	Date	Personal Signature of Policyholder (Owner)
		MARIANNE EPS TRUST OFFICER

PLS 1075

JCK000988

INSURED Richard Klink

POLICY # 1009209
 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 Minidip

BY T.M.Q.
DATE 9-8-86



UNITED BANK of Illinois
UNITED CENTER
State and Union
Rockford, IL 61101

TRUST AND INVESTMENT SERVICES
DIVISION

NO. 038496
70-2200
719

ACCT. NO 660 2262 000

DATE September 4, 1986

PAY

EXACTLY PAID \$530 AND 00 CTS

AMOUNT \$530.00

TO THE
ORDER
OF

Capitol Bankers Life Insurance Co.
205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee WI 53201-9757

Carol Burnell
AUTHORIZED SIGNATURE

⑈038496⑈ ⑆071922007⑆ ⑈999⑈503⑈6⑈

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME S. B. Lexington, Inc

NO. 038496

A/C NO. 660 2262 000

DATE September 4, 1986

370

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$530.00

Insurance Premium paid to Capitol Bankers Life Insurance Co.
to pay monthly premium balance
#1009-209-Richard Klink

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
705 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9757
414/277-9958 800/558-1011

AUG 04 1986

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)

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 _____
(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)

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 value in the above referenced policy to pay a monthly premium ^{towards} Policy #1009209. The balance of the monthly premium for #1009209 will follow.

United Bank of Illinois N.A.
Agent

Date

7/30/86

Date

Personal Signature of Old Owner, if Ownership Change

Marianne EPS

Personal Signature of Policyholder (Owner)

MARIANNE EPS TURST OFFICER

PLS 1179

JCK000990



Capitol Bankers Life

AN EQUAL OPPORTUNITY COMPANY
EQUITY LIFE INSURANCE COMPANY
OF THE DISTRICT OF COLUMBIA
A MEMBER OF THE CAPITOL BANKERS LIFE GROUP
1000 K STREET, N.W.
WASHINGTON, D.C. 20004
202-462-1000

August 25, 1986

S. B. Lexington
Attention Michelle

RE: Policy #1009208 and #1009209

Dear Michelle:

Policy #1009209 has been paid to August 12, 1986 by a policy loan from policy #1009208 and a payment we received. The breakdown of this is as follows:

Gross Loan:	\$1006.13
Net Loan:	\$ 974.22
Interest:	\$ 31.91
Payment Received:	\$1757.10

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 Insurance

Teri Qualmann
Policyowner Service



AUG 06 1986
9933 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 676-2313
1-800-558-VEBA

DATE: 8-4-86
TO: Karen Harris (Capitol)
FROM: Michels

SUBJECT: S. B. Lexington, Inc.

Enclosed is a check for \$1,757.10 to pay
the balance of the monthly premium for
Policy #1009209 - Richard Klunk. The rest
of the monthly premium is being paid
by policy loan.

Thanks
Michels

DETACH AND RETAIN THIS PORTION FOR FILE

A/C NAME S.B. LEXINGTON

ME

NO. 038144

A/C NO. 65-2262-00

DATE 7/31/86

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$1,757.10

543

\$1,757.10

Payment to

CAPITOL BANKERS LIFE INSURANCE CO.
TO PAY BALANCE OF MONTHLY PREMIUM
FOR RICHARD KLINX
POLICY # 1009209

P073100714

JCK000993



INSURED Richard Klink

POLICY # 1009209

- 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 Minidip

BY Jerri Gualman

DATE 8-13-86

 UNITED BANK of Illinois UNITED CENTER State and Wyman Rockford, IL 61101	TRUST AND INVESTMENT SERVICES DIVISION	NO. 038144 70-2200 719
	ACCT. NO. 65-2262-00	DATE 7/31/86
PAY EXACTLY <u>1.757 AND 10 CTS</u>		AMOUNT \$*****1,757.10
CAPITOL BANKERS LIFE INSURANCE CO.		
TO THE ORDER OF	 AUTHORIZED SIGNATURE	
⑈038144⑈ ⑆071922007⑆ ⑆999⑆503⑆6⑆		

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME **S.B. LEXINGTON**

A/C NO. **65-2262-00**

NO. **038144**

DATE **7/31/86**

REMITTANCE AMOUNT	
INCOME	PRINCIPAL

543 **\$1,757.10**

Payment to
CAPITOL BANKERS LIFE INSURANCE CO.
TO PAY BALANCE OF MONTHLY PREMIUM
FOR RICHARD KLING
POLICY # 1009209

*pay 09
 check from 8*

P073100014



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
705 East Wisconsin Avenue, P.O. Box 2014
Milwaukee, Wisconsin 53201-0757
414/277-9916
800-548-7011

July 24, 1986

S B Lexington
ATTN Michele

Re: Policy #1009208, #1009209, #1009503, #1013683

Dear Michele,

Policy #1009208 has been paid to July 27, 1986 by premium loan.
The breakdown of this loan is as follows:

Gross Loan:	\$2,564.02
Net Loan:	2,467.07
Interest:	96.95

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.

Also, due to an error on my behalf the letter previously sent to you should have read: Policy #1009209—Paid to July 12, 1986, policy #1009503—paid to July 10, 1986 and policy #1013683 paid to July 10, 1986.

If you should have any questions please feel free to call.

Sincerely,

Karen A Bender
Policyowner Service

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 800/358-1011

JUL 22 1986

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. 1 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 United Bank of Illinois, NA Date _____
Agent _____ Date _____

Personal Signature of Old Owner, if Ownership Change
Marianne Eger
Personal Signature of Policyholder (Owner)

PL151 (1/79)

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
203 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9757
414/277-9998 800/558-1011

JUL 14 1988

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009 208

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)

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.

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 value from the above referenced policy to pay a monthly premium for the following policies: @ 1009209 - Richard Klink, @ 1009503 - Shirley Bernstein, and @ 1013683 - Pamela Bernstein

United Bond of Illinois N.A. - 7/13/88 - Harrison Chen

Agent

Date

Personal Signature of Old Owner, if Ownership Change

Agent

Date

Personal Signature of Policyholder (Owner)

7/15/1 (1/79)

JCK000997



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
ATTN: BANKERS LIFE BU - 100
1 East Washington Avenue, P. O. Box 111
Washington, D.C. 20001
Tel: 202-331-1000
Fax: 202-331-1001

July 14, 1986

S B Lexington
ATTN Michele

Re: Policy #1009208, #1009209, #1009503, #1013683

Dear Michele,

Policy #1009209, #1009503 and #1013683 have been paid to June, 1986 by a policy loan from policy #1009208. The breakdown of this is as follows:

Gross Loan:	\$3,080.81
Net Loan:	2,964.32
Interest:	116.49

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 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 please feel free to call.

