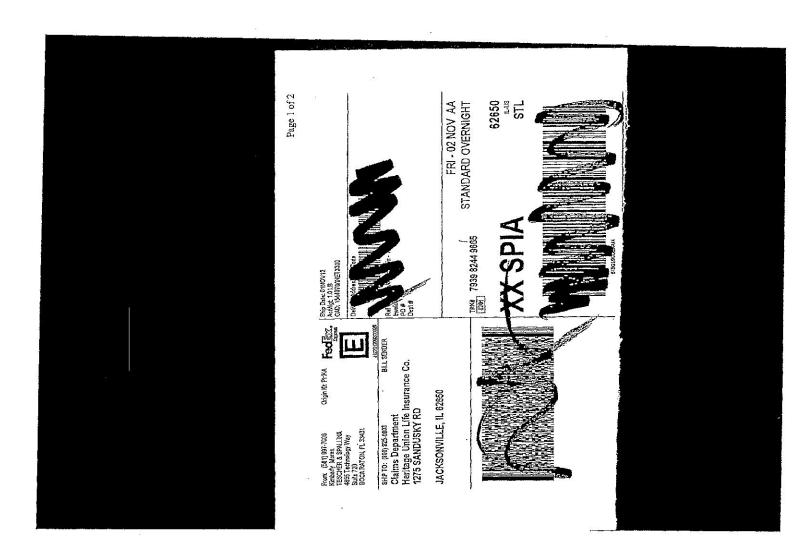
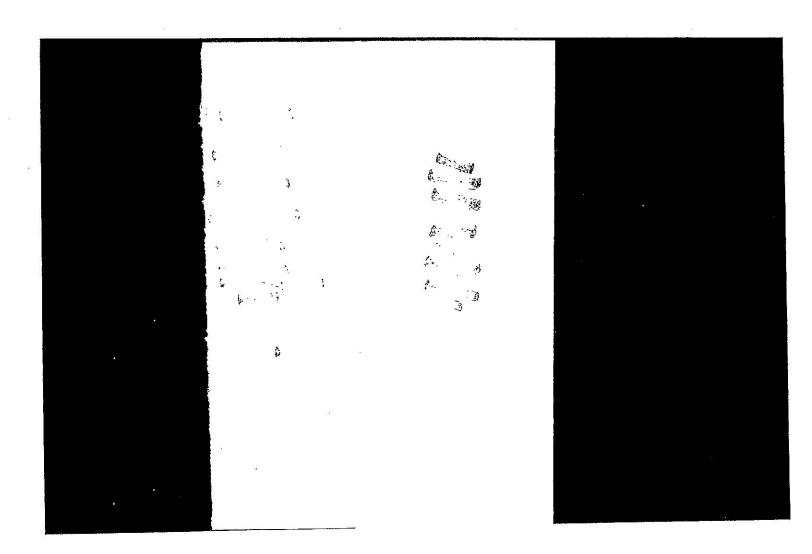
TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)	
COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS. Please include a copy of the trust agreement, including the signature page(s) and any amendment	ts.
I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, w you pursuant to this certification, is a true and exact copy of said agreement, that said agreement effect, and that we have the authority to make this certification.	hich we will provide at is in full force and
Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR P.	AYMENT
I/We the undersigned, on oath, deposes and states as follows with respect to the possible Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item	e application of the
1. The GST tax does not apply because the death benefit is not included in the decedent's estax purposes.	tate for federal estate
2. The GST tax does not apply because the GST tax exemption will offset the GST tax.	
3.The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped	1º person.
4. The GST tax does not apply because of the reasons set forth in the attached document (Ple setting forth the reasons why you believe the GST tax does not apply.)	ease attach document
5.The GST tax may apply. As a result, the death benefit payment IS subject to withhold GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Service.	ing of the applicable he Internal Revenue
Name of Trust	Date of Trust Agreement
Date of all Amendments	Trust Tax ID Number
Printed Name of Trustee(s) Signature(s)	
a	
b	
c	
d	





	CLAIMANT STA	TEMENT	•		(D)
DECEDENT INFORMATION					Ö
1. Name of Deceased (Last, First Middle)			2. Last 4 digits of Deceased's Social		
Bernstein, Si	mon Leon	S	Security No: 52//		CO
	by any other names, such as maie	den name, hypheni	ated name, nic	kname, derivative	0
	name or an alias, please provide		•		CO
4. Policy Number(s)		5. If policy is	lost or not ava-		(C)
100	7208	unable to	locaterpol	icy is 30 years old	ν) CD
6. Deceased's Date of Death	7. Cause of Death				~1
09/13/12	naturalcau	ses	Pendi		C)
CLAIMANT INFORMATION	3N	بكنجيس			
9. Claimant Name (Last, First,	Middle). If trust, please list trus	name and compli	ete Trustee Cei	tification section.	
	Irrevocable Ins				
10. Street Address	11. City	12. S	tate and Zip	13. Daytime	
1		, i		Phone Number	
1					
14. Date of Birth	15. Social Security or Tax ID N	lumber	16. Relatio	nship to Deceased	
ļ					
17. I am filing this claim as:	an individual who is name				
	a Trustee of a Trust which				
	an Executor of Estate which	ch is named as a b	eneticiary und	or the policy	
10.0	Other Yes No				
18. Are you a U.S. Citizen? [If "No" please list country	of citizenship				
10 Policies subject to Vist	ical / Life Settlement transact	ions - Are you	a viatical sett	engent	
19. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement Yes					
company, a viatical or l	ife financing entity, trustee, ag	ent, securities in	termediary or	other	
representative of a viatical	or life settlement provider; or ar	i individual or ent	ity which inve	sted in No	
this policy as a viatical or	life settlement?				
CLAIMANT INFORMATIO	N (to be completed by 2nd clain	iant, if any)			
20. Claimant Name (Last, First	, Middle). If trust, please list trus	st name and comp	lete Trustee Ce	rtification section.	
21. Street Address	22. City	722 50	tate and Zip	24. Daytime	
21. Sirect Address	Zz. City	25.5	arc and 2.1p	Phone Number	
	1	-			
	1				
25. Date of Birth	26. Social Security or Tax ID N	umber	27. Relatio	nship to Deceased	
28. I am filing this claim as:	an individual who is name				
	a Trustee of a Trust which				
	an Executor of Estate which	h is named as a bo	eneticiary unde	r the policy'	
	Other				
29. Are you a U.S. Citizen?					
If "No" please list country of	cal / Life Settlement transacti	ons - Are you a	viatical settle	ment	
provider life settlement	provider, the receiver or conse	rvator of viatical	or life settle	ment Yes	
commany a viatical or li	fe financing entity, trustee, ago	ent. securities int	ermediary or	other	
representative of a viatical	or life settlement provider; or an	individual or entit	y which invest	ed in No	
this policy as a viatical or l	ife settlement?	- 1000 V000			
	TIPED ON THE NEXT PAGE				

00 CO 60 000 2711

CLAIMANT STATEMENT

SETTLEMENT OPTIONS

The policy may contain one or more settlement options, such as Interest Payments, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.

If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy. If you do not choose a settlement option, we will send a lump sum settlement to

Name of Settlement Option from Policy

Important Information About the USA PATRIOT Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

SUBSTITUTE FOR IRS FORM W-9

This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). Under penalty of perjury, I certify that 1) the tax ID number above is correct (or ne memai revenue service (183). Other penarty of perjury, i certify that it is the tax to harder above its certect (or an waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 If you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

SIGNATURES

I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of All Other States: See the Fraud Information section of this claim form.