Sincerely,

Karen A Stewart
Policyowner Service

574000 GRK

Face 1982235
Rein 1957235

CP 26235.21

CLP 6952.86

2/15/85
SKS

1009208

27100	2289.26	
26120		2289.26
42004 IL		22.70
11700	22.70	
11700	1.65	
77001		1.65

1009209

12210		2731.32
32002 IL	2731.32	
22200	218.51	
52002		218.51

2435

DATE: 10/10/73 TIME: 10:00 AM

TO: SAC, NEW YORK (100-100000) FROM: SAC, ALBANY (100-100000)

RE: MURKIN; ALBANY TELETYPE TO NEW YORK, OCTOBER SEVEN LAST.

ALBANY POLICE DEPARTMENT HAS ADVISED THAT THE ABOVE NAMED INDIVIDUAL IS CURRENTLY EMPLOYED AS A SECURITY GUARD AT THE ALBANY POLICE DEPARTMENT.

ALBANY POLICE DEPARTMENT IS CURRENTLY CONDUCTING AN INVESTIGATION INTO THE MATTER AND WILL REPORT THE RESULTS OF THIS INVESTIGATION TO NEW YORK.

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ALBANY POLICE DEPARTMENT IS CURRENTLY CONDUCTING AN INVESTIGATION INTO THE MATTER AND WILL REPORT THE RESULTS OF THIS INVESTIGATION TO NEW YORK.

***** PRODUCE *****

PLANT AND GROWING

REFURB	ORDER	TYPE	ISSIS	QUOT	FALL PARTS	FLY	ERS
1	1	M	M	7			

ASSIGNED: ** 10/10 FILE **
ADDRESS: NONE

10/10/10

INSURED: ██████████
ADDRESS: ██████████
420 S SHRIDAN RD
LEICOR IL 61802

FACTORY: S & LFAI TRON TRUST
ADDRESS: C/O NATIONAL TRUST ASSOC
8333 LAMAR SUITE 211
SKOKIE IL 60077

GAIN TAKEN FROM POLICY 111 6 10/10/10 00000000000000000000



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Madison, Wisconsin 53701-9121
608.261.6964
608.261.1977

LARRY WORTHEY
VICE PRESIDENT

June 6, 1986

Jerry Vincent
Senior Vice President
Cologne Life Reinsurance
1200 Bedford Street
Stamford, CT 06905

RE: Simon Bernstein DOB 12-3-35
Our File #1009208
Your File #2068421

Dear Jerry:

I recently received a telephone call from a former employee of the aboved named insured. This person indicated that there were significant misrepresentations made in the application for the above policy and we should check into this.

The policy is dated 12-27-82 and is well beyond the contestible period. In discussion with council, we both felt that there was nothing we could do but to mark the records to "not reinstate without underwriting approval." Beyond that action, we felt that it would be an exercise to attempt to prove fraud.

However, you have the lion share of this risk and we defer your wishes. Please give me a call Jerry, if you feel that we should take a different tact, or if you like, call and tell me what's new. I look forward to hearing from

Sincerely,

Larry Worthey
Vice President Underwriting

CC
Dick B. FYI
John R
File
Circulate and
File X 2

Jumbo Risk/Reinsurance Worksheet

Status F
Initials RPY

Policy Number

Last Name

Plan Code

1009208

BRUNSTEIN

CVL01

Reinsurance (this Policy):

Company

Amount

Type (Auto, Fac, FacOb)

CBL(retention)

A. 75,000

Retention

COLOGNE

B. 1,975,000

FAC

C. _____

D. _____

Total:

E. 2,000,000

(A + B + C + D)

Prior CBL Coverage

F. --

Prior OTHER Coverage

G. --

Total Inforce & Applied for

H. 2,000,000

(E + F + G) [compare with \$2,000,00]

Replacement Amount

I. --

Net Inforce

J. 2,000,000

(H - I) [compare with \$2,000,000]



UNDERWRITING WORKSHEET

CAPITOL BANKERS LIFE INSURANCE COMPANY
Home Office: Minneapolis, Minnesota
Administrative Office: 735 North Water St. P.O. Box 2016
Milwaukee, Wisconsin 53201 (414) 277-9998

Capitol Bankers Life

FILE NUMBER 1009208	SOC SEC NO	CY	MO	POLICY DATE 12/27/82	DATE OF BIRTH 12/3/35	AGE 46	SEX M
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INST'D. **Berastein, Simon** **3/1/0782**

OWNER **Berastein, Simon**

PLAN & BENEFIT: **CVL01** FACE AMOUNT **\$2,000,000**

SEND NOTICE TO:

AGENT'S NAME & ADDRESS (GA)
**S. B. Lexington, Inc.
9933 Lawler Avenue
Skokie, IL 60077**

AGENT'S NAME & ADDRESS (WA)
Richard Klink

	ANNUAL PREM.	MODE PREM.	CY
LIFE	24,235.00	24,235.00	
W/P			
ADB			
GPO			
TERM R			
EXTRA			
T. EXTRA			
P. RDR			
ANNUITY			
TOTAL	24,235.00	24,235.00	

COMM. SCHEDULE RENEWAL

GA	100%	24,235.00	8	%
WA				%

POLICY FORMS

REPLACEMENT FORMS

STAYING **Reins Cologne Fac Co**
\$1,975,000

#0071

\$24235.00

AMT. ADMITTED WITH APPLICATION

GA NO. **0074000**
WA NO. **0074000**

MIB NONE SEE

BUILD:

B.P. **1**

H.O.S.

EKG **/ X-RAY**

INSPECTION: **7/11 Order IR. Rec'd 3/11. Rec'd 3/30**

COMMENTS: **Ecom - OBA**

APS FROM: **Dr. Allen - OBA**

SP. ATTN. TO: **Reins**

APS FROM:

SP. ATTN. TO:

SPECIAL ISSUE INSTRUCTIONS:

AMENDMENT:

MIB AUTH. INSURANCE HISTORY

REPORT CODES	POLICY NO	FACE AMT.	RD. TO
300X	DMY		
122X	1/17/83		

UND. APPROVAL BASES **STB**

UND. **AL** DATE **12/17/82**

SPECIAL CLASS

TABLE ANN. EXTRA PER/M \$

TEMP. EXTRA PER/M \$ FOR YEARS

REINSURANCE

AUTO FAC YRT CO

Cologne Re

	LIFE	W/P	ADB
IN FORCE			
RETAINED			
BASIS			
NEW ISSUE	2,000,000		
RETAINED	25,000		
BASIS	STD		
REIN. ISSUED	1,975,000		

*Reinsuror
Return to
to have received
10,000 for
1987-88*

SESSION MAILED BY **DM** DATE **1/17/83**

BERNSTEIN, SIMON L.
02
02DC35
L02NV79 172-340
(23AF)-346TRX
(A/A, A/A)
-45SZTN-098
L29SP81
346TX(A/A)

98 29 F JRY
1009208
BERNSTEIN, SIMON L.
02DC35 MICH
SLS
L25MR75 172-340-
346ZV(C/B)-
456ZTMB
L01JL76 340MN-
456ZTC-344ZTMN
(A/B, A/A)
L11AG76
340X(23BF)
CONTINUED

371 18 F TRY
1009208
BERNSTEIN, SIMON L.
02DC35 03DC35
MICH
SLS
L01JL76 340MN-
456ZTC-344ZTMN
(A/B, A/A)
L11AG76
340X(23BF)
CONTINUED

BERNSTEIN, SIMON L.
02
02DC35
L02NV79 172-340
(23AF)-346TRX
(A/A, A/A)
-45SZTN-098
L29SP81
346TX(A/A)
L14AP82 098

Capitol Bankers Life

1001 LEXINGTON AVENUE, NEW YORK, N.Y. 10017
 (212) 850-1000

REINSURANCE QUOTE REQUEST/CESSION FORM

SEND TO: Cologne Life Reinsurance Company DATE: 1/17/83
 NAME OF INSURED: Simon Bernstein DATE OF BIRTH: 12/3/35
 STATE OF RESIDENCE: IL STATE OF BIRTH: MI SEX: M AGE NEAREST: 47

/ We have on file the following requirements which are normal:

ECG SMA APS from: _____
 X-ray Inspection _____
 H.O.S. Part II Medical _____

The following forms are enclosed:

Application ECG SMA APS from: _____
 Part I Nonmedical X-ray interp. Inspection _____
 Part II Medical H.O.S. _____
 Other: _____

M.I.B. authorization on file Yes No Underwriter: _____

Case sent because _____ Our evaluation: _____

CEDE TO: Cologne Life Reinsurance Company ^{CESSION} DATE: 1/17/83

Auto. Fac. Fac. oblig. PLAN NAME: Current Value Life
 Coins. YRT Amendment PLAN CODE: CVL01

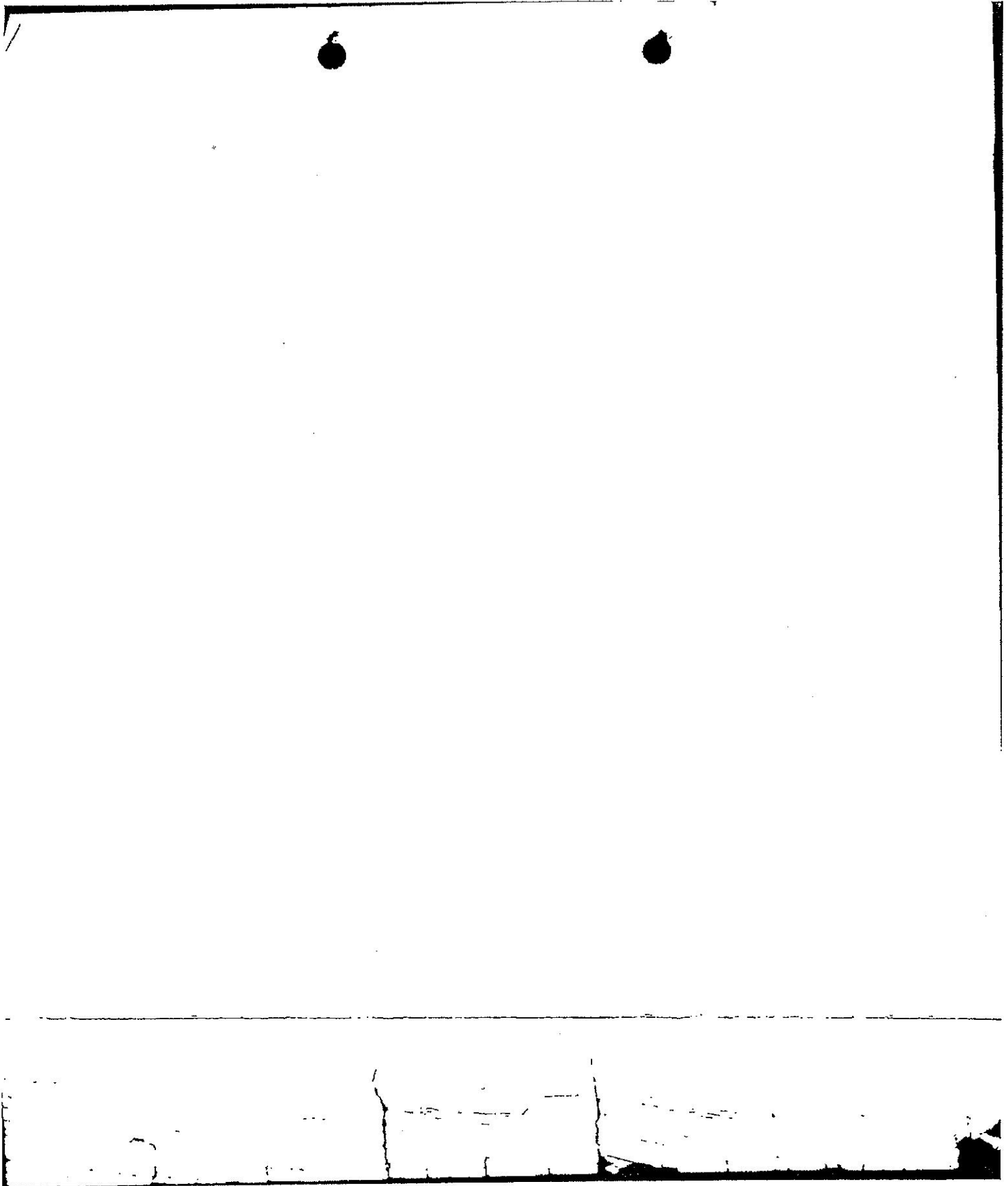
(POLICY NUMBER: 1009208 POLICY DATE: 12/27/82 Under 10 rates
 Nonsmoker Smoker AGE NEAREST: 47 RESERVE BASIS: CRVM 58 CSO 4Z

LIFE WAIVER OF PREMIUM

Previous insurance in force:		
Of which we retain:		
New insurance applied for:	2,000,000	
Of which we will retain:	25,000	
Amount of reinsurance ceded:	1,975,000	
Standard rating:	XX	
Table rating:		
Flat extra:		

REMARKS:

Prepared by: Dana M. Martens Date sent: 1/17/83 Number of pages sent: _____





Herron Medical Center Ltd.
 1150 North State Street
 Chicago, Illinois 60610 312-337-6072

Statement

Date 9/8/82

┌ Capitol Bankers Life Ins. Co. ┐
 │ Minneapolis, Minnesota │
 └──────────────────────────┘

For professional services rendered

Re: Simon L. Bernstein
 D/B: 12/2/35

9/8/82	Examination	\$ 50.00
	Double Masters ECG	85.00
	Chest x-ray	30.00
	SMA-12	30.00
		\$195.00

Pd. 9/27/82

THE MEDICAL DIRECTOR

Name: Simon L. Bernstein Date of Birth: 12/2/35
Address: 620 Sheridan, Glencoe, Il. 60022