The Internal Devenue Service does not require your consent to	o any provision of this document other
than the conficentians required to avoid backup withholding.	11/12
Signature of Claimark and Title	Date D
Signature of Second Claimant, if any, and Title	Date

88688,8882712

CLAIMANT STATEMENT

TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)	
COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS. Please include a copy of the trust agreement, including the signature page(s) and any amendmen	ts.
I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, we you pursuant to this certification, is a true and exact copy of said agreement, that said agreement effect, and that we have the authority to make this certification.	
Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR P.	AYMENT
I/We the undersigned, on oath, deposes and states as follows with respect to the possible Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item.	
1. The GST tax does not apply because the death benefit is not included in the decedent's estax purposes.	late for federal estate
2 The GST tax does not apply because the GST tax exemption will offset the GST tax.	
3. The GST tux does not apply because at least one of the trust beneficiaries is not a "skipped	i" person.
4. The GST tax does not apply because of the reasons set forth in the attached document (Ple setting forth the reasons why you believe the GST tax does not apply.)	ase attach document
5.The GST tax may apply. As a result, the death benefit payment IS subject to withhold GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Service.	
Name of Trust	Date of Trust
Simon Bernstein Irrevocable Insurance Trust	Agreement Ob Oil 1995
Date of all Amendments	Trust Tax ID
	Number 65-61-78916
Printed Name of Trystet(s) Signature(s)	100 01 10 110
Robert L. Spallina	
b	
с	
d	
	1

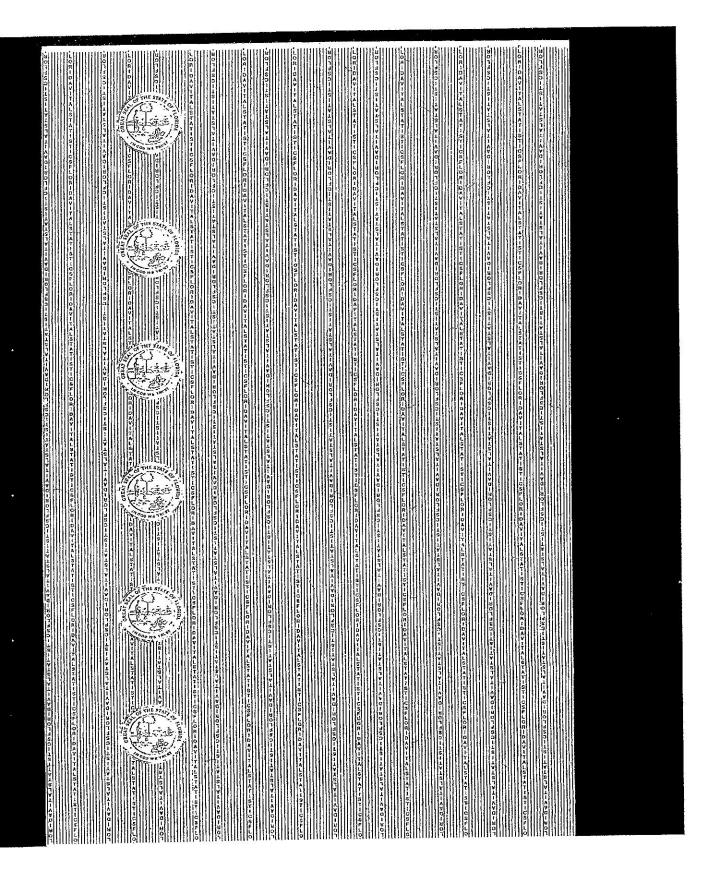
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RAISED SEAL

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ARTHROGOUS CONTRACT BASESCATERANCES

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LAW OFFICES

TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I 4855 TECHNOLOGY WAY, SUITE 720 BOCA RATON, FLORIDA 33431

Attorneys Donald R. Tescher Robert L. Spallina Lauren A. Galvani

Tel: 561-997-7008 FAX: 561-997-7308 Toll Free: 888-997-7008 WWW.TESCHERSPALLINA.COM Support Stade Diane Duskin Kimberly Moran Suann Tescher

8888888

November 1, 2012

VIA FEDERAL EXPRESS

Claims Department Heritage Union Life Insurance Company 1275 Sandusky Road Jacksonville, IL 62651

> e: Insured: Simon L. Bernstein Contract No.: 1009208

Dear Sir or Madam:

Enclosed is the Claimant's Statement for the above referenced policy, together with an original death certificate for the insured, Simon Bernstein. We are also enclosing a copy of Internal Revenue Service Form SS-4, Application for Employer Identification Number for the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which is the trust listed as beneficiary of the above referenced policy. We will provide wiring instructions for the trust bank account when you have processed the claim, if possible, in lieu of a check. Finally, we are enclosing a copy of the obituary for the decedent which was published in the Palm Beach Post. We are unable to locate a copy of the original insurance policy.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely.
Robert L. Jallina Km

ROBERT L. SPALLINA

RLS/km

Enclosures

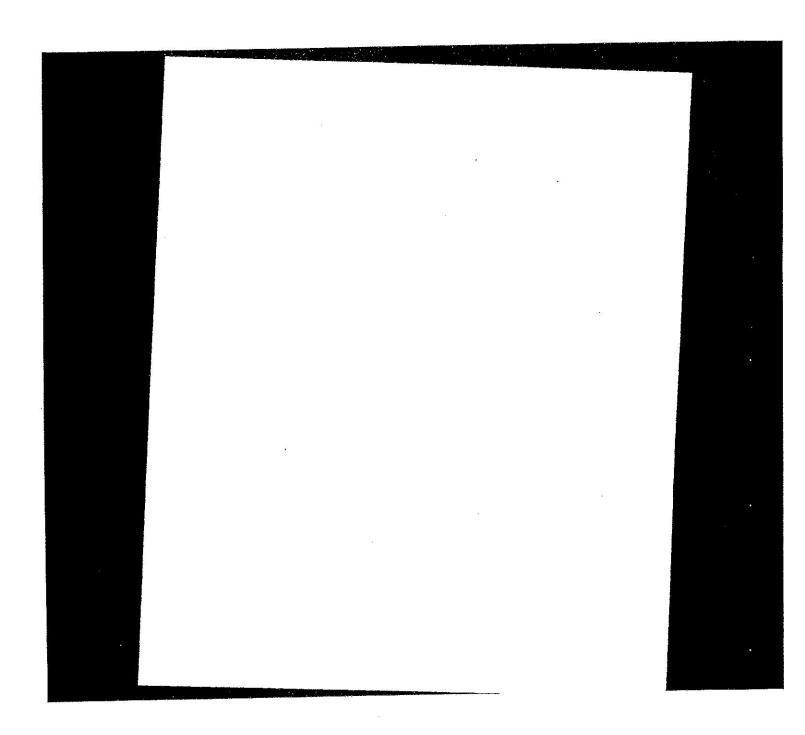
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40 City, state, and III code Boca & ton County and state where principal bush	33496	58 City, state, and ZiP co.	de	
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Other (specify) = the corporation, the name of toreign applicable) or state in the U.S. where services only one both the corporation of the corpo	incorporated >	ntry Changed type of arganization Purchased going business	State (specify) *	
☐ Hired employees ☐ Created a paration plan (specify type ☐ Sanking purpose (specify) > 10 Date Surfaces started or acquired (Mo. ☐ The left 10	day, year) (See instructions.)	Created a trust (specify) b Created a trust (specify) b 11 Enforce 12 Enforce	elasing marrin of appour	Tout t ding year, (the hemotions.) 31
12 First date wages or annuities were poid contestdom eller (this, day, year). 13 Enter highest number all employees expect to have any employees during the	scled in the next 12 mombs.	<u> </u>	Nonzgricultural	202
14 Data the applicant operate more than on K. "Yes," enter rame of historiess. P. 15 Principal activity or service (See Instruct.) 16 In the principal againness activity manufal.	iens.) le			Tes D Ma
4 'Yes," principal product and resemble 17 To whom one most of the products or ser Fublic (retail) 0	del used > vices sold? Piesse check the ther (sole (14) >		tw) stanlaus 🗘	iolexale)
No fine the apparent ever applied for an ide Note: If "Yes," please complete times 22 18h (I you checked the "Yes," hot in time 18	bana I Bc.			epolication.
True tiame P 18c Enter approximate date, city, and state Approximate date when filed (Mo., dec., per)	where the application was fi Chy and state was/after	Trade series #- led and the previous employer h	dentification quarter H	
John progition of perform tracines that of these traceries the			1 (10-	erender (mithide area exote) - 477 —
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SIMON LEON BERNSTEIN