Date: 9/13/82

Attn: Diana Lane

TO: Hubert Allen M.D.
1971 Second Pk.
Highland Park, Il. 60035
433-0585

ATTENDING PHYSICIAN'S STATEMENT -
UNDERWRITING INFORMATION

Dear Doctor: Your patient named above desires insurance with Capitol Bankers Life and has given us the attached authorization to write you. Will you please complete this questionnaire with details concerning your attendance of this patient, and return it to us at the address shown above. All information will be considered strictly confidential. Your early reply will be appreciated. \$25.00 Prepayment:

Dates Attached		Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation
1) MONTH	YEAR				

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act, Public Law 91-508. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capitol Bankers Life Insurance Company or its insurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? Yes No

Signed at CHICAGO, ILLINOIS
City State

Richard H. Klein 3/2/82
Lic. Agent Date

Signature of Proposed Insured
Signature of Applicant

2) Laboratory Findings (including x-ray, ECG, BMR and pathological reports, etc., with dates) Please attach any available test results.

S. B. LEXINGTON, INC.
9933 LAWLER AVE.
SKOKIE, ILL. 60077

Reimbursed 10/1/82

3697

September 14, 1982

2-237
710

PAY TO THE ORDER OF

HUBERT ALLEN, M.D.

\$ 25.00

Country-code and 00/100

DOLLARS



BANK HAPAOALIM B.M.
CHICAGO BRANCH

Pay to the order of Simon L. Bernstein

Robert M. Brown

⑈003697⑈ ⑈071002370⑈ 1000155⑈ 9⑈

equifax SERVICES. 1. JURY

414-519

AGENT: Check square showing type of application taken. On Family Life, list members below.

LIFE Individual
 FAMILY LIFE

Dist. Agency or Branch (optional check)
S.B. LEXINGTON, Inc.

\$ 2,000,000 APPLIED FOR (If Family Income, show total amount at risk.)
\$ -0- Now carried this Co.
\$ 1,000,000 Now carried other Cos.
Nominated? no
Mailed at Skokie
Date 9/13/82

FULL NAME SIMON L. BERNSTEIN
(First name) (Middle name or initial) (Last name)

Social Security Number
Res. Address (No., St. City & State or Prov.) 620 N. Sheridan Rd. Glencoe, Ill.

IF Rural: Lives mi. in a direction from Rd.

Former Residence
Occupation President

Employer S.B. Lexington, Inc.
Address 9933 Lawler White 210 Skokie, Ill.

Born: Date 12/3/35
Single, Mar'd, Divor'd, Ever flown as pilot or student? no

Beneficiary: Name Trust Relationship Trust

FAMILY COVERAGE: List each person to be included.
Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____

FORMER EMPLOYER & ADDRESS _____

REFERENCES: Name _____
Address _____
Name _____
Address _____
Name _____
Address _____

414-519
UNDWRG DEPT
CAPITOL BANKERS LIFE INS
P O BOX 2016 (CO
MILWAUKEE WI 53201



REINSURANCE CESSION TO CONTINENTAL ASSURANCE COMPANY

NAME OF INSURED, ALSO SHOW SPOUSE(S) OR JOINT INSURED, IF ANY		DATE OF BIRTH (OR DATES)	RESIDENCE	AGE	SEX
Bernstein, Simon		12-3-35	111.	46	M

STATE OF BIRTH Michigan	OCCUPATION Executive	EQUAL AGE	THIS APPLICATION IS: (CHECK ONE)		
MEDICAL EXAM (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NON-MED		MIB CODES BEING REPORTED:	<input type="checkbox"/> AUTOMATIC <input checked="" type="checkbox"/> FACULTATIVE <input type="checkbox"/> AMENDMENT (ATTACH NOTICE OF CHANGE)		
ADDITIONAL PAPERS TO BE SENT LATER (IF NONE INDICATE) <input type="checkbox"/> NONE		OTHER COMPANIES BEING OFFERED THIS CASE:	CEDING COMPANY Capitol Bankers Life Insurance Co.		
			DATE 9-20-82		

REINSURANCE DETAILS	LIFE BASE	LIFE RIDER	DISABILITY WAIVER OF PREM	DISABILITY INCOME	ACCIDENTAL DEATH	OTHER:
PREVIOUS INSURANCE REMAINING IN FORCE				/MO		
WE STILL RETAIN				/MO		
RATINGS, EXCLUSIONS, IF ANY						
NEW ISSUED	\$2,000,000			/MO		
OF THIS, WE DO RETAIN				/MO		
REINSURANCE CEDED TO CONTINENTAL				/MO		
RATINGS, EXCLUSIONS, IF ANY, INDICATE						
DIS INC	CLASS	ACC. ELIMINATION	SICK. ELIMINATION	ACC. BENEFIT	SICK. BENEFIT	LIFETIME ACC. RIDER REINSURANCE / PER MONTH

BASE POLICY NAME AND POLICY FORM NUMBER			RIDER NAME		
POLICY NUMBER	POLICY DATE	SHORT TERM FROM	CHECK IF ISSUED AS:		
			<input type="checkbox"/> GUARANTEED ISSUE <input type="checkbox"/> GROUP CONVERSION		
CHECK IF ISSUED AS:		ALSO GIVE ORIGINAL POLICY DATE	DOES THIS POLICY HAVE A TERM RIDER OR DIVIDEND OPTION FOR CASH VALUE ?		
<input type="checkbox"/> TERM CONVERSION <input type="checkbox"/> GUAR. INSURABILITY OPTION			<input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDITIONAL COMMENTS					E.T.I. EXPIRY DATE
CEDING COMPANY		PREPARED BY	TITLE	DATE	

FOR CAC USE ONLY	COMPANY CODE	CESSION NUMBER	TRX CODE	EFFECTIVE DATE	MON*/H/YEAR PROCESSED						
	AUTO EXT CODE	% AGE ADDITIONS		LB PC	OTHER INFO	LB PREM RATE					
RECAP RIGHTS			LB UNIT VALUE		LB PREM WAIVED						
REINS REQUIRED			LR PC		LR PREM RATE						
STAT CODE (OVER 35?)			LR UNIT VALUE		LR PREM WAIVED						
ORIGINAL AGE			REINS PREM CODE (FEMALE?)		ADD RATES *5' REN						
RESERVE AGE (FEMALE?)	DOES CASE HAVE DIVD OPT/ART? IF YES USE NAR CODE 1		REINS PC (VAL BASIS)	TABEL RATING	TI? TI RATES						
REINS PREM AGE			NAR CODE	TOI INIT AMT	FE/AM (DEC TRM?) FOR YRS						
WB PREM RATES	1	2	3	4	5	6	7	8	9	10	SET UP BY
WR PREM RATES	1	2	3	4	5	6	7	8	9	10	ENTERED BY

L107-283*

IF THIS IS AN AMMENDMENT ATTACH NOTICE OF TERMINATION OR CHANGE

REINSURANCE CESSION - SEND TO CONTINENTAL WHEN POLICY IS PLACED



REINSURANCE CESSION TO CONTINENTAL ASSURANCE COMPANY

NAME OF INSURED, ALSO SHOW () OR JOINT INSURED, IF ANY Bernstein, Simon		DATE (OR DATES) 12-3-35	RESIDENCE Ill.	AGE 46	SEX M
STATE OF BIRTH Michigan	OCCUPATION Executive	EQUAL AGE	THIS APPLICATION IS: (CHECK ONE) <input type="checkbox"/> AUTOMATIC <input checked="" type="checkbox"/> FACULTATIVE <input type="checkbox"/> AMENDMENT (ATTACH NOTICE OF CHANGE)		
MEDICAL EXAM(CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NON-MED	MIB CODES BEING REPORTED:		OTHER COMPANIES BEING OFFERED THIS CASE:		
ADDITIONAL PAPERS TO BE SENT LATER (IF NONE INDICATE) <input type="checkbox"/> NONE		CEDEING COMPANY Capitol Bankers Life Insurance Co.	DATE 9-20-82		

REINSURANCE DETAILS	LIFE BASE	LIFE RIDER	DISABILITY WAIVER OF PREM	DISABILITY INCOME	ACCIDENTAL DEATH	OTHER:
PREVIOUS INSURANCE REMAINING IN FORCE				/MO		
WE STILL RETAIN				/MO		
RATINGS, EXCLUSIONS, IF ANY						
NEW ISSUED	\$2,000,000			/MO		
OF THIS, WE DO RETAIN				/MO		
REINSURANCE CEDED TO CONTINENTAL				/MO		
RATINGS, EXCLUSIONS, IF ANY, INDICATE						
DIS INC	CLASS	ACC. ELIMINATION	SICK. ELIMINATION	ACC. BENEFIT	SICK. BENEFIT	LIFETIME ACC. RIDER REINSURANCE /PER MONTH
BASE POLICY NAME AND POLICY FORM NUMBER			RIDER NAME			
POLICY NUMBER	POLICY DATE	SHORT TERM FROM	CHECK IF ISSUED AS: <input type="checkbox"/> GUARANTEED ISSUE <input type="checkbox"/> GROUP CONVERSION			
CHECK IF ISSUED AS: <input type="checkbox"/> TERM CONVERSION <input type="checkbox"/> GUAR. INSURABILITY OPTION		ALSO GIVE ORIGINAL POLICY DATE	DOES THIS POLICY HAVE A TERM RIDER OR DIVIDEND OPTION FOR CASH VALUE ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDITIONAL COMMENTS					E.T.I. EXPIRY DATE	
CEDEING COMPANY		PREPARED BY	TITLE	DATE		

PROCEDURE

- Complete Reinsurance Application when the original policy is applied for. Send the pink copy to Continental. Include papers on Facultative submissions.
- Complete Reinsurance Cession when the policy is placed. Send the white Cession to Continental. Indicate changes if the policy is not placed as applied.
- If Reinsurance is not required, indicate reason below and return yellow copy to Continental:

<input type="checkbox"/> Policy not placed by agent	<input type="checkbox"/> Reinsurance obtained elsewhere
<input type="checkbox"/> File not completed, cancel	<input type="checkbox"/> Amount placed within our retention
- When account card and cession record are returned, staple cession record to this yellow copy as your permanent record.

L207-357*

ORIGINATOR'S COPY - OR - SEND TO CONTINENTAL IF REINSURANCE IS NOT REQUIRED

JCK001013

TYPE OF REINSURANCE

AUTO FAC FAC OBLIG
 YRT COINS MOD COINS

Cologne life reinsurance company

P.O. Box 300 • Stamford, Connecticut 0690



REINSURANCE CESSION

CESSION COMPANY NAME: Capitol Bankers Life Ins. #6. FOR CLR INTERNAL USE ONLY: CO NUMBER: DATE: 9-20-82 DATED AT:

NAME OF INSURED: Bernstein, Simon SEX: M F AGE: 46 AGE BASIS: A B DATE OF BIRTH: 12/3/35 STATE OF BIRTH: Mich.
 STATE OF RESIDENCE: Illinois OCCUPATION: Executive CURRENCY: US CAN OTHER: AVIATION EXCLUSION RIDER: YES NO NO. 10.6. WHICH IS OR IS NOT A REINSURANCE

I APPLICATION INFORMATION						
COVERAGE	PREVIOUS INSURANCE IN FORCE	OF WHICH WE RETAINED	INSURANCE NOW APPLIED FOR	OF WHICH WE RETAINED	REINSURANCE THIS APPLICATION	CODE REPORTED WITH DATES
BASE POLICY			\$2,000,000			
RIDER						
DWP						
ADB						
MORTALITY ASSURANCE						

ALSO SUBMITTED TO: _____ COMMENTS: _____

UNDERWRITER: _____ PREPARED BY: _____
 REINSURANCE NOT REQUIRED FIELD AS INCOMPLETE AMOUNT REDUCED POLICY NOT PLACED
 REINSURANCE PLACED ELSEWHERE RATING REINSURER

II CESSION INFORMATION TO BE COMPLETED WHEN POLICY IS PLACED (IF SAME AS ABOVE COMPLETE RATING ONLY)

COVERAGE	PREVIOUS INSURANCE IN FORCE	OF WHICH WE RETAINED	INSURANCE NOW APPLIED FOR	OF WHICH WE RETAINED	REINSURANCE THIS CESSION	SUB STANDARD RATING
BASE POLICY						X STD X STD
RIDER						
DWP						
ADB						

POLICY DATE: _____ NUMBER OF ORIGINAL POLICY: _____ PLAN NAME OF BASE POLICY: _____ NON PAR: PLAN NAME OF RIDER: _____ NON PAR:

IS NON SMOKER DISCOUNT AVAILABLE ON THIS POLICY? YES NO IF SO, DOES THE INSURED QUALIFY? YES NO

RESERVE BASIS: MORTALITY NET RESERVE VALUATION CRV NI OTHER CUM. LEV. CFO FIG. COMPAN. COINSURANCE PLAN CODE: _____ FLAT EXTRA RATE: M _____ R/S _____ N/A _____ GR _____ TYPE OCCUPATIONAL MORTALITY AVIATION

III GROSS COINSURANCE PREMIUMS - SHOW GROSS PREMIUMS BASED ON REINSURED AMOUNTS

POLICY YEARS	LIFE	SUBSTANDARD	DWP	ADB	FLAT EXTRA	TOTAL GROSS	RATE M	BASE	RIDER	COMM. FY	REN	ANNUAL REINSURANCE PREMIUM TO BE WAIVED