Family-Placed Obltvary

SIMON LEON BERNSTEIN born in Flint, MI on December 2nd, 1935. He was predecessed by his beloved wife Shidey (Thomas) and is survived by his adoring children; Ted Bernstein (Deborah). Pamela Simon (David "Scooler"), Eliot Bernstein (Candice), Jill lantoni (Guy), Lisa Friedstein (Jeff). He was the esteemed Zaida of Ally, Eric, Matt, Molly. Michael, Max, Joshua, Carley, Jacob, Julia, and Danny. Simon was the owner of several successful life insurance agencies and product creator extraordinaire. Si was an axid goller and loved is tamily and filends dearly. He will be mitsent, Funeral services are Sunday. September 16th, 2012 at 2:00pm at The Gardens 4103 N. Military Trail, Boca Raton, Florida. Donations may be made to the American Heart Association in tieu of flowers. To express condolences and/or make donations Visit PalmBeachPost.com/obituaries

Published in The Palm Beach Post from September 16 to September 23, 2012



Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147 Phone 800-825-0003 Fax 803-333-7842 Visit us at www.insurance-servicing.com

November 5, 2012

LASALLE NATIONAL TRUST N.A C/O ROBERT SPALLINA, ATTORNEY AT LAW 4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09784754

Dear Trustee:

We have reviewed the material provided for consideration. This letter is to inform you that additional information is needed to continue our review.

The required items are:

- The enclosed Claimant Statement completed and signed by the named beneficiary. If the beneficiary has
 had a change in name, we require a copy of the applicable marriage license, divorce decree or similar legal
 documents
- Trust Documentation Please provide a copy of the trust agreement and any amendment(s), including the signature page(s). We will also require the Trustee Certification section of the claim form to be completed by all trustees. Please use the trust's name when completing the Claimant Information section.

Please review Page 1 of the Claimant Statement which also explains other documents that may be required. Providing the Claimant Statement is not an admission of liability on the part of the Company.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

V02091806

Sincerely,

BREE H Claims Services

Enclosure(s):

IL Department of Insurance Notification

Life Claimant Statement RAA

The Minois Department of Insurance requires us to put the following notices on our letters to you.

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

Reassure America Life Insurance Company

Mailing Address PO BOX 1207 JACKSONVILLE IL 62651

Proof of Loss Part I

The following items are required for all claims:

- O An original certified death certificate showing the cause of death. Photocopies are not acceptable.
- O The original policy or, if unavailable, an explanation provided in Decedent Information section, space 5 of this form.
- O This claim form completed and signed by the claimant(s).

If the policy has been in force for less than two years during the lifetime of the Insured or if the policy has been reinstated within two years of the Insured's death, then we may perform a routine inquiry into the answers on the application for the policy or reinstatement application of the lapsed policy.

If the death occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad.

Special Instructions and additional requirements may apply.

- If the beneficiary is the Estate of the Insured, we will also require evidence of the court approved legal representative over the Estate. Please provide the Tax ID number of the Estate of the Insured.
- If the beneficiary is a trust, we will also require a copy of the trust agreement and any amendments, including the signature page(s). Please note the Trustee Certification section of the claim form will also need to be completed by all trustees. Please use the trust's name when completing the Claimant Information section of the claim form and provide the Tax ID number of the trust.
- If the beneficiary is a minor, we will require evidence of court appointed guardianship of the Minor's Estate.
- If the policy is collaterally assigned, we will require a letter from the collateral assignee stating the balance due under the collateral assignment. If the collateral assignee is a corporation, please include a copy of the corporate resolution verifying who is authorized to sign on behalf of the corporation.
- If the primary beneficiary(ies) is (are) deceased, we will require a death certificate for each deceased beneficiary.
- If the policy has a split dollar agreement associated with it, we will require a copy of said agreement.
- If the policy is subject to a Viatical or a Life Settlement transaction, and if the beneficiary is a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider or an individual or entity which invested in this policy as a viatical or life settlement, please complete questions 19 and 30.

Other requirements may be needed depending on the individual facts of the claim. The company will advise you if other documentation is required.

CL G017F Reassure Life Claimant Statement with RAA Rev 6/12/12

Page 1

FRAUDINGORMATION FOR THE FORMATION FOR Residents of Alaska, Arizona, Nebraska, New Hampshire and Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime & subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of New York: Please see the Signature section of this form.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CL G017F Reassure Life Claimant Statement with RAA Rev 6/12/12

DECEDENT INFORMATIO					
1. Name of Deceased (Last, Firs	st Middle)		Secur	ity No:	Deceased's Social
3. If the Deceased was known by form of first and/or middle n	y any other names, such as maid ame or an alias, please provide t	en name, hy hem below.	/phenated	name, nickr	ame, derivative
4. Policy Number(s)		5. If po	licy is lost	or not avail	able, please explain
6. Deceased's Date of Death	7. Cause of Death	R	8.	☐ Natural ☐ Suicide ☐ Pendia	: Homicide
CLAIMANT INFORMATION 9. Claimant Name (Last, First, I	Niddle). If trust, please list trust	name and o	complete 1		fication section.
10. Street Address	11. City		12. State	and Zip	13. Daytime Phone Number
14. Date of Birth	15. Social Security or Tax ID N	lumber		16. Relatio	nship to Deceased
17. I am filing this claim as:	an individual who is named a Trustee of a Trust which an Executor of Estate which Other	is named as	a benefic	iary under th	ie policy
18. Are you a U.S. Citizen? If "No" please list country o	Yes No				
19. Policies subject to Viatical life settlement provider, the	I/Life Settlement transaction e receiver or conservator of viat stee, agent, securities intermedia an individual or entity which is	ical or lite : irv or other	settiemeni Tepresent	company, a ative of a v	iatical or
CLAIMANT INFORMATIO 20. Claimant Name (Last, First,	N (to be completed by 2 declain	າສຫຼັ <mark>້, if ສັກy</mark> st name and) complete	Trustee Cer	tification section
20. Clamiani Name (Last, First,	Middle). If dast, production				
21. Street Address	22. City		23. State	and Zip	24. Daytime Phone Number
25. Date of Birth	26. Social Security or Tax ID N	lumber		27. Relatio	nship to Deceased
28. I am filing this claim as:	an individual who is name a Trustee of a Trust which an Executor of Estate which Other	is named as	s a benefic	ciary under t	he policy
29. Are you a U.S. Citizen? If "No" please list country of	Yes No f citizenship				
or life financing entity, trus	e receiver or conservator of vial stee, agent, securities intermedi an individual or entity which	tical or life ary or other	settlemen represen	t company, tative of a v	iatical or

CL G017F Reassure Life Claimant Statement with RAA Rev 6/12/12

Page 3

SETTICMENTIONS IN THE RESIDENCE OF THE STATE OF THE STATE

The policy may contain one or more settlement options, such as Interest Payments, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.

If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy.

Name of Settlement Option from Policy

If you DO NOT indicate a settlement option on the line above, a lump sum payment will be made as follows:

- Total amount payable of less than \$10,000 (from one or more policies) will be paid directly to the beneficiary(ies) by check.
- Total amount payable of \$10,000 or more may be placed in a KeepSafe Account in the beneficiary's name, giving you complete control and immediate access to all of your funds. See below for more information and State availability.
- Claims payable to a corporation, partnership, multiple trustees or estate will be paid by check.

The KeepSafe Account ("Account") is an interest bearing draft account set up in your name that provides immediate access to your funds. The draft account is like a checking account. The Account is designed to let your insurance benefit earn interest immediately and give you time to make the financial decisions that are best for you. The Northern Trust Bank administers the Account on Reassure America Life Insurance Company's ("Reassure") behalf and the funds supporting the Account are held within Reassure's general account.