LIFE M RIDER M ADB M POL FEES TOTAL PREMIUM
 PRELIMINARY TERM START DATE: _____ PREMIUM: _____

VI REINSURANCE PREMIUM SCHEDULE - FOR YRT OR COINSURANCE

MO YR	REINSURANCE BENEFIT	% ALLOW	NET LIFE	NET SUBSTANDARD	% ALLOW	NET DWP	% ALLOW	NET ADB	% ALLOW	NET FLAT EXTRA	POLICY FEE	NET TOTAL

FOR CLR INTERNAL USE ONLY

COINS: _____ APP NO: _____ D: _____ P: _____

TYPE OF REINSURANCE
 AUTO FAC FAC OBLIG
 YRT COINS MOD COINS

Cologne life reinsurance company

P.O. Box 300 • Stamford, Connecticut 06901



REINSURANCE CESSION

CEDENG COMPANY NAME _____ FOR CLR INTERNAL USE ONLY CO. NUMBER _____ DATE _____ DATE OF _____

NAME OF INSURED _____ SLX _____ AGE _____ AGE BASIS _____ DATE OF BIRTH _____ STATE OF BIRTH _____
 M F M F NEAREST LAST MO DAY YR 3 35
 STATE OF RESIDENCE _____ OCCUPATION _____ CURRENCY _____ AVIATION EXCLUSION RIDER _____
 US CAN OTHER _____ YLS NO NO WILL PRESENCE OF ADI-KIDNAPING

I APPLICATION INFORMATION						
COVERAGE	PREVIOUS INSURANCE IN FORCE	IF WAIVED RETAINED	INSURANCE NOW APPLIED FOR	IF WAIVED RETAINED	REINSURANCE THIS APPLICATION	CODE REPORTED WITH
BASE POLICY						DATES
RIDER						
DWP						
ADB						
MORTALITY ASSESSMENT						

ALSO SUBMITTED TO _____ COMMENTS _____

UNDERWRITER _____ PREPARED BY _____
 REINSURANCE NOT REQUIRED FILED AS INCOMPLETE AMOUNT REDUCED POLICY NOT PLACED
 REINSURANCE PLACED ELSEWHERE RATING REINSURER

II. CESSION INFORMATION. TO BE COMPLETED WHEN POLICY IS PLACED (IF SAME AS ABOVE COMPLETE RATING ONLY)

COVERAGE	PREVIOUS INSURANCE POLICY	IF WAIVED RETAINED	INSURANCE NOW APPLIED FOR	IF WAIVED RETAINED	REINSURANCE THIS CESSION	SUB STANDARD RATING
BASE POLICY						
RIDER						X STD
DWP						X STD
ADB						

POLICY DATE _____ NUMBER OF ORIGINAL POLICY _____ PLAN NAME OF BASE POLICY _____ PLAN NAME OF RIDER _____
 IS NON-SMOKER'S SCHEDULE AVAILABLE ON THIS POLICY? YES NO IF SO DOES THE INSURED QUALIFY? YES NO

RESERVE BASIS _____
 MORTALITY _____ INTEREST _____ VALUATION (FORM) _____ CUR. EXP. _____ CEDENG COMPANY REINSURANCE PLAN CODE _____
 RATE: M _____ THIS _____ AGE _____ FLAT EXTRA TYPE OCCUPATIONAL MORTALITY AVIATION

III GROSS COINSURANCE PREMIUMS - SHOW GROSS PREMIUMS BASED ON REINSURED AMOUNTS						
POLICY YEARS	LIFE	SUBSTANDARD	DWP	ADB	FLAT EXTRA	TOTAL GROSS

IV DWP (FOR YRT ONLY)
 RATE: M _____ BASE _____ RIDER _____
 COMM: LY _____ REN _____
 ANNUAL REINSURANCE PREMIUM TO BE WAIVED
 LIFE _____ M _____ X AMT CEDED
 RIDER _____ M _____
 ADB _____ M _____
 POL FEE \$ _____ TOTAL PREMIUM _____

VI REINSURANCE PREMIUM SCHEDULE FOR YRT OR COINSURANCE												
POL YR	REINSURANCE BENEFIT	ALLOW	NET LIFE	NET SUBSTANDARD	ALLOW	NET DWP	ALLOW	NET ADB	ALLOW	NET FLAT EXTRA	POLICY FEE	NET TOTAL

FOR CLR INTERNAL USE ONLY
 COUNT _____ APP NO _____ 0 _____ P _____
 CEDENG COMPANY COPY

POLM

POLICY # 1009209X

X = space bar
B = Leave blank

APP-RE 061082 BIRTH 120335 AGE 22 SEX M R-T B CAUSE B B B PENS B FIRST NAME SIMON M B LAST NAME BRUNSTEIN
 METH 6 MODE LR R-B 41 ST IL CO B N-F B APL B D-OP B E-OP B SS-TP - SOC.-SEC. # [REDACTED]

LOCAT B B B B GPR (DAY) 0071 ID (TRANS-ROUT-ACCT-ERR) S. B. KERRIGAN TRUST ADDRESS: ADDR-2: 620 N. SHELTON ST. CHICAGO IL 60602
 AGENT-1 0274000 COMM 02110 AGENT-2 - M-O - COMM - AGENT-3 - M-O - COMM - AGENT-4 - M-G - COMM - C-TYPE 0
 ADDR-3: 615 N. WABLER ST. CHICAGO IL 60602

PLAN 01202000000 FACE 2423500 ANN-PREM - AD-M - WP-M - SS-PREM - WP-PREM - AD-PREM - MODE PREM 2423500
 SPS-BD B B B B B NO-C B B COMM-PR - R-TP L R-CO CO RE-FACTOR 001975000

PCHG NAAD POLICY ISSUE DATE: 122782
 GROUP NAME: _____
 ADDRESS LINE 1: _____
 ADDRESS LINE 2: _____
 CITY: _____
 STATE: _____
 ZIP CODE: _____

Coded By: [Signature] Date: 3/15/83
 Entered By: [Signature] Date: 3/15/83
 Coded By: DM Date: 1/7/83
 Entered By: _____ Date: _____

POLA

POLICY # _____ X

X = space bar

<u>FP-FUNDS</u> B B B B B . B B	<u>FP-CURRT</u> -----	<u>FP-INTRS</u> B B B B B . B B	<u>FP-AVEBO</u> B B B B B . B B	<u>FP-CALYR</u> B B B B B . B B	<u>FP-RATE</u> -----	<u>FP-PREV-ANNU</u> B B B B B B B B
<u>FP-TX-YR</u> B B B B B . B B	<u>FP-X-INT</u> B B B B B . B B	<u>FP-MDRLS</u> B B B B B . B B	<u>FP-AGEST</u> B B B B B . B B	<u>FP-ANNUAL</u> B B B B B . B B	<u>FP-X-RATE</u> B B . B B B B B	<u>NET-CD</u> -----

B = leave blank

Coded By: _____ Date: _____
Entered By: _____ Date: _____
Coded By: _____ Date: _____
Entered By: _____ Date: _____