- Sct-Up An information kit, draftbook (like a checkbook) and Supplemental Contract will be mailed to you. Payment of the total proceeds will be accomplished by delivery of the draftbook. Once the Account is established, no other settlement options are available.
- Withdraws and Deposits You may withdraw funds at any time by writing a draft (like writing a check) for any
 amount from \$250 up to the entire amount, including interest, for any purpose you wish. Deposits cannot be made
 by you into the Account.
- Fees There are no monthly services charges or draft fees and no penalties for withdrawal. You will be charged a
 fee of \$10 per draft for insufficient funds, \$15 for each stop payment order, and \$50 for a wire transfer request.
- Minimum Balance The Account will be closed automatically if the balance drops below \$1,000. The balance in
 the account will be sent to you by a check at the end of the month in which it is closed.
- Statements Each month you will receive a statement showing current account balance, withdrawals, interest credited, and any other account activity.
- Interest Rates Your Account starts earning interest the day it is established. Interest is compounded daily and credited to the Account at the end of the month and is available for withdrawal on the day after it has been credited. Accounts will earn a minimum guaranteed interest rate of 0.5%. However, no interest will be credited to an Account with a balance below \$2,500 or if an Account becomes dormant and is subject to unclaimed property laws. Your interest rate is determined monthly by Reassure using the 1-month national average CD rate as published by the Wall Street Journal in the BankRate com section the last Wednesday of each month. The current crediting rate is 0.5%.
- Taxation Interest earned on the Account may be taxable. It is recommended you consult a tax advisor.
- Account safety Your money in the Account is backed by the assets of Reassure. This Account is not guaranteed
 by the FDIC. However, your funds are guaranteed by State Guaranty Associations, subject to certain limitations.
 To learn more, contact the National Organization of Life & Health Insurance Guaranty Associations at 703-4815206 or www.nollnga.com.
- Inactive dormant accounts Lack of customer-generated activity on the Account for more than a specified
 period of time may force the Account to be considered abandoned and subject to be reported as unclaimed
 property to your state. Customer-generated activity is automatically accomplished when you write a draft or
 update information on the Account such as your address or beneficiary.
- Questions For further information about the Account, please call 1-800-678-6227 Monday through Friday, 7:30
 A.M. 4:30 P.M. CST.

The KeepSafe Account is not available if you are a resident of or the policy was issued in Alaska, Arkansas, Connecticut, Florida, Indiana, Kansas, Kentucky, Louisiana, Maryland, New Hampshire, New Jersey, North Carolina, and Rhode Island.

Important Information About the USA PATRIOT Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE.

SUBSTITUTE FOR IRSFORMW-9	
This information is being collected on this form versus IRS for the Internal Revenue Service (IRS). Under penalty of perjury, I am waiting for a number to be issued to me), 2) I am not subject backup withholding, or (b) I have not been notified by the IRS tailure to report all interest or dividends, or (c) the IRS has withholding, and 3) I am a U.S. person (including a U.S. resider notified by the IRS that you are subject to backup withholding dividends on your tax return.	certify that 1) the tax ID number above is correct (or it to backup withholding because (a) I am exempt from that I am subject to backup withholding as a result of a notified me that I am no longer subject to backup at alien). Please cross through item 2 if you have been
SIĞNATURESE E E E E E E E	
I/We do hereby make claim to said insurance, declare that the agree that the furnishing of this and any supplemental forms do was any insurance in force on the life in question, nor a waiver of	not constitute an admission by the Company that there
For Residents of New York: Any person who knowingly and person files an application for insurance or statement of claim of for the purpose of misleading, information concerning any fact which is a crime, and shall also be subject to a civil penalty not the claim for each such violation.	ontaining any materially talse information, or conceals material thereto, commits a fraudulent insurance act,
For Residents of All Other States: See the Fraud Information s	section of this claim form.
The Internal Revenue Service does not require your contains than the certifications required to avoid backup withhous	onsent to any provision of this document other olding.
Signature of Claimant and Title	Date
Signature of Second Claimant, if any, and Title	Date

TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)	
COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS. Please include a copy of the trust agreement, including the signature page(s) and any amendment	S.
I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, we you pursuant to this certification, is a true and exact copy of said agreement, that said agreement effect, and that we have the authority to make this certification.	hich we will provide nt is in full force and
Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR PA	YMENT
WWe the undersigned, on oath, deposes and states as follows with respect to the possible applicat Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item):	ion of the Generation
I. The GST tax does not apply because the death benefit is not included in the decedent's estax purposes.	state for federal estate
2. The GST tax does not apply because the GST tax exemption will offset the GST tax.	
3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped	l" person.
4. The GST tax does not apply because of the reasons set forth in the attached document (Pl setting forth the reasons why you believe the GST tax does not apply.)	ease attach document
5.The GST tax may apply. As a result, the death benefit payment IS subject to withhold GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to a Service.	ing of the applicable the Internal Revenue
Name of Trust	Date of Trust
	Agreement
Date of all Amendments	Trust Tax ID Number
	11111001
Printed Name of Trustee(s) Signature(s)	
a	
b	
С	
d	

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651 Phone 800-825-0003 Fax 803-333-4936 Visit us at www.insurance-servicing.com

November 29, 2012

LASALLE NATIONAL TRUST N.A C/O ROBERT SPALLINA, ATTORNEY AT LAW. 4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09801925

Dear Trustee:

We are writing to remind you that we have not received the previously requested items necessary to proceed with our review of the pending claim on the above referenced policy. The required items are:

- The enclosed Claimant Statement completed and signed by the named beneficiary. If the beneficiary has
 had a change in name, we require a copy of the applicable marriage license, divorce decree or similar legal
 documents.
- Trust Documentation Please provide a copy of the trust agreement and any amendment(s), including the signature page(s). We will also require the Trustee Certification section of the claim form to be completed by all trustees. Please use the trust's name when completing the Claimant Information section.

Please review Page 1 of the Claimant Statement which also explains other documents that may be required. Providing the Claimant Statement is not an admission of liability on the part of the Company.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time. V02091806

Sincerely,

D. Henderson Claims Services

Enclosure(s):

IL Department of Insurance Notification Life Claimant Statement No RAA The Illinois Department of Insurance requires us to put the following notices on our letters to you.

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you
wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in
Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West
Washington Street, Springfield, Illinois 62767.

Heritage Union Life Insurance Company

Mailing Address
P.O. Box 1600
Jacksonville, IL 62651-1600

Proof of Loss

Part I

INSTRUCTIONS

The following items are required for all claims:

- O An original certified death certificate showing the cause of death. Photocopies are not acceptable.
- O The original policy or, if unavailable, an explanation provided in Decedent Information section, space 5 of this form.
- O This claim form completed and signed by the claimant(s).

If the policy has been in force for less than two years during the lifetime of the Insured or if the policy has been reinstated within two years of the Insured's death, then we may perform a routine inquiry into the answers on the application for the policy or reinstatement application of the lapsed policy.

If the death occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad.

Special Instructions and additional requirements may apply.

- If the beneficiary is the Estate of the Insured, we will also require evidence of the court approved legal
 representative over the Estate. Please provide the Tax ID number of the Estate of the Insured.
- If the beneficiary is a trust, we will also require a copy of the trust agreement and any amendments, including the signature page(s). Please note the Trustee Certification section of the claim form will also need to be completed by all trustees. Please use the trust's name when completing the Claimant Information section of the claim form and provide the Tax ID number of the trust.
- If the beneficiary is a minor, we will require evidence of court appointed guardianship of the Minor's Estate.
- If the policy is collaterally assigned, we will require a letter from the collateral assignee stating the balance due under the collateral assignment. If the collateral assignee is a corporation, please include a copy of the corporate resolution verifying who is authorized to sign on behalf of the corporation.
- If the primary beneficiary(ies) is (are) deceased, we will require a death certificate for each deceased beneficiary.
- . If the policy has a split dollar agreement associated with it, we will require a copy of said agreement.
- If the policy is subject to a Viatical or a Life Settlement transaction, and if the beneficiary is a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider or an individual or entity which invested in this policy as a viatical or life settlement, please complete questions 19 and 30.

Page 1

Other requirements may be needed depending on the individual facts of the claim. The company will advise you if other documentation is required.

23/2011

For Residents of Alaska, Arizona, Nebraska, New Hampshire and Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime & subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of New York: Please see the Signature section of this form,

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DECEBENT INFORMATIO	N					
1. Name of Deceased (Last, Fi	rst Middle))		Secu	rity No:	Deceased's Social
3. If the Deceased was known	ov any oth	er names, such as maide	n name, h	yphenate	d name, nicki	name, derivative
form of first and/or middle:	name or ar	n alias, please provide th	em below	•		
4. Policy Number(s)			5. If po	licy is los	t or not avail	able, please explain:
6. Deceased's Date of Death		7. Cause of Death	45 61	8.	Suicide Pendin	I Accidental Homicide
CEAIMANT INFORMATIO	NH				B B B	Esstian section
9. Claimant Name (Last, First,	Middle).	If trust, please list trust r	iame and	complete	Inistee Cen	incation secuon.
10. Street Address	· · · · · ·	11. City		12. Stat	e and Zip	13. Daytime Phone Number
•						
14. Date of Birth	15. Soci	al Security or Tax ID No	ımber		16. Relation	iship to Deceased
17. I am filing this claim as:	l an i	ndividual who is named	as a bene	ficiary un	der the policy	7
17.1 did thang did ontain out	□ a Tr □ an E	rustee of a Trust which is Executor of Estate which	named a	s a benefi	ciary under t	he policy
*** *** *** *** *** *** *** *** *** **	Oth	er] No				
18. Are you a U.S. Citizen? L If "No" please list country	of citizens	hip				
19. Policies subject to Viati provider, life settlement	real / Tife	a Settlement fransacti	ons - Are	e you a	viatical settle or life settle	ement Yes
reinting! or !	ifa financ	ino entity trustee, age	nt secur	mics mie	rmediary or	OLDET
representative of a viatical	or life set	ttlement provider; or an	individua	l or entity	which inves	ted in \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
this policy as a viatical or	ife settlen	nent?			P. P. S	
CLAIN ANT DEORMAING 20. Claimant Name (Last, Firs	Middle)	Tf trust please list trust	name and	d complet	e Trustee Ce	tification section.
20. Claimant Name (Last, Pus	, whome,	. II tradi, product man				
21. Street Address		22. City		23. Stat	e and Zip	24. Daytime
						Phone Number
OS D. FD.A.	26 Soci	 ial Security or Tax ID N	ımber	<u> </u>	27. Relation	aship to Deceased
25. Date of Birth						
28. I am filing this claim as:	□ an	individual who is named rustee of a Trust which	as a bene	eficiary u	nder the polic	y. the noticy
	☐ an i	Executor of Estate which	is named	i as a ben	eficiary unde	r the policy'
29. Are you a U.S. Citizen?	Otl	No		4		<u> </u>
If "No" please list country	of citizens	ship	ons Are	von a v	viatical settle	ment
30. Policies subject to Viati	provider	the receiver or consen	vator or	Viatical	OI HIE SELLIC	THEIR LIES
company, a viatical or l representative of a viatical	ifa financ	ino entity friistee, age	nt securi	mes mes	illedially of	OUTOT
this policy as a viatical or	life settler	ment?			1	

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE.
CL G012F Life Claimant Statement No RAA 12/23/2011 Page 3

SETTLEMENT OPTIONS
The policy may contain one or more settlement options, such as Interest Payments, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.
If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy. If you do not choose a settlement option, we will send a lump sum settlement to you.
Name of Settlement Option from Policy
Important Information About the USA PATRIOT Act
To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.
This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.
I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.
For Residents of New York: Any person who knowingly and with intent to defraud any insurance company of other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. For Residents of All Other States: See the Fraud Information section of this claim form.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
Signature of Claimant and Title Date

Signature of Second Claimant, if any, and Title

CL G012F Life Claimant Statement No RAA 12/23/2011

Page 4

Date

TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only intrust is claiming proceeds)	
COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS. Please include a copy of the trust agreement, including the signature page(s) and any amendment	nts.
I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, vou pursuant to this certification, is a true and exact copy of said agreement, that said agreement effect, and that we have the authority to make this certification.	which we will provide ent is in full force and
Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR P	AYMENT
I/We the undersigned, on oath, deposes and states as follows with respect to the possib Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate iter	le application of the n):
I. The GST tax does not apply because the death benefit is not included in the decedent's extax purposes.	state for federal estate
2. The GST tax does not apply because the GST tax exemption will offset the GST tax.	
3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skippe	d" person.
4. The GST tax does not apply because of the reasons set forth in the attached document (Pl setting forth the reasons why you believe the GST tax does not apply.)	ease attach document
5. The GST tax may apply. As a result, the death benefit payment IS subject to withhold GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Service.	ing of the applicable he Internal Revenue
Name of Trust	Date of Trust
	Agreement
Date of all Amendments	Trust Tax ID Number
Printed Name of Trustee(s) Signature(s)	<u> </u>
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LAW OFFICES

Tescher & Spallina, p.a.

BOCA VILLAGE CORPORATE CENTER I 4855 TECHNOLOGY WAY, SUITE 720 BOCA RATON, FLORIDA 33431

ATTORNEYS DONALD R. TESCHER ROBERT L. SPALLINA LAUREN A. GALVANI

Tel: 561-997-7008 FAX: 561-997-7308 TOLL FREE: 888-997-7008 WWW.TESCHERSPALLINA.COM

SUPPORT STAFF DIANE DUSTIN KIMBERLY MORAN SUANN TESCHER

December 6, 2012

VIA FACSIMILE: 803-333-4936

Attn: Bree Claims Department Heritage Union Life Insurance Company 1275 Sandusky Road Jacksonville, IL 62651

Insured: Simon L. Bernstein

Contract No.: 1009208

Dear Bree:

As per our earlier telephone conversation:

- We are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which we have spent much time searching for.
- Mrs. Shirley Bernstein was the initial beneficiary of the 1995 trust, but predeceased Mr.
- The Bernstein children are the secondary beneficiaries of the 1995 trust.
- We are submitting the Letters of Administration for the Estate of Simon Bernstein showing that we are the named Personal Representatives of the Estate.
- We would like to have the proceeds from the Heritage policy released to our firm's trust account so that we can make distributions amongst the five Bernstein children.
- If necessary, we will prepare for Heritage an Agreement and Mutual Release amongst all the children.
- We are enclosing the SS4 signed by Mr. Bernstein in 1995 to obtain the EIN number for the 1995 trust.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

Robert L. Jaelling Km

RLS/km

Enclosures

CO

IN RE: ESTATE OF	PROBATE DIVISION	SE E		
SIMON L. BERNSTEIN,	File No. 5000/201004	1391 E		
Deceased.	ユこ	(イノス・シャ) 音音	- No	
LETTERS OF ADMIN	ISTRATION	7-H01	≅	

TO ALL WHOM IT MAY CONCERN

WHEREAS, Simon L. Bernstein, a resident of Palm Beach County, died on September 13, 2012, owning assets in the State of Florida, and

WHEREAS, Robert L. Spallina and Donald R. Tescher have been appointed as co-Personal Representatives of the Estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare Robert L. Spallina and Donald R. Tescher as duly qualified under the laws of the State of Florida to act as co-Personal Representatives of the Estate of Simon L. Bernstein, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

DONE and ORDERED in Chambers at Delray, Palm Beach County, Florida, on this 2 day of

Estate must be closed. months from the date of order

Circuit Judge

STATE OF FLORIDA - PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy as recorded in my office and the

SHARON R. BOCK ERK & COMPTROLLER

same is in full force and effect.

Bar Form No. P-3.0426

O Florida Lawyers Support Services, Institute Revised October 1, 1998

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Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651 Phone 800-825-0003 Fax 803-333-4936 Visit us at www.insurance-servicing.com

December 7, 2012

LASALLE NATIONAL TRUST N.A C/O ROBERT SPALLINA, ATTORNEY AT LAW 4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09808181

Dear Trustee:

We are currently reviewing the above-referenced policy and will advise you once we have completed our review.

If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred Claims Services

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651 Phone 800-825-0003 Fax 803-333-4936 Visit us at www.insurance-servicing.com

December 7, 2012

LASALLE NATIONAL TRUST N.A C/O ROBERT SPALLINA, ATTORNEY AT LAW 4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09808194

Dear Trustee:

We have reviewed the material provided for consideration. This letter is to inform you that additional information is needed to continue our review.