JANUARY 22 1983
POLM 1009208

CL03
SIMON

BERNSTEIN

620 N SHERIDAN RD
GLENCOE ILL 60022
APP-RE EFF-DT BIRTH AGE SEX R-T CAUSE PENS SA-PREM 0-PREM M-PREM
061082 122782 120335 47 M SOC-SEC-NO GRP-BK ACCOUNT 12481.25 6422.80 2121.00
MODE ST CO NF DV-OP END-0 371325211 0071 SB LEXINGTON INC TRUST LAST-PLAN
G12 IL C 0 0
TYPE AGENT Y COMMCODE ADVANCE
U 0074000W GCYLO
PLAN EFF-DT PR-CHG NOT-DT FACE ANN PREMIUM WP-PREM AD-PRE SS/FEE-P SUI-INS ST
CYL01 122782 000000 122735 2000000 24235.00 012283 2000000 1
GROSS-PREM PW-MP BEN-PER ELM-PER OCC-CLS SPSE-BD #-C LAST-FM-DATE
24235.00 00 0 012283
REINSURANCE: TYPE-1 CO-CO FACE- 1975000
PAID-TO MODE-PRE COM-PRE OPN-BILL INT-BILL LST-LN-TR LOAN AVG INT
122783 24235.00 24235.00
PAY-DT AMOUNT ACCUM PAID-UP INTER 1-YR-TM PD-FUNDS INTER RATE
000000
END-DT AMOUNT ACCUM INTER EN-PD-UP NET-CV SUSP LST-TRN STA
000000 012283 1





CAPITOL BANKERS LIFE INSURANCE COMPANY

FOLLOW UP LETTER

Agent Richard Klink Insured Simon Bernstein

General Agent S.B. Lexington Policy No. 1009208 Date December 29, 1982

On _____ we sent this policy to you to be placed. We are anxious to place this policy in force and ask for your help. We still need the requirements listed below. Should we not receive these by _____ we will assume that our policy was not accepted and will close our files.

- ___ 1. Issued Special Class because of:
 - A. Aviation Hazard
 - B. Health History
 - C. Confidential Information
 - D. Occupation (see Page ___ of Occupational Manual)
- ___ 2. Have enclosed Form UND 1(1/79) signed by the insured or Owner. The original copy is in the policy and the duplicate copy is to be returned to Administrative Office.
- ___ 3. Additional premium required is:
 - Life \$ _____ extra per M.ann.
 - A.D.B. _____
 - W.P. or Payor _____
 - Disability income _____
 - ___ No extended insurance
 - \$ _____ adjusted mode premium
- ___ 4. Out for signature _____ Agent. _____ Insured.
 - ___ Part I. _____ Part II. _____ Date.
- ___ 5. The answer to question No. ___ was incomplete. Rather than delay the case, we have assumed the answer indicated on Form UND 1(1/79) is correct. If correct, follow the procedure outlined in paragraph 2. If not, return the policy to the Administrative office with a letter of explanation.
- ___ 6. Please forward PAC authorization and void check.
- ___ 7. ___(A) Have enclosed Adop. & Par Agreement signed, UND 26 (3/79).
 - ___(B) Send copy of existing Group Plan
 - ___(C) Send copy of Transmittal UND 18(1/79).
- ___ 8. Please forward a copy of the agent's license and single case agreement.
- ___ 9. Other

~~xxx~~ 10. POLICY ISSUED ON A C.O.D. BASIS.

Mode Premium \$ ~~24,235.00~~ (Annual)

Received CWA \$ ~~0~~

Balance Due \$ ~~24,235.00~~

SCHEDULE PAGE

THIS PAGE SHOWS SPECIFIC INFORMATION ABOUT THIS POLICY AND IS REFERRED TO THROUGHOUT THE POLICY.

POLICY NUMBER: 1009208 \$2,000,000 SUM INSURED
 INSURED: SIMON BERNSTEIN 47 MALE AGE AND SEX
 PLAN: CURRENT VALUE LIFE DEC 27, 1982 POLICY DATE

THE OWNER AND BENEFICIARY ARE AS STATED IN THE APPLICATION UNLESS LATER CHANGED. THIS POLICY IS IN A PREFERRED PREMIUM CLASS. THE ISSUE DATE OF THIS POLICY IS DEC 27, 1982.

EXPENSE CHARGE FACTOR FOR GUARANTEED RATE BASIS (SEE PART 10): 0.15258
 POLICY LOAN INTEREST RATE (SEE PART 6): 7.40% PER YEAR (IN ADVANCE).

 THE CHARGE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER	BENEFITS PROVIDED	ANNUAL PREMIUM
*****	*****	*****
	-NONE-	NO CHARGE

 ENDOWMENT BENEFIT AT END OF FIRST POLICY YEAR: NONE

TOTAL PREMIUMS FOR FIRST POLICY YEAR, INCLUDING ANY RIDER PREMIUMS:

ANNUAL	SEMIANNUAL	QUARTERLY	MONTHLY
\$24,235.00	\$12,481.24	\$6,422.79	\$2,181.85

PREMIUMS FOR RENEWAL YEARS MAY DIFFER, SEE PART 4 - RENEWAL OPTIONS. YOU WILL BE NOTIFIED OF RENEWAL PREMIUMS BEFORE EACH RENEWAL DATE.

TABLE OF ILLUSTRATIVE VALUES

THIS TABLE BELOW SHOWS CERTAIN VALUES WHICH ARE GUARANTEED PROVIDED:

- A. YOU PAY THE ANNUAL PREMIUM SHOWN BELOW;
- B. YOU DO NOT CHANGE THE SUM INSURED;
- C. PREMIUMS ARE PAID TO THE END OF THE POLICY YEAR; AND
- D. ANY POLICY LOANS HAVE BEEN REPAID.

UPON REQUEST, WE WILL FURNISH VALUES FOR YEARS NOT SHOWN IN THE TABLE. WE WILL ALSO FURNISH ILLUSTRATIVE VALUES UNDER ASSUMPTIONS WHICH DIFFER FROM THOSE ABOVE.