The required items are:

 A certified death certificate. This should indicate cause of death, manner of death, date of birth and Social Security Number. We are not able to accept a death certificate with "pending" as the cause of death.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred Claims Services

Enclosure(s): IL Department of Insurance Notification

The Illinois Department of Insurance requires us to put the following notices on our letters to you.

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you
wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in
Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West
Washington Street, Springfield, Illinois 62767.

LAW OFFICES

TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORFORATE CENTER I 4855 TECHNOLOGY WAY, SUITE 720 BOÇA RATON, FLORIDA 33431

ATTORNEYS DONALD R. TESCHER ROBERT L. SPALLINA LAUREN A. GALVANI

Tel: 561-997-7008 Fax: 561-997-7308 TOLL FREE: 888-997-7008 WWW,TESCHERSPALLINA.COM

SUPPORT STAFF DIANE DUSTIN KIMBERLY MORAN SUANN TESCHER

December 21, 2012

VIA FEDERAL EXPRES & FACSIMILE: 803-333-4936

Aun: Bree Claims Department Heritage Union Life Insurance Company 1275 Sandusky Road Jacksonville, IL 62651

Re:

Insured: Simon L. Bernstein Contract No.: 1009208

Dear Bree:

Enclosed is a certified death certificate showing cause of death for Simon Bernstein, as per your letter dated December 7, 2012 (a copy of which is also enclosed). As discussed and pursuant to our letter dated December 6, 2012 (a copy of which is enclosed), which is being reviewed by your supervisor, we enclose wiring instructions to our trust account as personal representatives of Mr. Bernstein's estate to make distributions to Mr. Bernstein's children under a Muual Release and Settlement Agreement that we can provide for your files.

> Sabadell United f/k/a Mellon United National Bank Boca Raton, Florida ABA 067009646

for further credit to 0225002997 (acct. no.) Tescher & Spallina, P.A. IOTA Trust Account

If you would prefer to write a check, please make it payable) to Tescher & Spallina IOTA Trust Account. If you have any questions with regard to the foregoing please do not hesitate to contact me.

Sincerely.

ROBERT L. SPALLINA

RLS/km

Enclosures

DATE ISSUED: December 20, 2012

STATE FILE DATE: September 17, 2012

COUNTY: PALM BEACH

___Japanesa

AGE: D78 YEARS

ncesoX___

.. UNAROW

SSN:

EVER IN U.S. ARMED FORCES? NO

MEDICAL EXAMINER CASE NUMBER: 121500913

SEX: MALE

· BIRTHPLACE: FLINT, MICHIGAN

THIS DOCUMENT HAS A LIG

NAME: SIMON LEON BERNSTEIN

DATE OF DEATH: September 13, 2012 DATE OF BIRTH: Decamber 2, 1935

PLACE OF DEATH! INPATIENT

PACILITY NAME OR STREET ADDRESS: DELRAY MEDICAL CENTER

LOCATION OF DEATH: DELRAY BEACH, PALM BEACH COUNTY

Surviving spouse, decedent's residence and history information

MARITAL STATUS: WIDOWED

SPOUSE: NONE

RESIDENCE: 7020 LIONS HEAD LANE, BOCA RATON, FLORIDA 33486 OCCUPATION, INDUSTRY; SALES, LIFE INSURANCE

RACE: X Wols Upck or African American Authority

American Indeen or Angelen Native—Trace

Graman or Chamotro Surroan Other Pacific

PARENTS AND INFORMANT INFORMATION

FATHER: THEODORE BERNSTEIN MOTHER: NDRA UNKNOWN

IMPORMANT: TED STUART BERNSTEIN

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 860 Berkley Street, BOCA RATON, FLORIDA 33487

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: THE GARDENS MEMORIAL PARK

BOCA RATON, FLORIDA METHOD OF DISPOSITION: ENTOMBMENT

FUNERAL DIRECTOR/LICENSE NUMBER: GARRETT JACOBS, FO18844

FUNERAL FACILITY: BOCA RATON FUNERAL HOME F040152
19785 HAMPTON DRIVE, BOCA RATON, FLORIDA 33434

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER
TIME OF DEATH (24 hr 8227

CERTIFIER'S NAME: MICHAEL D BELL

CERTIFIER'S LICENSE NUMBER: MES4350 NAME OF ATTENDING PHYSICIAN (II other than Cortifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

PROBABLE MANNER OF DEATH: NATURAL CAUSE OF DEATH - PART 1 - and Approximate Interval: Onset to Death:

a MYOCARDIAL INFARCT

D SEVERE CORONARY ATHEROSCLEROSIS

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: BRONCHOPNEUMONIA, CIRRHOSIS

AUTOPSY PERFORMED? YES

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

DATE OF SURGERY: REASON FOR SURGERY:

IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? DATE OF INJURY NOT APPLICABLE

NOT APPLICABLE TIME OF INJURY (24 nr)

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY: IF TRANSPORTATION INJURY, Status of Decodent:

Type of Vehicle:

State Registrar

REQ: 2013376149

WARNING:

R PHOTOCOPIED ON BECLETTY PAPER WITH WATERMARKS OF THE GREA A. DO NOT ACCEPT WITHOUT YEIFFIND THE PHESENCE OF THE WATER CONTAINS A WULLFOLDING DEACKGROUND, COLD GRANDSED SEX, AND CONTAINS SPECIAL UNLESWITH TEXT THIS DOCUMENT WILL NOT HIGOLIC



DH FORM 1847 (11/71)



LAW OFFICES

Tescher & Spallina, p.a.

BOCA VILLAGE CORPORATE CENTER I 4855 TECHNOLOGY WAY, SUITE 720 BOCA RATON, FLORIDA 33431

AITORNEYS
DONALD R. TESCHER
ROBERT L. SPALLINA
LAUREN A. GALVANI

Tel: 561-997-7008 Fax: 561-997-7308 Toll Free: 888-997-7008 www.tescherspallina.com Support Staff Diane Dustin Kimberly Moran SuAnn Tescher

December 6, 2012

VIA FACSIMILE: 803-333-4936

Attn: Bree Claims Department Heritage Union Life Insurance Company 1275 Sandusky Road Jacksonville, IL 62651

Re:

Insured: Simon L. Bernstein

Contract No.: 1009208

Dear Bree:

As per our earlier telephone conversation:

- We are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated June 1,
 1995, which we have spent much time searching for.
- Mrs. Shirley Bernstein was the initial beneficiary of the 1995 trust, but predeceased Mr. Bernstein.
- The Bernstein children are the secondary beneficiaries of the 1995 trust.
- We are submitting the Letters of Administration for the Estate of Simon Bernstein showing that we are the named Personal Representatives of the Estate.
- We would like to have the proceeds from the Heritage policy released to our firm's trust account so that we can make distributions amongst the five Bernstein children.
- If necessary, we will prepare for Heritage an Agreement and Mutual Release amongst all the children.
- We are enclosing the SS4 signed by Mr. Bernstein in 1995 to obtain the EIN number for the 1995 trust.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

RODUTA JOULING KM

RLS/km

Enclosures

Heritage Union Life In rance Company

P.O. Box 1600, Jacksonville, IL 62651 Phone 800-825-0003 Fax 803-333-4936 Visit us at www.insurance-servicing.com

December 7, 2012

LASALLE NATIONAL TRUST N.A. C/O ROBERT SPALLINA, ATTORNEY AT LAW 4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09808194

Dear Trustee:

We have reviewed the material provided for consideration. This letter is to inform you that additional information is needed to continue our review.

The required items are:

 A certified death certificate. This should indicate cause of death, manner of death, date of birth and Social Security Number. We are not able to accept a death certificate with "pending" as the cause of death.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred Claims Services

Enclosure(s): L Department of Insurance Notification

The Illinois Department of Inst

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and In Springfield at 320 West Washington Street, Springfield, Illinois 62767.

JCK001307

opportuge as troubles of

Kinberty Moran TESCHER & SPALLINA 4855 Technology Way Suite 720 BOCA RATON, FL 33431 From: (561) 997-7008

Origin ID: PHKA

Ship Date: 21DEC12 ActWgt 1.0 LB CAD: 1544078/INET3300

Ref# Invoice# PO# Dept#

Bernstein 11187.006

BILL SENDER

Claims Department
Heritage Union Life Insurance Compa

1275 Sandusky Road

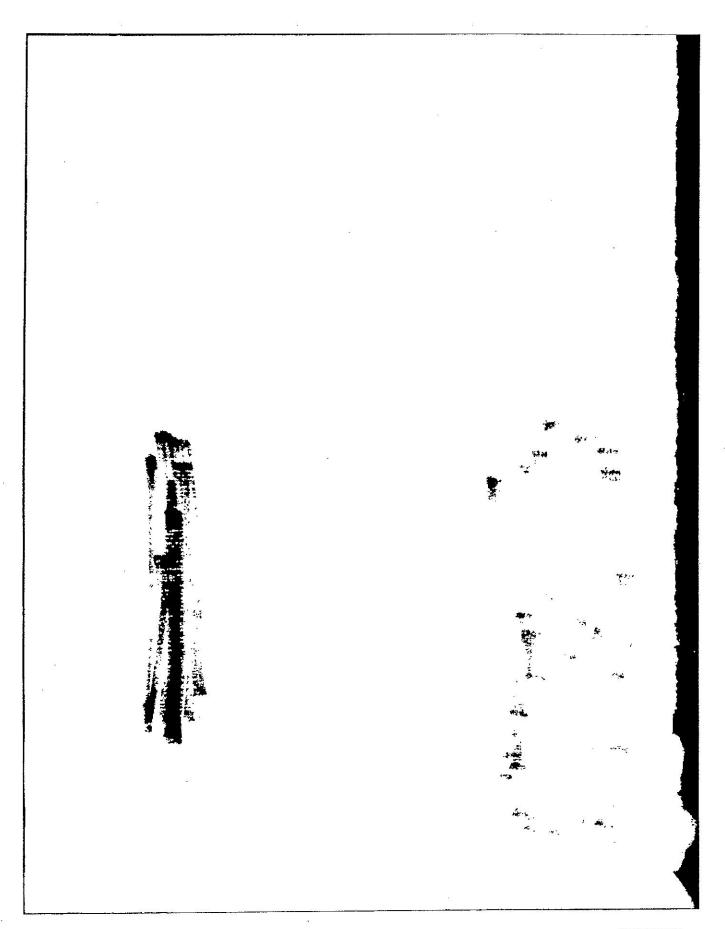
JACKSONVILLE, IL 62651

SHIP TO: (800) 825-0003

STANDARD OVERNIGHT MON - 24 DEC AA

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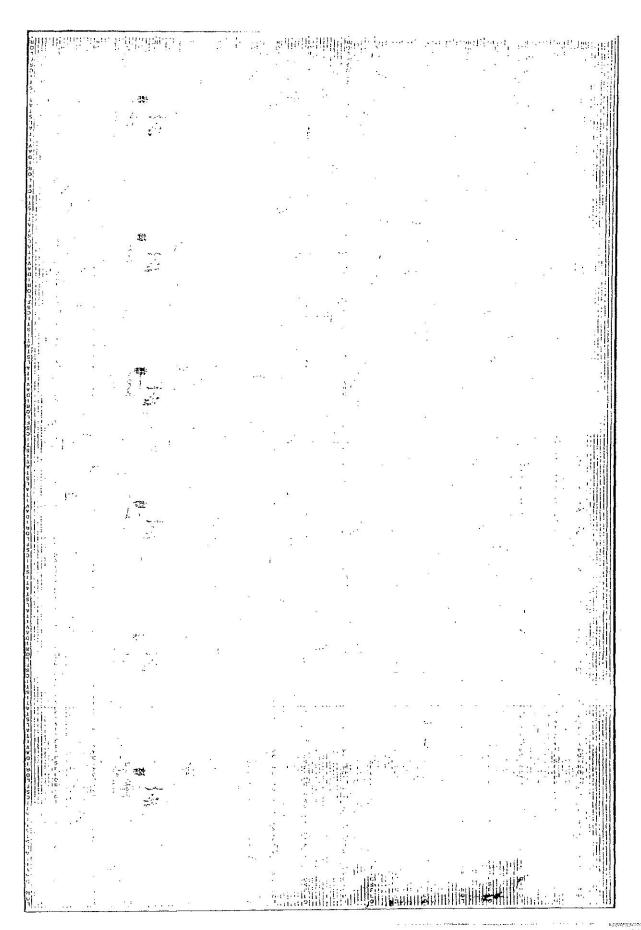




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LAW OFFICES

TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I 4855 TECHNOLOGY WAY, SUITE 720 BOCA RATON, FLORIDA 33431

ATTORNEYS
DONALD R. TESCHER
ROBERT L. SPALLINA
LAUREN A. GALVANI

Tel: 561-997-7008 FAX: 561-997-7308 Toll Free: 888-997-7008 WWW.TESCHERSPALLINA.COM Support Staff Diane Dostin Kimberly Moran SuAnn Tessher

(a) (b)

December 21, 2012

VIA FEDERAL EXPRES & FACSIMILE: 803-333-4936

Attn: Bree Claims Department Heritage Union Life Insurance Company 1275 Sandusky Road Jacksonville, IL 62651

Re:

Insured: Simon L. Bernstein Contract No.: 1009208

Dear Bree:

Enclosed is a certified death certificate showing cause of death for Simon Bernstein, as per your letter dated December 7, 2012 (a copy of which is also enclosed). As discussed and pursuant to our letter dated December 6, 2012 (a copy of which is enclosed), which is being reviewed by your supervisor, we enclose wiring instructions to our trust account as personal representatives of Mr. Bernstein's estate to make distributions to Mr. Bernstein's children under a Mutual Release and Settlement Agreement that we can provide for your files.

Sabadell United f/k/a Mellon United National Bank Boca Raton, Florida ABA 067009646

for further credit to
0225002997 (acct. no.)
Tescher & Spallina, P.A. IOTA Trust Account

If you would prefer to write a check, please make it payable to Tescher & Spallina IOTA Trust Account. If you have any questions with regard to the foregoing please do not hesitate to contact me.

Sincerely

ROBERT L. SPALLINA

RLS/km

Enclosures

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651 Phone 800-825-0003 Fax 803-333-4936 Visit us at www.insurance-servicing.com

December 7, 2012

LASALLE NATIONAL TRUST N.A C/O ROBERT SPALLINA, ATTORNEY AT LAW 4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09808194

Dear Trustee:

We have reviewed the material provided for consideration. This letter is to inform you that additional information is needed to continue our review.

The required items are:

 A certified death certificate. This should indicate cause of death, manner of death, date of birth and Social Security Number. We are not able to accept a death certificate with "pending" as the cause of death.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred Claims Services

Enclosure(s): IL Department of Insurance Notification

The Illinois Department of Insurance requires us to put the following notices on our letters to you.

Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you
wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in
Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West
Washington Street, Springfield, Illinois 62767.

TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I 4855 TECHNOLOGY WAY, SUITE 720 BOCA RATON, FLORIDA 33431

ATTORNEYS

DONALD R. TESCHER

ROBERT L. SPALLINA

LAUREN A. GALVANI

Tel: 561-997-7008 Fax: 561-997-7308 Toll Free: 888-997-7008 www.tescherspallina.com SUPPRI STAFF
DIANE DUSTIN
KIMBERLY MORAN
SUANN TESCHER

December 6, 2012

VIA FACSIMILE: 803-333-4936

Attn: Bree Claims Department Heritage Union Life Insurance Company 1275 Sandusky Road Jacksonville, IL 62651

Re:

Insured: Simon L. Bernstein

Contract No.: 1009208

Dear Bree:

As per our earlier telephone conversation:

- We are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated June 1,
 1995, which we have spent much time searching for.
- Mrs. Shirley Bernstein was the initial beneficiary of the 1995 trust, but predeceased Mr. Bernstein.
- The Bernstein children are the secondary beneficiaries of the 1995 trust.
- We are submitting the Letters of Administration for the Estate of Simon Bernstein showing that we are the named Personal Representatives of the Estate.
- We would like to have the proceeds from the Heritage policy released to our firm's trust account so that we can make distributions amongst the five Bernstein children.
- If necessary, we will prepare for Heritage an Agreement and Mutual Release amongst all the children.
- We are enclosing the SS4 signed by Mr. Bernstein in 1995 to obtain the EIN number for the 1995 trust.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

ROBULA JOULNAKM

RLS/km

Enclosures

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651 Phone 800-825-0003 Fax 803-333-4936 Visit us at www.insurance-servicing.com

December 28, 2012

ATTORNEY ROBERT SPALLINA BOCCA VILLAGE CORPORATE CENTER I 4855 TECHNOLOGY WAY STE 720 BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09821479

Dear Attorney Robert Spallina

We are currently reviewing the above-referenced policy and will advise you once we have completed our review.