POLICY YEAR	ANNUAL PREMIUM	SUM INSURED	CASH SURRENDER VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	INSURANCE DAYS
1	235.00	2,000,000	0	0		
2	446.13	2,000,000	37,337	99,951	1	343
3	446.13	2,000,000	75,368	195,427	3	176
4	446.13	2,000,000	114,046	286,545	4	268
5	446.13	2,000,000	153,333	373,487	5	274
6	446.13	2,000,000	193,215	456,476	6	211
7	446.13	2,000,000	233,652	538,678	7	91
8	446.13	2,000,000	274,612	611,258	7	289
9	446.13	2,000,000	316,056	683,585	8	83
10	446.13	2,000,000	357,923	752,179	8	208
11	446.13	2,000,000	400,145	817,745	8	304
12	446.13	2,000,000	442,855	880,210	9	9
13	446.13	2,000,000	485,395	939,706	9	56
14	446.13	2,000,000	528,281	996,327	9	84
15	446.13	2,000,000	571,256	1,050,208	9	97
16	446.13	2,000,000	614,253	1,101,462	9	96
17	446.13	2,000,000	657,154	1,150,192	9	86
18	446.13	2,000,000	699,993	1,196,490	9	58
19	446.13	2,000,000	742,546	1,240,427	9	44
20	446.13	2,000,000	784,720	1,282,047	9	13
AT AGE						
60	446.13	2,000,000	485,395	939,706	9	56
65	446.13	2,000,000	699,993	1,196,490	9	58
70	446.13	2,000,000	907,498	1,393,419	8	258

POLICY NUMBER 1009208
 PREMIUM CLASS PREFERRED

SUM INSURED \$2,000,000
 AGE AND SEX 47 MALE

CURRENT VALUE LIFE

ILLUSTRATION NO. 82-89857

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

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

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES

SUMMARY OF END OF YEAR VALUES

POLICY AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)				GUARANTEED VALUES AFTER YEAR 1			
	SUM INSURED	ANNUAL PREMIUM	CASH VALUE INCREASE	CASH VALUE	SUM INSURED	ANNUAL PREMIUM	CASH VALUE INCREASE	CASH VALUE
1	20000000	24235.00	0	0	20000000	24235.00	0	0
5	20000000	24235.00	20135	75759	20000000	57446.13	39287	153333
10	20000000	24235.00	25425	190575	20000000	57446.13	41886	327923
15	20000000	24235.00	29739	332046	20000000	57446.13	42975	571256
20	20000000	24235.00	31156	481679	20000000	57446.13	42174	784720
25	20000000	24235.00	28358	273279	20000000	57446.13	42791	485395
30	20000000	24235.00	25997	419913	20000000	57446.13	42739	699993
35	20000000	24235.00	33453	579366	20000000	57446.13	40178	907498

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
NET PAYMENT OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.
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 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. 9933 LAWLOR AVENUE SKOKIE, ILL 60077
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

DECEMBER 27, 1982

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

ILLUSTRATION
NO. 82-89867

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	SUA INSURED	CURRENT VALUES (IF CURRENT BASIS CONTINUES)			GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 1)		
			ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
1	48	20000000	24235.00	0	0	24235.00	0	0
2	49	20000000	24235.00	17789	17789	57446.13	37337	37337
3	50	20000000	24235.00	18595	36384	57446.13	38578	75046
4	51	20000000	24235.00	19240	55524	57446.13	39287	114046
5	52	20000000	24235.00	20135	75759	57446.13	39287	153333
6	53	20000000	24235.00	20952	96711	57446.13	39882	193215
7	54	20000000	24235.00	21673	118384	57446.13	40437	233652
8	55	20000000	24235.00	22270	141104	57446.13	40950	274612
9	56	20000000	24235.00	22742	165150	57446.13	41444	316056
10	57	20000000	24235.00	25425	190575	57446.13	41866	357923
11	58	20000000	24235.00	26616	217191	57446.13	42222	400145
12	59	20000000	24235.00	27730	244921	57446.13	42509	442655
13	60	20000000	24235.00	28758	273279	57446.13	42741	485395
14	61	20000000	24235.00	29739	302307	57446.13	42886	528281
15	62	20000000	24235.00	29739	332046	57446.13	42975	571236
16	63	20000000	24235.00	28535	360580	57446.13	42997	614235
17	64	20000000	24235.00	29336	389917	57446.13	42941	657194
18	65	20000000	24235.00	29997	419913	57446.13	42799	699993
19	66	20000000	24235.00	30609	450522	57446.13	42553	742254
20	67	20000000	24235.00	31156	481678	57446.13	42174	784720
21	68	20000000	24235.00	31777	513455	57446.13	41645	826365
22	69	20000000	24235.00	32458	545913	57446.13	40954	867731
23	70	20000000	24235.00	33285	579236	57446.13	40178	907749
24	71	20000000	24235.00	36745	649236	57446.13	38654	985531
25	72	20000000	24235.00	37445	731436	57446.13	36524	1172288
26	73	20000000	24235.00	38544	818917	57446.13	31109	1340013
27	74	20000000	24235.00	39346	912706	57446.13	26598	1480384
28	75	20000000	24235.00	40232	1013195	57446.13	21930	1612877
29	76	20000000	24235.00	41663	1120620	57446.13	17807	1717807
30	77	20000000	24235.00	43696	1235400	57446.13	13490	2000000

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DOCUMENTARY LISTING FOR "CVL-POLICY>INFORCE/Y8212/1009208":

ISSUE-	89867	12,27,82	12,27,82	12,27,82						
UW&RE	47	8109,2001	11.00	1.3968000	89.5651471	9.18711533	0.00	0.00	0.00	0.00
	1	24235.000000	56140.125786	0.8045385278	57446.129717	0.00	0.8474242130	0.00	0.00	0.00
		2000000.00	24235.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		2000000.00	24235.00	17789.36						

DECEMBER 27, 1982

0074000
SIMON BERNSTEIN
47,M,N,IL
0.0,2000000,0.0

To Bill
 Date 12/9 Time 9:56


WHILE YOU WERE OUT
 M. Si Bernstein
 of _____
 Phone 312-677-2400
Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input checked="" type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message _____

[Signature]
 Operator

 AMPAD
EFFICIENCY®

23-000 50 SHT. PAD
23-001 250 SHT. DISPENSER BOX

Al
 Bob Jones
 probably will
 call with
 decision
 this afternoon
 ai

To: Bob Jones:

Subj: Si Bernstein.
your # 2068 421.

Bob:
Here is the insurance tx
signed by Si that you wanted

AL Ehrlich
Capitol Bankers Life

Please call - 1-800-558-1011

12/17
called cologne Re
approved 96



S. B. LEXINGTON, INC. • 9933 LAWLER AVE., SUITE 210 • SKOKIE, ILLINOIS 60077 • (312) 677-4400

12/10/82

I currently have 1,000,000 in
Grace w/ Inter-Ocean.

I do not plan on paying the renewal
premium, therefore, the only insurance
in Grace will be w/ Capital Bank
for 2,000,000. I also have group
life approximately \$100,000 which
I am keeping. It is paid
by the company.

SBA

0128

12/10/82

Bob Jones call. wants insurance for.
Diane will get it

Fac te of Re

12/3

sent 12-6-82

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



S. B. LEXINGTON, INC. • 9933 LAWLER AVE., SUITE 210 • SKOKIE, ILLINOIS 60077 • (312) 677-4400

November 10, 1982

Mr. Pete Woodcock
Capitol Bankers Life
735 N. Water Street
Milwaukee, Wisconsin

Dear Pete:

I presently have life insurance amounting to \$1,000,000 in force on my life.

Very truly yours,


Simon G. Bernstein

SLB/bb

• Insurance Counselors With (in-teg-ri-ty) •

JCK001031