If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred Claims Services

Reassure America Life Insurance Company

J. L. McDonald, ALHC, LTCP Vice President

12750 Merit Drive Suite 500 Dallas, TX 75251

Telephone (972) 776-8535 Fax (260) 435-8773

January 8, 2013

Mr. Robert Spallina Attorney at Law Tescher & Spallina, P.A. Boca Village Corporate Center I 4855 Technology Way, Suite 720 Boca Raton, FL 33431

Re: Simon Bernstein, Dec's Policy # 1009208

Dear Mr. Spallina:

This will acknowledge your letters the most recent of which is dated December 21, 2012.

In as much as the above policy provides a large death benefit in excess of \$1.6 million dollars and the fact that the trust document cannot be located, we respectfully request a court order to enable us to process the claim.

Please let us know how we may assist you in this process.

Sincerely,

Jim McDonald, ALHC, LTCP Vice President Claims Oversight

HP LaserJet M4345 MFP Series

Page 1

Fax Header Information

SWISS RE 972-776-8587

06-May-2013 14:50

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Date/Time Job 1631 06-May-2013 14:48 Type Send Identification 915612458644

Duration Pgs Result

1:15

. 0 No answer (0)

Reassure America Life Insurance Company

J. L. Medlorald, AUSC, LTCP Vice President

12750 Ment Diive Suka 600 Dalles, TX 75261

Telephone (972) 776-8535 Fax (250) 435-8773

May 6, 2013

Mr. Eliot Berostein 2753 N. W. 94th St. Boca Raton, FL 33494-3459

Christine P. Yates Tripp Scott 110 Southeast 5 Street Fort Lauderdale, FL 33301

Sent via fac to 561-245-8644 and US mail

Sent via fax to 954-761-8475 and US Mail

Re: Simon Bernstein, Dao's Policy # 1009208

Dear-Mr. Bemateira

Your latter dated May 3, 2013 received via facelimite and your voice message of the same date are hereby asknowledged.

Your letter and message have been referred to legal counsel for handling and response.

Sincerely,
Jim McDonald, ALHC, LTCP
Vice President
Claims Oversight

HP LaserJet M4345 MFP Series

Page 1

Fax Header Information

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1630 06-May-2013 14:35

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Pgs Result

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Reassure America Life Insurance Company

0:12

J. L. McDonald, ALHC, LTCP Vice President

12750 Medi Dave Suite 500 Daljan, TX 75251

Telephone (972) 776-8595 Fax (260) 435-8773

May 6, 2013

Sent via tex to 551-245-5644 and US mail

Sent via fax to 954-761-8475 and US Mail

Mr. Ellot Bemetein 2753 N. W. 34th St. Boca Raton, FL 83434-3459

Christine P. Yatks Tripp Scott 110 Southeast 6 Sheet Fort Lauderdale, FL 33301

Re: Stann Bernstein, Dec's Policy # 1009206

Dear Mr. Barnstein:

Your letter dated May 3, 2013 received via facetimite and your voice message of the same date are facety section/deciged.

Your letter and message have been referred to legal counsel for handling and response.

Sycarely,

Jim McDongid, ALHO, LYCP Vice President Claims Oversight

HP LaserJet M4345 MFP Series

Page 1

Fax Header Information

Date/Time

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SWISS RE 972-776-8587 06-May-2013 13:08

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Duration Pgs Result

1:15

No answer (0)

Reassure America Life Insurance Company

J. L. McDonald, ALHC, LTCP Vice Prasident 1275D Merit Orivo Suite 500 Delico, TX 75251 Telepheno (972) 778-8538 Fac (200) 433-3773

May 6, 2013

Mr. Ellot Bernstein 2752-N. W. 34th St. Book Reton, Fl. 33434-8459

Christine P. Yafes Tripp Scott 110 Southeast 5 Street Fort Laudordale, FL 33301 Sent via fax to 561-245-8644 and US mail Sent Via fax to 954-765-3665 and US Mail

Re: Simon Bernstein, Dec's Policy # 1009208

Dear Mr. Bernstein:

Your letter dated May 3, 2013 received via facsimile and your voice message of the same date are hereby acknowledged.

Your letter and message have been referred to legal counsel for handling and response,

Sincerely.

Hin McConald, AUPIC, LTCP Vice President Claims Oversight

HP LaserJet M4345 MFP Series

Page 1

Fax Header Information

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Identification 915512458644

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Pgs Result

1:16

0 No answer (0)

Reassure America Life Insurance Company

J. L. McDonald, ALHC, LTOP Vice Posident

12750 Medit Drive Suite 500 Delias, TX 75251

Telephone (972) 776-8535 Fax (260) 496-8773

May 6, 2013

Sent vio fax to 561-245-8644 and US mail

Sent via fax to 954-763-3668 and US Mail

Mr. Eliot Bernstein 2753 N. W. 24th St. Bota Relon, FL 83434-9459

Christina P. Yales Tripp Scott 110 Sculfnesst 6 Street Fort Lauderdale, FL 33301

Re: Simon Bernstein, Dec's Policy # 1009208

Dear Mr. Bemistein:

Your letter dated May 3, 2015 received yis facaimile and your voice message of the same date are hereby acknowledged.

senogan bna gnilbnad to) leanna lagai ni bartain naad ayad egasam bna talial mo'r

Sincerely.

offit McCorried, ACHC, LTCP Vice President Chans Oversight

JCK001322

HP LaserJet M4345 MFP Series

Page 1

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1625 86-May-2013 12:23		Send	919547633665	1:15	0	No answer (0)	

Reassure America Life Insurance Company

J. L. McDopald, ALHC, LTCP Vlop President 12750 Ment Drive Suite-590 Dalles, TX 75261 Telephone (972) 776-3535 Fax (260) 436-8773

May 6, 2018

Mr. Ellot Bernstein 2763 N. W. 34th St. Boog Raton, FL 33434-3459

Christine P. Yates Tripp Scott 110 Southeast 6 Street Fort Lauderdale, FL 33301

Sent via fax to 561-245-3644 and US mail

Sent yia fax to 954-763-3665 and US Mak

Re: Simon Bernstein, Dec's Policy # 1003206

Dear Mr. Bemalein:

Your letter dated May3, 2013 received via facelimite and your voice message of the same date are french soknowledged.

Your letter and message have been referred to legal counsel for handing and response.

Sincerely,

Jim McDonaldi, ALHO, LTCP Vice President Clelins Oversight

HP LaserJet M4345 MFP Series

Page 1

Fax Header Information

SWISS RE 972-776-8587 06-May-2013 12:20

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1624 06-May-2013 12:18

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915612458644

1:15

No answer (0)

Reassure America Life Insurance Company

J. L. McDonald, ALHC, LTCP Vice Prepident 12750 Marii Orbar o Suba 100 Delles, TX 78251

Telephone (972) 776-8535 * Fax (260) 435-8773

May 6, 2013

Sent via fax to 551-245-8644 and US mail

Sent vis tex to 954- 763-3665 and US Mail

Mr. Ellot Berostein 2753 N. W. 34° St. 6002 Raton, FL 33434-3459

Christine P. Yates Tripp Scatt 110 Southeast & Street Fort Lauderdale, FL 23301

Re: Simon Bernstein, Dec's Policy # 1009268

Dear Mr. Bematein:

Your latter stated May 3, 2013 received via factimile and your voice message of the same sate are hereby acknowledged.

Your letter and message have been referred to logal counsel for handling and response.

Sincerely,

Jim McDonald, ALHO, LTCP Vice President Claima Oversight